

Black and Essential – Coping Strategies and Narratives of Black Baton Rouge, Louisiana Residents During Covid-19



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Contents

Introduction.....	Page 3
Method.....	Page 4
Findings.....	Page 5
<i>Descriptive Data</i>	Page 5
<i>Qualitative Data Outcomes</i>	Page 6
<i>Quantitative Data Outcomes</i>	Page 9
Concluding Thoughts & Suggested Next Steps.....	Page 14
References.....	Page 19
<i>Appendix A – Survey Question and Yes/No responses by percentage</i>	Page 22
<i>Appendix B – Questions presented for quantitative measures</i>	Page 25
About the Author, E Pluribus Unum, and the Reilly Center for Media & Public Affairs	Page 37

Introduction

Data validates how Covid-19 impacts Black Americans at higher rates than other racial groups (Johnson & Buford, 2020; Stafford et al., 2020). To illustrate, the death rate due to Covid-19 for Black residents in Louisiana is roughly 70%, yet the population is approximately 32% (Louisiana Department of Health, 2020). Numerous factors are facing Black Louisiana residents that are associated with such outcomes. For example, parishes within the state, including that outside of Baton Rouge, house 200 chemical plants, placing Black Louisiana residents in the crosshairs of air pollution. This reality renders the group victims of environmental racism, and scholarship suggests that Covid-19 is primarily a respiratory disease and may cause a range of breathing difficulties (Adams, 2020; Galiatsatos, 2020). Moreover, the impact of Covid-19 on Black Americans in Louisiana comes as no surprise as research shows that Black communities are more likely to live in food deserts (Anderson, 2016), lack access to clean water (Mock, 2016), and are at higher risk of contracting the virus due to the increased utilization of public transportation (Odoms-Young, 2019).

Too often, programs and policies aimed at addressing crucial issues facing the Black community, including items such as food insecurity, access to healthcare, and mental health treatment, lack direct response and fair criticism from the communities they seek to serve. The narratives and needs of Black individuals, particularly those most vulnerable as essential workers and victims of systemic discrimination, in the midst of Covid-19, are nearly absent from many crucial conversations. Given the startling disparities in Covid-19's impact on Black Americans, and the ignored underlying systemic structures at play, this work sought to hear directly from Black community members throughout Baton Rouge, Louisiana as the entire community is essential, including those members working in service and hourly wage positions. At this critical

juncture, the voices of those deeply impacted will be vital to advance initiatives mitigating the systemic underpinnings of racial disparities and its intersection with the pandemic.

To that end, the current report offers methods implemented to examine Black Baton Rouge residents during Covid-19 and, results from the data of over 300 participants, including quantitative and qualitative information. The report concludes with targeted suggestions for next steps in addressing some of the outcomes.

Methods

Data collection included distributing web-based questionnaires administered through various third-party partners such as Amazon Mechanical Turk, Qualtrics, and community partners. Online data were collected from 322 Black Baton Rouge residents between July 31, 2020, and August 21, 2020. Participants were recruited primarily online and used various technologies, including computers, tablets, and smartphones, to complete the questionnaire. Individuals received monetary compensation for their participation, and completion of the questionnaire ranged between 11 minutes and 53 minutes. The majority of participant engagement took place online, including recruitment, data collection, and compensation distribution, allowing for social distancing and safeguarding the research team and participants.

Participants

Three-hundred and twenty-two self-identified Black participants independently (i.e., outside of a lab setting) took part in the study online. The average age of participants was 35, and the sample was between 18 to 76 years of age. Among these, 49% ($N = 158$) self-identified as female, 48% ($N = 155$) self-identified as male, and 3% ($N = 9$) did not identify gender

preference. Of the sample, 49% reported having attended some college or having earned a college degree (e.g., associate degree).

Data Analysis

Data was examined in various forms, including numerical data assessed using descriptive statistics, correlations, path analysis, and regression analyses, with mean-centered terms of multiple variables (e.g., media consumption, trust). Simple slope analyses were then used to decompose significant interactions.

Open-ended data was analyzed using several techniques prescribed by Miles and Huberman (1994), including identifying recurring themes or narratives, which are presented in the findings section. To ensure the data's consistency, findings were discussed among the research team, and the data analysis was conducted independently. Discussion of data took place to confer a technique referred to as “member checks” (Lincoln and Guba, 1986).

