

FULL REPORT

BLACK & ESSENTIAL

CHARACTERISTICS AND COPING STRATEGIES
OF BLACK COMMUNITIES AMID COVID-

Prepared by David Stamps, Ph.D.

SUPPORTED BY



LSU | Manship School of
Mass Communication
Reilly Center for Media & Public Affairs

TABLE OF CONTENTS

INTRODUCTION	3
THE CURRENT STATE OF BLACK AMERICA & COVID-19	4
RESEARCH SUMMARY	6
METHODS	6
PARTICIPANTS	6
PROCEDURE	7
FINDINGS	7
FAMILIAL ATTRIBUTES	7
FINANCIAL RESOURCES	8
TECHNOLOGY ACCESS AND USAGE	8
BLACK COMMUNITIES AND MEDICAL PROFESSIONALS	9
COMFORT WITH TECHNOLOGY AND TELEMEDICINE SERVICES	9
CONCLUDING THOUGHTS	10
STUDY LIMITATIONS	12
REFERENCES	14
ABOUT THE PRIMARY INVESTIGATOR	17
ABOUT BLUE CROSS AND BLUE SHIELD OF LOUISIANA FOUNDATION ABOUT	17
LSU'S REILLY CENTER FOR MEDIA & PUBLIC AFFAIRS	17

INTRODUCTION

The following report is a collaboration between Dr. David Stamps (primary investigator), Assistant Professor from Louisiana State University's (LSU)anship School of Mass Communication, LSU's Reilly Center for Media & Public Affairs, and Blue Cross and Blue Shield of Louisiana Foundation. This work was commissioned to examine the relationship between Black Louisianans and specific disparities related to COVID-19. This work was funded by the Blue Cross and Blue Shield of Louisiana Community Crisis & Disaster Response Grant.

The current document provides an overview of COVID-19's impact on Black populations across the United States (U.S.) and specifically in Louisiana. Data illustrates systemic underpinnings of racial inequality and ancillary matters. For example, data recognizes Black communities that reside in medical deserts and lack adequate cultural and ingroup representation among medical professionals, their use of and comfort with digital access for telemedicine and online prescription delivery, and the groups' accrual of financial resources amid the pandemic. The overarching aim of this document is to acknowledge Louisiana's Black communities, including individuals in service occupations, those that reside in rural, suburban, and urban areas within the state, and individuals of varying ages, genders, income levels, and education attainment. The data aims to advance programmatic conversations that support favorable outcomes for Black Louisianans as they navigate COVID-19 and future crises.

THE CURRENT STATE OF BLACK AMERICA & COVID-19

Research and news coverage establish that the COVID-19 pandemic has unprecedented effects on Black communities, particularly on economic outcomes and physical and mental health (Johnson & Buford, 2020). Black individuals in the U.S. are more likely to experience illness and mortality due to COVID-19 than non-Black U.S. residents due to copious factors, including environmental, geographical, and racial characteristics (Millett et al., 2020). The attributes that Black Americans often confront include workplace conditions as the group overwhelmingly represents "essential workers," household member variation, and collectivistic tendencies such as a reliance on religious gatherings (Zelner et al., 2021). COVID-19 mortality and hospitalization rates have also disproportionately burdened Black communities (Shah et al., 2020). These concerns create distinct implications for the U.S. healthcare system, including individuals who have lost health insurance due to the decrease in employment opportunities and communities that lack access to medical care because of distance from facilities or transportation concerns (Blumenthal et al., 2020).

From a regional perspective, 60% of Black residents in Louisiana experience COVID-19 mortality, yet the population of Black residents is half that percentage (i.e., 32%; Louisiana Department of Health, 2020). Black Louisiana residents also face numerous factors associated with disparate health outcomes. For example, Louisiana parishes with large Black populations are located near chemical plants or are situated in places such as "Cancer Alley," both instances place the group in the crosshairs of air pollution and may result in a range of health outcomes, including respiratory issues (Adams, 2020). This disparity renders Black community members increasingly susceptible to COVID-19, as the virus causes a range of breathing complications (Galiatsatos, 2020). Concerns such as redlining and mistrust between the health community and Black individuals are also major concerns across the U.S. and in Louisiana. According to the Louisiana Department of Health, roughly 12% of the state's Black population has gotten at least one dose of a COVID-19 vaccine, and this number lags behind the state's non-Black residents. The outcome may be associated with vaccine hesitancy, mistrust in the medical community, misinformation, or a lack of access and fleeting relationships with medical professionals that resemble the groups' identities and experiences.