Findings

Descriptive Data

Among the population, the following descriptive characteristics/traits emerged:

- 8% tested positive for Covid-19
- 52% know someone personally who tested positive for Covid-19
- 40% have not contracted the virus, nor do they know someone personally who has received a positive diagnosed of Covid-19
- 45% has someone in the household with a serious health condition such as high blood pressure, heart disease, lung disease, or cancer
- 18% has someone in the home who currently works in a health care setting (e.g., doctor or dentist’s office, hospital employee)
- 45% has someone in the home that currently works in an occupation that is now deemed essential work (e.g., mail carrier, grocery store clerk, fast food employee)
- 76% had health insurance before Covid-19
- Since Covid-19, March 2020, 78% had health insurance, an increase of 2%

- 91% have internet access in the home
- 29% lived in a house with multiple generations, including grandparents, nieces, etc.
- 40% saw a decrease in their credit or savings, 22% reported no change in credit or savings, and 38% saw an increase in credit or savings since the beginning of Covid-19
- 8% reported that family had to move into their homes since the beginning of Covid-19 in March 2020.

Many Black Baton Rouge participants faced changes before and during the pandemic regarding financial assistance. In order these changes include receiving government stimulus payments and unemployment benefits. These changes were followed by support from food banks, food and financial aid from local churches, monetary assistance from family, Supplemental Nutrition Assistant Program (SNAP) aid, and support from local non-profit organizations.

Qualitative Data Outcomes

Outputs of the project include but are not limited to recognizing contextual constraints that Black Louisiana families and community members faced before and now during Covid-19. A series of questions were presented with the option for participants to type responses. Below are a summary and sample of responses, including the gender and age of respondents.

Research Question: How have you, your family, and community members supported one other during the pandemic?

Three significant themes emerged from participant responses to the question presented above, including *emotional support*, *monetary support*, and encouraging one another to *follow health and safety protocols*. Participants noted an increased reliance and importance on "checking in" on family members, neighbors, and friends, mainly through the use of technology during the pandemic. Participants' outreach included calling one another using landlines and

smartphones, sending text messages, FaceTime calls, and digital platforms such as Zoom and Microsoft Teams. A significant amount of this outreach was aimed at addressing the emotional well-being of loved ones, sharing updates from news outlets about Covid-19 and discussing the pandemic's impact on schools, work, and other entities, including transportation. Lastly, participants discussed providing and receiving support both in the form of cash, paying utility bills, and distribution of supplies, such as toiletries, among family, community members, local organizations, and churches. Examples of direct quotes from participants include, "We do set grocery runs where one person is chosen each week to pick up groceries for whoever needs it" (Female, 38), and "Our local church has a food drive where we give away food to the community" (Male, 49). Also, "one example [of support] is for our eldest church members who just had a birthday, we caravan past their homes, honking horns, waving and dropping off cards and gifts in a dropbox outside" (Female, 56), and another participant said, "One great example of how we are supporting each other is by sharing information or sharing resources with each other. This definitely came in handy in the beginning of the pandemic when it was hard to find food, water, toilet paper, cleaning supplies, etc." (Female, 37).

Research Question: What do you want or need from government, non-profits, and private sector businesses since living through the Covid-19 crisis?

Two significant themes emerged from participants' responses, including *funding for individuals and Black communities* and *increases in access and safety resources*. Comments were split between additional funding to help individuals provide basic needs, such as groceries and rent. Also, having decision-makers concentrate on providing resources such as sufficient transportation and access to broadband internet (i.e., the speed in which internet activity reaches

devices). Of interest within this data was participants mention of using Electronic Benefit Transfer (EBT) and Supplemental Nutrition Assistant Program (SNAP) benefits online to order, and more importantly, have food delivered to residences during Covid-19. Participants mentioned the need for continued instruction around using new media tools for telemedicine and online prescription orders. While not explicitly mentioned, these comments suggest that digital literacies and efforts towards decreasing the digital divide may be necessary to better support communities, but typically are ignored. Examples of direct quotes from participants around these themes include, “I need our state government to take more of a concrete stance on public safety” (Female, 42), and “I think that one of the simplest things that could be done is to provide people with funds and any food assistance that they may be in need of. Things like stimulus money and unemployment can go a long way in keeping people afloat during these times” (Male, 39). Lastly, “I need for mortgages, rent, and for public utilities to be paused, so people don't need to worry about going back to work” (Male, 49), and “My elderly neighbor is an EBT recipient. I try to do most of her shopping for her. But they [decision-makers] should put in the work to allow EBT recipients to use their benefits online.” (Female, 25)

Research Question: What is an action that you do to manage the current situation of COVID-19?