Researchers note disproportionate impacts on Black communities during the pandemic, including securing employment, access to savings, and the ability to make monthly utility payments (Duster, 2020; Lopez et al., 2020). Black communities are more likely to reside in food deserts, meaning the group lives in spaces that lack healthy food options (Anderson, 2016) and often lack access to clean water (Mock, 2016). Likewise, amid the pandemic, Black individuals face housing insecurity and evictions more than other racial groups (Chun et al., 2020). The Census Pulse data found that Black homeowners were twice as likely to experience mortgage delinquency than white homeowners (Choi & Pang, 2020). The group is also at higher risk of contracting COVID-19 due to increased utilization of public transportation (Odoms-Young, 2018).

Black communities in general and Black Louisiana residents lack the same access and resources regarding medical care as their non-Black counterparts. The impact of the COVID-19 pandemic illustrates the sizeable influence on Black individuals, yet these issues existed before the pandemic. The Center for Disease Control and Prevention (CDC; 2020b) reports that younger Black individuals live with or die of varied health conditions as early as their 40s, and this phenomenon is unique to the group. For example, colon cancer screening typically does not begin until the age of 45. Yet, this screening is based on a general understanding of health, not considering the intersections between race and outcomes associated with racial minority groups. These discrepancies are also seen in breast cancer diagnoses as Black and white women experience similar results, but Black women die from breast cancer at higher rates (CDC, 2020a). The CDC (2020b) notes that discrepancies are also true concerning higher pregnancy-related mortality rates between Black and non-Black women.

Understanding Black individuals' situation, including the groups' access to digital tools that may mitigate outcomes related to the pandemic, their relationship with medical providers, including racial dynamics, distance from facilities, and comfort with telemedicine, may decrease the impact of the pandemic. Also, an increased level of understanding may aid in the culturally specific implementation of programs and strategies. To this end, the report discusses demographic and characteristic-based variables among a sample of Black Louisianans and aims to contextualize the financial and familial traits of the group. The data highlights characteristics of Black Louisiana residents, including access and knowledge of digital tools and the groups' willingness to utilize new media for access to medical professionals, healthcare facilities, and to safeguard individuals through smartphone applications and websites that encourage social distancing via services and mail delivery.

RESEARCH SUMMARY

The report includes data from 1,027 Black Louisianans. Findings include relevant descriptive data on the sample's early (pre-Biden administration) financial assistance received during COVID-19, examples of family dynamics, including chronic illness in the home, and access to primary care during 2020. The report offers data on the racial make-up of medical professionals that serve Black populations and the distance (in miles) between individuals and medical facilities, including hospitals and urgent care services. Lastly, data addresses individuals' comfort with technology access and engagement, including smartphone applications and telemedicine.

METHODS

Participants

Utilizing the crowdsourcing platform Qualtrics, one-thousand and sixty-seven (1,067) self-identified Black participants were recruited online. Due to COVID-19 restrictions, online data collection offered the safest form of engagement and allowed participants and the research team to adhere to social distancing guidelines. Due to incomplete questionnaires or having missed attention check questions in the survey, 40 participants were removed from the final analysis, leaving a sample of 1,027 ($M = 30.57$, $SD = 12.30$). Of the sample, 58% ($n = 600$) self-identified as women, 41% ($n = 422$) as men, and 1% ($n = 5$) as non-gender conforming. Among the sample population, 9% ($n = 95$) attended some high school and did not receive a diploma; 33% ($n = 335$) graduated high school; 25% ($n = 259$) attended college and did not receive a degree; 23% ($n = 232$) received a two-or four-year college degree; and 10% ($n = 106$) received an advanced degree (e.g., Ph.D.). The sample was overrepresented in college degree attainment compared to the state's representation of 28% Black individuals with college degrees (Statistical Atlas, 2020).

Procedure

Participants were recruited voluntarily online, provided anonymity, and resided in Louisiana during data collection. Data was collected in December 2020, and individuals were financially compensated for their involvement in the study. Individuals answered questions about personal financial assessments amid COVID-19, comfort with digital technology, inquiries related to health care access, family attributes, and demographic questions (e.g., gender, race). Questions were randomized, and after the survey, participants were presented with a debriefing statement detailing the study's intentions. Participation in the survey averaged 30 minutes.

FINDINGS

The data describes several characteristics of the sample population and illustrates how Black Louisiana households navigate the COVID-19 pandemic. Findings include aspects of familial traits, access to financial resources during the pandemic, and use of technology related to health-related needs.

Familial Attributes

Across the sample population, 37% ($n = 378$) lived with someone with a serious health condition during the time of the study, and 27% ($n = 278$) reported someone in their family who worked in a health care setting, including a nursing home or medical facility. Thirty-eight percent (38%; $n = 392$) reported someone in their household employed in essential work, such as working at a fast-food restaurant or grocery store.



Financial Resources

Throughout the pandemic, financial means were deployed, including funds related to COVID-19 (e.g., first-round stimulus payments), funds that were increased due to COVID-19 (e.g., unemployment benefits), and funds that existed before the pandemic and often utilized by community members as a stopgap to address financial deficiencies (e.g., Housing Choice Voucher Program or Section 8). Across data, 48% ($n = 495$) reported receiving the first round of stimulus payments, 32% ($n = 326$) received Supplemental Nutrition Assistance Program (SNAP) benefits, and 27% ($n = 273$) received Medicaid assistance. Among the sample population, 19% ($n = 195$) received financial support from family and friends, 18% ($n = 180$) from food banks, and 17% ($n = 174$) from enhanced unemployment payments. Nine percent (9%; $n = 94$) collected support from nonprofit organizations, not including faith-based organizations, 9% ($n = 89$) from Social Security, and 7% ($n = 76$) from churches and religious organizations. Lastly, 4% ($n = 48$) utilized programs such as the Child Health Insurance Program (CHIP) and Section 8 housing assistance ($n = 35$). Collectively, 20% ($n = 205$) reported receiving assistance from four or more of the resources or programs listed above.

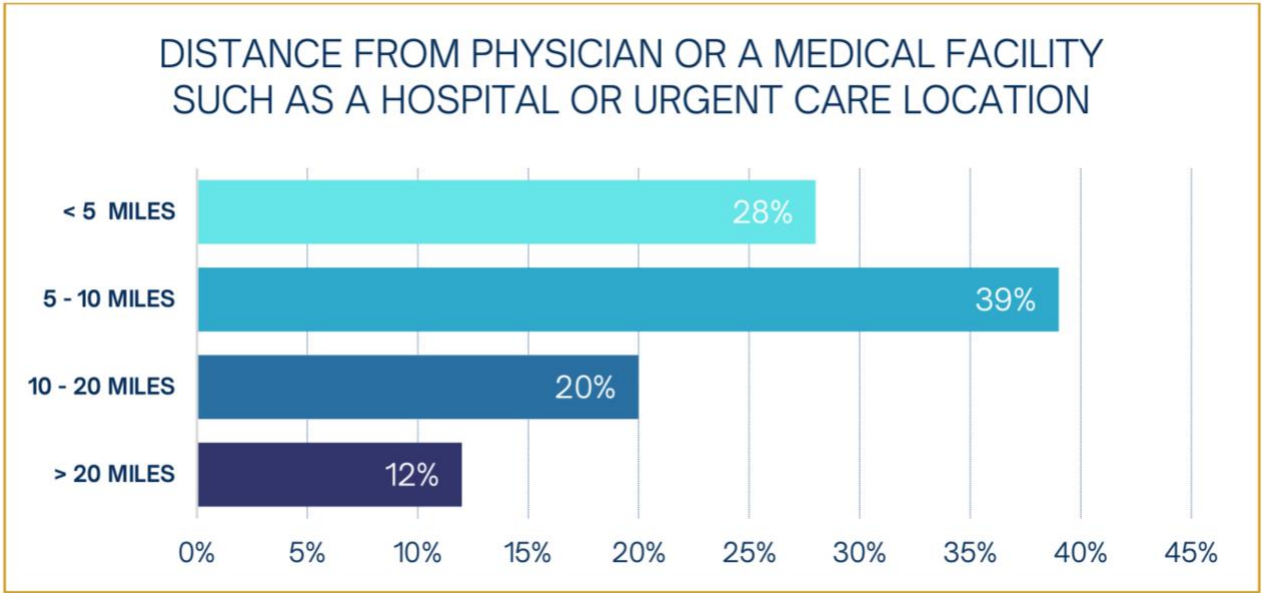
Technology Access and Usage

Across data, 92% ($n = 948$) of participants have access to a smartphone (i.e., cell phone with wi-fi access), 87% ($n = 888$) to the internet in their private residence, and 77% ($n = 788$) to a laptop computer. Of the sample, 28% ($n = 284$) used telemedicine (i.e., the use of video conferencing to engage with medical experts who offer health-related services such as medical diagnosis and information), 31% ($n = 322$) ordered medical prescriptions online, and 58% ($n = 592$) used digital platforms or smartphone applications for pick-up services at grocery or pharmacy stores since the pandemic began