Within the open-ended questions, we sought to understand some of the coping strategies and mechanisms adopted by participants as they navigate Covid-19. Themes that appeared within this data included *acquiring new skills*, *focusing on mindfulness and health*, and *seeking out financial opportunities*. Responses within this arena were plentiful and insightful as Black communities' resiliency and perseverance in the midst of Covid-19 are equally as vital as

understanding some of the deficits that community members are facing. Examples of direct quotes from participants around these themes include, “I try to spend some of the free time that I would normally be out and about, learning new skills and reading books that are interesting to me” (Male, 27), and “I do online work (gig-work) instead of going out and driving (independent carrier) to try and make some money while staying safe” (Male, 49). Others include, “I have learned to calm myself with meditation and mindfulness exercises, which have done a great deal in keeping me calm and focused in my daily life” (Male, 39) and “I continue to save money and make the best of the situation. Since I'm locked in, I work on building a side business I've always wanted to do" (Female, 36). In response to the question, one quote focused on supporting others, "I donate to support groups" (Male, 24).

Quantitative Data Outcomes

Questions covering a range of issues, such as trust or confidence in decision-makers, were presented to participants. We aimed to identify the most salient topics, understand the relationship among specific variables, and gauge the overall perceptions, including emotions related to Covid-19, among Black Baton Rouge community members as they navigate Covid-19. Considering the current situation of Covid-19 and individual employment conditions, we asked individuals which topics they had the most confidence in concerning employer support. Among data, healthcare coverage was the most prominent regarding confidence with employers ($M = 4.35$, $SD = 2.35$) followed by workplace safety ($M = 4.01$, $SD = 2.37$). Other conditions fell below the mean, meaning that participants were least confident concerning receiving childcare compensation ($M = 2.85$, $SD = 2.22$), hazard pay ($M = 3.25$, $SD = 2.25$), and paid sick leave ($M = 3.32$, $SD = 2.39$) from employers.

A series of questions were presented that sought out relationships regarding participants' media consumption (e.g., watching news coverage of Covid-19), trust in various decision-makers (e.g., doctors, the Center for Disease Control), varied coping strategies, and the role of community support among Black populations (i.e., "I can always count on nearby relatives and friends when my household needs help). This data allowed for further investigation of outside influence, including media and decision-makers, and their collective roles in affective outcomes among the community while dealing with Covid-19. Below is a summary of those relationships.

Participants answered a series of questions on a 7-point Likert scale (1 = *never*, 7 = *all the time*) regarding attitudes about trust in news, individual news consumption ($\alpha = .77$, $M = 4.12$, $SD = 1.62$), various types of coping, including active coping (e.g., I accept the reality of the fact that Covid-19 happened), emotional coping (i.e., I try to get emotional support from friends or relatives during Covid-19) ($\alpha = .94$, $M = 4.45$, $SD = 1.67$), and negative emotions such as being infuriated ($\alpha = .93$, $M = 3.45$, $SD = 1.79$), remorseful ($\alpha = .92$, $M = 2.26$, $SD = 1.70$), and distressed ($\alpha = .91$, $M = 3.56$, $SD = 1.90$). Lastly, participants answered questions related to perceptions of community support ($\alpha = .95$, $M = 4.34$, $SD = 1.76$).

Research Question: What are the relationship between participant's news media consumption, affective responses, and trust towards leadership, news media, and the medical community (CDC, doctors, etc.)?

A series of linear regressions show that news media consumption is correlated with higher trust across major decision makers. News media consumption is associated with higher trust in the Baton Rouge mayor ($\beta = .44$, $p < .001$), the CDC ($\beta = .38$, $p < .001$), the Louisiana governor ($\beta = .37$, $p < .001$), personal doctors ($\beta = .36$, $p < .001$), and the president ($\beta = .34$, $p <$

.001). This outcome suggest that Black Baton Rouge residents' news programming consumption (how often they watch, read, and listen to news on Covid-19) is related to trust in the individuals associated with providing information and making decisions on behalf of their community.

Unpacking these relationships suggests that among the sample of Black Baton Rouge residents, they tend to trust their personal doctors ($M = 5.15$; $SD = 1.81$), the CDC ($M = 4.87$; $SD = 1.85$), and the Baton Rouge mayor ($M = 4.45$; $SD = 1.93$) more so compared to trusting the president of the United States ($M = 2.53$; $SD = 2.05$).

Among participants, news media consumption is associated with greater remorse ($\beta = .27$, $p < .001$) and distress ($\beta = .23$, $p = .001$), but was not significantly related to feeling infuriated ($\beta = .12$, $p = .089$) amid Covid-19. Data suggests that consuming more news has positive impacts on trust, but negative impacts on emotions generally speaking.