Black Communities and Medical Professionals

Across data, 61% ($n = 631$) of participants visited a medical professional since the beginning of the pandemic. Fifty-three percent (53%; $n = 545$) routinely visited a non-Black physician, compared to 47% ($n = 482$) that saw a Black physician. Twenty-eight percent (28%; $n = 282$) lived within five miles of their physician or a medical facility such as a hospital or urgent care location; whereas 39% ($n = 399$) lived within five to 10 miles, 20% ($n = 207$) between 10 to 20 miles, and 12% ($n = 124$) more than 20 miles from their physician or a medical facility such as a hospital or urgent care location.



Comfort with Technology and Telemedicine Services

On a scale from 1 “completely uncomfortable” to 7 “completely comfortable” participants were partially (slightly above 50%) comfortable ($M = 3.85$; $SD = 2.09$) using digital media (e.g., website, smartphone application) for telemedicine services. Participants were more comfortable in general using smart phones ($M = 5.39$; $SD = 1.87$) and the internet ($M = 5.48$; $SD = 1.87$).

CONCLUDING THOUGHTS

In 2021 and moving forward, the inequities that Black Louisiana communities face may be attenuated via advocates' awareness of the groups' experiences (e.g., financial and familial status) amid the pandemic and the group's noted strategies, such as the use of new media technology. Currently, Black individuals demonstrate vaccine hesitancy, which may be attributed to a list of concerns, including a history of discrimination and bias from the medical community (Frakt, 2020). Yet, Black communities demonstrate knowledgeable use of social and digital media, are slightly comfortable (over 50%) utilizing telemedicine, and roughly half of the group has access to a medical professional with a similar racial identity or background. To mitigate healthcare access and medical information issues, the group may rely on interpersonal engagement with Black leaders, Black medical professionals, and community members. Also, the group may use new media technology to disseminate information, which may reduce vaccine hesitancy. At this point, the data suggests these areas deserve priority, yet due to the sample size, these suggestions are speculative.

Access to financial resources and COVID-19 information should be a priority for organizations seeking to mitigate adverse outcomes, yet which individuals deliver help and information are equally imperative. Black communities in Louisiana may not be as medically literate as their racial counterparts, but the group must receive clear, culturally competent information from trusted individuals. One of the most salient ways to deliver information to Black individuals is word-of-mouth. Yet, dissemination of material must have a starting point. Due to 92% of the sample having access to smartphones with an internet connection, this may be a critical starting point for message delivery. However, the intersection between health messaging, partnering with trusted Black Louisiana leaders, influencers, and community partners, and the use of digital media technologies need careful implementation. The notion of community partners needs to be expanded to include small business owners such as barbershops and beauty salon owners and entrepreneurs that manage convenience stores and fast food establishments. Often white-collar Black leaders (i.e., professors and doctors) may seem removed from community members. Although individuals share a racial identity, they may lack day-to-day experiences with the community (Johnson & Kaiser, 2013). The data provided support the care and attention required in employing such tactics.

Lastly, incentives, financial or otherwise, to close the knowledge gap, reduce vaccine hesitancy, and increase information should be prioritized. Over 20% of the sample relied on multiple (four or more) financial resources for assistance during the pandemic. If an individual works an hourly job and in the state of Louisiana earns the federal minimum wage of \$7.25 or slightly above that amount, that person's focus on health, digital engagement, or utilization of social networks for information may not be a priority. Providing incentives, such as gift cards or monetary funds to encourage sharing information, encouraging vaccination, and promoting healthcare access may be a means to close the gap.

Collectively, the findings cover a general narrative about Black communities in Louisiana; below are some suggested queries that may be posited based on the provided data:

- 1) Ninety-two percent (92%) of Black Louisianans have access to smartphones. What type of smartphone applications, social media messages, or partnership with social media influencers in the Black community might increase medical knowledge about COVID-19, vaccines, and other COVID-19 health precautions?
- 2) Fifty-three percent (53%) of Black Louisianans visit a medical professional who does not identify as Black. What type of culturally sensitive information could be disseminated to assist non-Black medical professionals communicate effectively with Black patients?
- 3) Seventy-two percent (72%) of Black Louisianans live five miles or more from a medical facility, including their doctor's office or an- urgent care facility. What transportation barriers (e.g., lacking access to bus lines) could be addressed, or what types of transportation access should be explored to tackle this issue?
- 4) Slightly half of Black Louisianans were comfortable using telemedicine, and this novel digital form of communication may address distance and transportation issues. How might efforts grow the comfort level among the population (e.g., providing digital literacy programs to encourage the adoption of telemedicine)?