Lastly, Black Baton Rouge participants demonstrated more trust towards local news ($M = 4.38$; $SD = 1.87$) compared to national news ($M = 4.00$; $SD = 1.93$) and news from social media sites ($M = 3.76$; $SD = 1.96$).

Research Question: What is the relationship between coping mechanisms and community support among Black Baton Rouge community members?

Higher community support is consistently positively related to higher coping mechanisms, including emotional coping ($\beta = .59$, $p < .001$), planning ($\beta = .42$, $p < .001$), acceptance ($\beta = .35$, $p < .001$), mental disengagement ($\beta = .30$, $p < .001$), religious coping ($\beta = .29$, $p < .001$), and release coping ($\beta = .26$, $p < .001$) mechanisms. This outcome suggests that among Black Baton Rouge residents, their perceptions of community support are positively related to appropriate coping mechanisms, such as talking to someone, praying, or engaging in

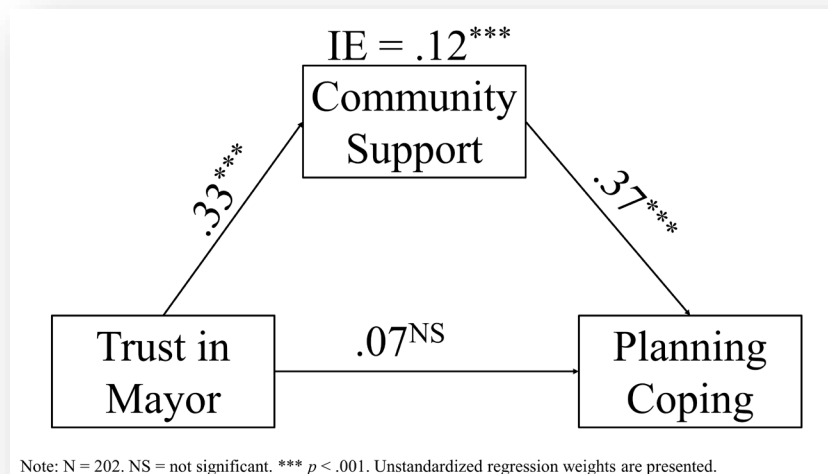
entertainment, including watching television to mitigate stress during Covid-19. This is consistent with the literature on community resilience, which identifies how communities cope with, recover from, or adapt to crises. Community resilience often shows the ability to "bounce-back" from adversity by using the resources at hand, including personal and environmental characteristics. These traits may include but are not limited to a sense of community, feelings of efficacy, and coping strategies (Paton & Johnston, 2001).

Research Question: Does community support mediate the relationship between trust and coping?

The final question posed to participants addresses how Black Baton Rouge residents navigate trust, including trust in media and decision-makers, and their coping strategies as they wait for, lean on, and utilize immediate resources and the potential resources later deployed (e.g., stimulus checks). Specifically, we wanted to understand the relationship between feelings of trust, such as what doctors or the mayor say is in their best interest, and how individuals may respond regarding their well-being. These responses include talking to someone discussing their concerns (i.e., emotional coping) or actively planning out how to obtain information or resources (i.e., planning). Lastly, we wanted to see if perceptions of community support, meaning the encouragement of family, friends, and neighbors, would impact the relationship between trust and coping.

We found that Black Baton Rouge residents reported increased coping strategies often due to their discernment towards their community. In other words, there exists a favorable relationship among Black Baton Rouge residents watching the news, listening to decision-makers, and because individuals believe their community will support them throughout Covid-

19, comfortably exercising coping strategies. Often trust and coping are related, yet in many instances, the reliance on the community is the determining factor in participants' enacting coping strategies. As an example, the model below showcases that Black Baton Rouge residents' trust in the mayor and parish leadership's planning actions towards Covid-19 is dependent upon perceptions of community members supporting one another. See the figure below.



Concluding Thoughts & Suggested Next Steps

In the coming weeks and months, many policy decisions and programs will be created to address how communities and the nation can be better prepared for a disaster of this nature in the future. There is and will be a need for Black residents of Baton Rouge, and beyond, to have ample support and strategies to attenuate the impact of pandemics, including those related to public health (e.g., Covid-19) as well as other health and economic disparities related to systemic racism and classism. Consideration of this group's needs and listening to their responses regarding well-being should drive action.

Black Baton Rouge residents, similar to many other Black populations across the United States, have been hit the hardest among their racial counterparts by the pandemic. These realities are intertwined with previous inequities related to racism, classism, and discrimination. Yet, unique to this population, as shown in the descriptive data, is the expansion of Medicaid. Louisiana is the only state in the deep south (Arkansas, West Virginia, and Kentucky have also expanded Medicaid) to expand coverage, benefitting 292,000 low-income and vulnerable community members (Cross-Call, 2016). In the following section, and based on findings, we offer suggestions to address or help mitigate Black Baton Rouge individuals' concerns during the pandemic.

Digital Media Literacies and Access

A narrative present throughout the data is the increased need for access to and critical engagement with new media technology. Findings suggest that increasing digital literacies or digital technology, including smartphone applications and website navigation, and increased accessibility, such as a debit card, SNAP, and EBT online capabilities, would benefit the community. Also, mitigating the digital divide would help support communities as they seek to

utilize digital spaces, such as shopping online and telemedical services, to order supplies and medication.

According to the U.S. Census (2018), 88% of East Baton Rouge Parish households have at least one computer in the home, and 80% have access to broadband. Yet, while offering broad and noteworthy statistics, these generalizations may not speak to the digital literacies and capabilities of individual residents. Although many within this sample population have internet in the home, recent news has shed light on communities' digital access constraints. Portions of the population live in spaces that lack decent internet connectivity or strong broadband service (WAFB9, 2020). Likewise, the "know-of" of navigating websites, smartphone applications, and platforms such as Zoom and Microsoft Teams are not that obvious. The pandemic has shown not only the lack of access to the digital space but also an increased reliance on digital connectedness. Many schools, K-12 and colleges, are focused on virtual learning. To participate, individuals need hardware, such as tablets and laptops, access to the internet, and the familiarity with digital technology to participate in what is arguably our new normal. An individual having a computer and knowing the potential and possibilities of that technology are two vastly different items. The opportunity to speak with a medical professional to discuss concerns via digital platforms, then have that professional request prescriptions from a pharmacy using digital technology, and for that medication to be filled and delivered to the patient's front door is a scenario that some communities are not accustomed to. This affordance may keep those same individuals safe during Covid-19. This is a topic that requires further attention. Lastly, as data suggests, new media is also a vital tool for emotional support. The data posits that many are using smartphones and platforms such as Zoom to communicate, and emotional well-being is

central to communities' well-being during the pandemic. Access to hardware *and* complete knowledge of new media's capabilities are necessary in addressing digital access and inequality.

Financial Resources

Data also firmly asserts that financial support directed towards individuals, local small businesses, and non-profits is crucial as support from family, community members, and local organizations, including churches, plays a large role in helping families maintain stability throughout the pandemic. According to the data, local non-profits and organizations support community members more so now than before the pandemic. However, these entities typically rely on volunteerism and donations, both of which may be impacted by Covid-19. A monetary response is needed from decision-makers, and those resources would best serve communities when they are placed directly in those communities. The relationship between community members' needs and local organizations addressing those concerns is not necessarily original. However, delegating financial resources to *local* small business owners, community organizers, *local* non-profits, and the individuals on the ground is a practice that should be centered (see Talbott, 2011). For example, volunteers, who have always been essential to society, should have personal protective equipment (PPE) readily available. This can be addressed with financial resources and supplies sent directly to organizations such as food banks and churches. Local non-profits are often the backbone of providing services from after school programs to community workshops such as creating resumes, using digital technology, and more. Focusing on the people who are *in* the community doing the work and supporting their efforts directly are highly encouraged.

Data also revealed concerns among the sample population regarding support services such as childcare and paid sick leave. Decision-makers could be active in supporting

organizations, including local daycares, with supplies to keep workers and children safe and financial assistance to help offset costs for families in need of childcare. The difference between merely dealing with Covid-19 and adequately responding in a uniform and effective manner would insinuate that Black Baton Rouge residents are going to work during the pandemic, knowing that their children are cared for, their community is supported, and that if they become sick, their livelihoods will not be impaired.

Community Resilience

Most importantly, this work addresses how Black Baton Rouge residents demonstrate community resilience despite many obstacles. Many Black residents are adapting to this crisis in varied ways, including watching news programming addressing Covid-19, listening to decision-makers, *and* because they believe their community is supportive during Covid-19, are adopting various coping strategies. Although consuming more news has positive impacts on trust in leadership, data suggests there are negative impacts on emotions generally. Black Baton Rouge individuals are witnessing a rise in positive Covid-19 cases. Data presented here identified a portion of participants who have contracted the virus or know someone who has contracted the virus. Also, Black individuals explicitly see the impact this virus has on small businesses, schools, and the divide among racial groups, some of whom disregard the pandemic and society's well-being. These realities may influence negative emotions among participants. Yet, viewing and reading news about Covid-19 was associated with driving individuals to see their community as a partner and demonstrate collectivist motivations.