These are just a few items that may prompt continued conversation about current programs, policies, and the allocation of resources. Also, these questions may encourage decision makers to consider innovative programs, policies, or a distribution of resources that may address the community's needs.

STUDY LIMITATIONS

Similar to most research, this work is not without limitations. First, the study utilizes online data collection methods that supported social distancing to keep individuals safe during a global pandemic. However, collecting data using solely digital platforms and online arrangements excludes participants who lack access to or knowledge of using the internet. Currently, Black Louisiana residents, depending on digital literacy levels, geographic location, and internet/broadband access, may not have the affordance to participate, and those narratives are missing from this data.

Second, similar to other surveys, research relied on self-reports, which may be affected by participants' current temperament related to ongoing social unrest (e.g., #BlackLivesMatter protests), and stress related to the pandemic's impact on finances, work, childcare, or individuals' multi-tasking efforts, each of which may diminish findings.

Third, the sample introduced biases via eligibility criteria, such as excluding non-Black participants and participant self-selection. This project specifically pursued Black individuals, yet the narratives offered may apply to non-Black populations. Additional underrepresented voices, including people from other racial minority groups in Louisiana, are missing from this conversation.

Fourth, although the sample population represents varied identities among Black individuals, including gender and age, some identities were not represented in the sample (e.g., sexuality, ability status). The lack of intersectional representation is apparent, including people representing lower socioeconomic backgrounds and individuals from rural areas. Bowleg and colleagues (2003) note that among the Black community, lower-socioeconomic individuals deal with stressors related to resource access and discrimination in specific ways that differ from their higher socioeconomic counterparts. The sample data offers a snapshot of a large and multi-faceted community, and their experiences will vary during the same global pandemic.

Lastly, the sample population represents less than 0.1% of the total Black population in Louisiana, and data does not account for every parish in the state. As such, continued research should consider ways to mitigate each of these issues.

Despite the limitations, the data, and subsequent findings, provide an opportunity to consider Black Louisiana communities' experiences during the pandemic. Preferably, this data will help inform decisions regarding communication efforts, program implementation, and resource allocation. It is encouraged that continued dialogue with Black communities and ongoing data collection occurs to monitor progress and the disposition of a vulnerable yet valuable population.

REFERENCES

- Adams, B. (2020, June 20). Black Louisiana community impacted by COVID-19, air pollution deaths. The Grio.com [website].
<https://thegrio.com/2020/06/22/black-louisiana-covid-19-air-pollution-deaths/>
- Anderson, M. (2016). Who relies on public transit in the U.S. Fact Tank News in Numbers – Pew Research Center. <https://www.pewresearch.org/fact-tank/2016/04/07/who-relies-on-public-transit-in-the-u-s/>
- Blumenthal, D., Fowler, E. J., Abrams, M., & Collins, S. R. (2020). Covid-19—implications for the health care system. *The New England Journal of Medicine* 383:1483-1488. doi.org/ 10.1056/NEJMs2021088
- Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: Multiple minority stress and resilience among Black lesbians. *Journal of Lesbian Studies*, 7(4), 87-108.
doi.org/10.1300/J155v07n04_06
- Centers for Disease Control and Prevention. (2020a, June 8). Breast cancer statistics. <https://www.cdc.gov/cancer/breast/statistics/>
- Centers for Disease Control and Prevention. (2020b, May 20). African American Health. <https://www.cdc.gov/vitalsigns/aahealth/index.html>
- Choi, J. H., and Pang, D. (2020). Six Facts You Should Know About Current Mortgage Forbearances. Urban Institute. <https://www.urban.org/urban-wire/six-facts-you-should-know-about-current-mortgage-forbearances>
- Chun, Y., Roll, S., Miller, S., Lee, H., Larimore, S., & Grinstein-Weiss, M. (2020). Racial and Ethnic Disparities in Housing Instability during the COVID-19 Pandemic.
https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1038&context=s_pi_research