The findings related to resilience acknowledge risk reduction strategies utilized by community members, yet to assume there is not a need for mental health services among Black communities would be a mistake. These findings showcase traits such as a sense of community,

feelings of efficacy, and coping tactics, which are not new, but well-being overtime should be monitored. Black communities have faced hardships before Covid-19, including Jim Crow and bouts of racial unrest, to name a few. Open-ended data indicates that Black people are reaching out to one another, even if it is through digital platforms. Participants are supporting their family members and neighbors by picking up groceries and medication. Acknowledging the stark realities that Black communities face before and during Covid-19 is essential. Equally, how the community is thriving, despite these uncertainties, is also noteworthy.

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Appendix A – Survey Question and Yes/No responses by percentage

Have you, or has someone you know contracted the Coronavirus or shown symptoms? (either they tested positive or had symptoms but were not tested)?

Yes – 12%

No, but family member has contracted the virus – 24%

No, but a friend has contracted the virus – 11%

No – 53%

Do you or anyone in your household have a serious health condition such as high blood pressure, heart disease, lung disease, cancer or diabetes, or not?

Yes – 46%

No – 54%

Do you or anyone in your household work in a health care delivery setting, such as a doctor’s office, clinic, hospital, nursing home, or dentist’s office?

Yes – 17%

No – 83%

Do you or anyone in your household work in what is now deemed essential work, such as a with the post office, grocery store, bank tellers, delivery service (FedEx, Amazon), utility work, or at a fast food restaurant?

Yes – 38%

No – 62%

Before the COVID-19 pandemic, did you have medical or health insurance?

Yes – 70%

No – 30%

During the past month, did you have medical or health insurance?

Yes – 75%

No – 25%

Do you have access to high-speed internet in your home?

Yes – 79%

No – 21%

Current working situation:

Currently working full-time – 32%

Currently working part-time – 12%

Currently unemployed and seeking employment – 13%

Currently unemployed and not seeking employment – 2%

Recently laid-off due to COVID-19 – 9%

Small business owner – 7%

Student – 12%

Retired – 5%

On disability and can't work – 7%
A homemaker or stay at home parent – 1%

Before the pandemic, had you given any financial support to family or friends?

Yes – 46%
No – 54%

Since the pandemic began, have you given any financial support to family or friends?

Yes – 50%
No – 50%

Before the COVID pandemic, did you live in a place that you considered to be permanent and stable housing, that is, you could stay there for a year or more?

Yes – 69%
No – 31%

Do you consider where you live now to be permanent and stable housing, that is, you could stay there for a year or more?

Yes – 67%
No – 33%

Do you live in a home with multiple generations (with a parent, grandparent)?

Yes – 29%
No – 71%

Have you or anyone in your household received any of the following types of assistance before the coronavirus pandemic:

Financial support from family or friends – 21%
Financial support from faith-based organizations – 2%
Financial support from non-profit or community organizations – 1%
Supplies from a food bank – 7%
Unemployment Benefits – 6%
Medicaid – 18%
Children's Health Insurance Program (CHIP) – 3%
Social Security Benefits – 11%
SNAP or food stamps – 18%
Section 8 Housing Choice Voucher – 1%
Paid sick days – 10%
Paid family leave to take care of a family member – 2%

Have you or anyone in your household received any of the following types of assistance during the coronavirus pandemic:

Financial support from family or friends – 15%
Financial support from faith-based organizations – 3%

Financial support from non-profit or community organizations – 4%
Supplies from a food bank – 6%
Unemployment Benefits – 11%
Medicaid – 14%
Children’s Health Insurance Program (CHIP) – 3%
Social Security Benefits – 8%
SNAP or food stamps – 14%
Section 8 Housing Choice Voucher – 1%
Coronavirus stimulus check – 12%
Paid sick days – 7%
Paid family leave to take care of a family member – 2%

Since the pandemic began, have other people moved in with you, like friends or family members?

Yes – 13%
No – 87%

Appendix B – Questions presented for quantitative measures

Trust

Considering Covid-19 news coverage, on a scale of “1” (none) to “7” (a lot) please indicate the following:

Trust of messaging from the Current President

- 1 – 64%
- 2 – 6%
- 3 – 6%
- 4 – 10%
- 5 – 3%
- 6 – 1%
- 7 – 10%

Trust of messaging from the Louisiana Governor

- 1 – 24%
- 2 – 4%
- 3 – 8%
- 4 – 8%
- 5 – 14%
- 6 – 9%
- 7 – 33%

Trust of messaging from the Baton Rouge Mayor

- 1 – 21%
- 2 – 5%
- 3 – 8%
- 4 – 13%
- 5 – 13%
- 6 – 10%
- 7 – 30%

Trust of messaging from the Center for Disease Control

- 1 – 22%
- 2 – 3%
- 3 – 10%
- 4 – 10%
- 5 – 13%
- 6 – 11%
- 7 – 31%

Trust of messaging from your doctor

- 1 – 18%
- 2 – 3%
- 3 – 7%
- 4 – 10%
- 5 – 10%
- 6 – 13%
- 7 – 39%

Trust of messaging from National News

- 1 – 22%
- 2 – 8%
- 3 – 13%
- 4 – 11%
- 5 – 16%
- 6 – 12%
- 7 – 18%

Trust of messaging from Local News

- 1 – 18%
- 2 – 7%
- 3 – 13%
- 4 – 12%
- 5 – 12%
- 6 – 13%
- 7 – 25%

Trust of messaging from Social Media

- 1 – 24%
- 2 – 11%
- 3 – 15%
- 4 – 19%
- 5 – 11%
- 6 – 7%
- 7 – 13%

Coping Measures (see Carver, 1989)

On a scale of “1” (none) to “7” (a lot) regarding the current situation surrounding Covid-19, please indicate the following:

Planning Strategies

I try to come up with a strategy about what to do.

- 1 – 17%
- 2 – 3%
- 3 – 7%
- 4 – 12%
- 5 – 19%
- 6 – 11%
- 7 – 31%

I make a plan of action.

- 1 – 14%
- 2 – 6%
- 3 – 9%
- 4 – 10%
- 5 – 16%
- 6 – 15%
- 7 – 30%

I think hard about what steps to take.

- 1 – 15%
- 2 – 3%
- 3 – 6%
- 4 – 10%
- 5 – 16%
- 6 – 17%
- 7 – 33%

I think about how I might best handle the problem.

- 1 – 10%
- 2 – 4%
- 3 – 6%
- 4 – 8%
- 5 – 17%
- 6 – 14%
- 7 – 40%

Social Support Coping

I ask people who have had similar experiences what they did.

- 1 – 18%
- 2 – 6%
- 3 – 8%
- 4 – 17%
- 5 – 14%
- 6 – 10%
- 7 – 27%

I try to get advice from someone about what to do.

- 1 – 19%
- 2 – 6%
- 3 – 9%
- 4 – 19%
- 5 – 13%
- 6 – 15%
- 7 – 19%

I talk to someone to find out more about the situation.

- 1 – 16%
- 2 – 5%
- 3 – 10%
- 4 – 14%
- 5 – 19%
- 6 – 13%
- 7 – 23%

I talk to someone who could do something concrete about the problem.

- 1 – 20%
- 2 – 2%
- 3 – 13%
- 4 – 13%
- 5 – 14%
- 6 – 14%
- 7 – 24%

Emotional Coping

I talk to someone about how I feel.

- 1 – 13%
- 2 – 12%
- 3 – 7%
- 4 – 16%

5 – 21%
6 - 10
7 – 21%

I try to get emotional support from friends or relatives.

1 – 21%
2 – 6%
3 – 11%
4 – 15%
5 – 17%
6 – 10%
7 – 20%

I discuss my feelings with someone.

1 – 18%
2 – 10%
3 – 9%
4 – 15%
5 – 15%
6 – 14%
7 – 19%

I get sympathy and understanding from someone.

1 – 23%
2 – 11%
3 – 13%
4 – 15%
5 – 11%
6 – 9%
7 – 18%

Acceptance Coping

I learn to live with it

1 – 14%
2 – 5%
3 – 5%
4 – 13%
5 – 17%
6 – 19%
7 – 27%

I accept that this has happened and that it can't be changed

- 1 – 15%
- 2 – 3%
- 3 – 9%
- 4 – 13%
- 5 – 14%
- 6 – 14%
- 7 – 32%

I get used to the idea that it happened

- 1 – 15%
- 2 – 7%
- 3 – 3%
- 4 – 19%
- 5 – 20%
- 6 – 15%
- 7 – 21%

I accept the reality of the fact that it happened

- 1 – 14%
- 2 – 6%
- 3 – 8%
- 4 – 13%
- 5 – 11%
- 6 – 17%
- 7 – 31%

Religious Coping

I seek God's help.