- Duster, C. (2020). Utility shut-offs threaten a fresh crisis for low-income and Black families as Covid surges again. CNN.com.
<https://www.cnn.com/2020/07/12/politics/utility-shutoffs-coronavirus/index.html>
- Frakt, A. (2020, January 13). Bad Medicine: The Harm That Comes From Racism. The New York Times. <https://www.nytimes.com/2020/01/13/upshot/bad-medicine-the-harm-that-comes-from-racism.html>
- Galiatsatos, P. (2020, April 13). What Coronavirus Does to the Lungs. John Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/what-coronavirus-does-to-the-lungs>
- Johnson, A., & Buford, T. (2020). Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate. ProPublica.org. <https://www.propublica.org/article/early-data-shows-african-americans-have-contractedand-died-of-coronavirus-at-an-alarming-rate>
- Johnson, J. D., & Kaiser, C. R. (2013). Racial identity denied: Are wealthy Black victims of racism rejected by their own group?. *Social Psychological and Personality Science*, 4(3), 376-382.
- Lopez, M. H., Rainie, L., and Budiman, A. (2020). Financial and health impacts of COVID-19 vary widely by race and ethnicity. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>
- Louisiana Department of Health (2020). Public Health Coronavirus (COVID-19). <http://ldh.la.gov/Coronavirus/>
- Millett, G. A., Jones, A. T., Benkeser, D., Baral, S., Mercer, L., Beyrer, C., ... & Sullivan, P. S. (2020). Assessing differential impacts of COVID-19 on Black communities. *Annals of epidemiology*, 47, 37-44.
doi.org/10.1016/j.annepidem.2020.05.003

Mock, B. (2016). If You Want Clean Water, Don't Be Black in America. CityLab. [website]. <https://www.citylab.com/equity/2016/01/if-you-want-clean-water-dont-be-black-in-america/426927/>

Odoms-Young, A. M. (2018). Examining the impact of structural racism on food insecurity: implications for addressing racial/ethnic disparities. *Family & Community Health*, 41.

Shah, M., Sachdeva, M., & Dodiuk-Gad, R. P. (2020). COVID-19 and racial disparities. *Journal of the American Academy of Dermatology*, 83(1), e35.

Statistical Atlas. (2020). Educational Attainment in Louisiana. <https://statisticalatlas.com/state/Louisiana/Educational-Attainment>

Zelner, J., Trangucci, R., Naraharisetti, R., Cao, A., Malosh, R., Broen, K., ... & Delamater, P. (2021). Racial disparities in coronavirus disease 2019 (COVID-19) mortality are driven by unequal infection risks. *Clinical Infectious Diseases*, 72(5), e88-e95. doi.org/10.1093/cid/ciaa1723

ABOUT THE PRIMARY INVESTIGATOR

David Stamps, Ph.D, is an assistant professor in the Manship School of Mass Communication at Louisiana State University and a research affiliate with the Reilly Center for Media & Public Affairs. His research aims to understand the psychological and behavioral effects of identity-focused interpersonal interactions and individuals' exposure to and engagement with media. Stamps' research appears in various books and peer-reviewed academic journals. He is the inaugural recipient of the Claudine Michel Advocacy and Excellence Award. His work is funded by the Congressional Black Caucus, Blue Cross and Blue Shield of Louisiana, Foundation E Pluribus Unum, and the Baton Rouge Area Foundation. A former entertainment publicist and grant writer, Stamps also holds a B.A. from Columbia College Chicago, M.A. from California State University Northridge, and Ph.D. from University of California, Santa Barbara. You can reach him on Twitter at @davidstampsII and www.davidstamps.com

ABOUT BLUE CROSS AND BLUE SHIELD OF LOUISIANA FOUNDATION

The **Blue Cross and Blue Shield of Louisiana Foundation** is a 501(c)(3) nonprofit organization, completely operated by Louisianians. Together, Blue Cross and Blue Shield of Louisiana and the Foundation invest around \$5 million in the nonprofits that serve Louisiana's people and communities. To learn more about grant programs and the foundation, visit <http://bcbslafoundation.org>

ABOUT LSU'S REILLY CENTER FOR MEDIA & PUBLIC AFFAIRS

The **LSU Manship School of Mass Communication's Reilly Center for Media & Public Affairs** is partnership-driven, action-oriented, and dedicated to exploring contemporary issues at the intersection of mass communication and public life. Its interdisciplinary approach draws together experts from diverse fields to advance research and dialogue. The intent is to inspire our communities to think deeply, take action, develop solutions, and broaden knowledge. To learn more, visit www.lsu.com/reillycenter.