- 1 – 10%
- 2 – 4%
- 3 – 3%
- 4 – 9%
- 5 – 6%
- 6 – 7%
- 7 – 61%

I put my trust in God.

- 1 – 7%
- 2 – 2%

- 3 – 4%
- 4 – 6%
- 5 – 5%
- 6 – 6%
- 7 – 70%

I try to find comfort in my religion.

- 1 – 13%
- 2 – 3%
- 3 – 8%
- 4 – 14%
- 5 – 6%
- 6 – 5%
- 7 – 51%

I pray more than usual.

- 1 – 13%
- 2 – 7%
- 3 – 8%
- 4 – 13%
- 5 – 11%
- 6 – 11%
- 7 – 37%

Venting of Emotions

I get upset and let my emotions out

- 1 – 36%
- 2 – 7%
- 3 – 13%
- 4 – 15%
- 5 – 8%
- 6 – 4%
- 7 – 17%

I let my feelings out

- 1 – 29%
- 2 – 4%
- 3 – 15%
- 4 – 16%
- 5 – 11%
- 6 – 7%

7 – 18%

I feel a lot of emotional distress and I find myself expressing those feelings a lot

1 – 27%

2 – 11%

3 – 15%

4 – 15%

5 – 12%

6 – 7%

7 – 13%

I get upset and am really aware of it

1 – 26%

2 – 13%

3 – 13%

4 – 11%

5 – 12%

6 – 6%

7 – 19%

Mental Disengagement

I turn to work or other substitute activities to take my mind off things.

1 – 21%

2 – 7%

3 – 12%

4 – 14%

5 – 16%

6 – 11%

7 – 19%

I go to movies or watch TV, to think about it less.

1 – 18%

2 – 8%

3 – 8%

4 – 14%

5 – 12%

6 – 14%

7 – 26%

I daydream about things other than this.

- 1 – 21%
- 2 – 9%
- 3 – 10%
- 4 – 14%
- 5 – 10%
- 6 – 13%
- 7 – 23%

I sleep more than usual.

- 1 – 25%
- 2 – 10%
- 3 – 14%
- 4 – 12%
- 5 – 13%
- 6 – 6%
- 7 – 20%

Group Emotions (see Mackie et al., 2000)

Rate the level, noting at all to extreme, of each emotion you feel when thinking about the current situation involving Covid-19.

Infuriated ($\alpha = .93$, $M = 3.45$, $SD = 1.79$; included: anger, annoyance, outrage, agitation, disgust, irritation, and disappointment)

Remorse ($\alpha = .92$, $M = 2.26$, $SD = 1.70$; included: embarrassed, ashamed, guilty)

Distressed ($\alpha = .91$, $M = 3.56$, $SD = 1.90$; included: fear, nervousness, terrified, sadness)

News Media Consumption (see Stamps, 2020)

On a scale of “1” (none) to “7” (a lot) please indicate:

How often are you watching local news?

- 1 – 13%
- 2 – 10%
- 3 – 8%
- 4 – 11%
- 5 – 15%
- 6 – 10%
- 7 – 33%

How often are you watching national news (CNN, MSNBC, FOX)?

- 1 – 24%
- 2 – 10%

- 3 – 8%
- 4 – 10%
- 5 – 14%
- 6 – 8%
- 7 – 26%

How often are you reading the news on the internet?

- 1 – 15%
- 2 – 8%
- 3 – 7%
- 4 – 20%
- 5 – 12%
- 6 – 8%
- 7 – 30%

How often are you reading newspapers?

- 1 – 46%
- 2 – 9%
- 3 – 9%
- 4 – 12%
- 5 – 9%
- 6 – 6%
- 7 – 9%

How often are you visiting social media pages to gather news (e.g., Facebook, Twitter)?

- 1 – 15%
- 2 – 6%
- 3 – 13%
- 4 – 10%
- 5 – 15%
- 6 – 8%
- 7 – 33%

Community Support

On a scale of “1” (none) to “7” (a lot) please indicate:

I can always count on nearby relatives and friends when my household needs help.

- 1 – 19%
- 2 – 8%
- 3 – 9%
- 4 – 12%

- 5 – 20%
- 6 – 13%
- 7 – 19%

If members of my household had an emergency even people we do not know would help us out.

- 1 – 19%
- 2 – 8%
- 3 – 9%
- 4 – 12%
- 5 – 21%
- 6 – 12%
- 7 – 19%

People in my community work together to solve problems.

- 1 – 25%
- 2 – 13%
- 3 – 5%
- 4 – 15%
- 5 – 17%
- 6 – 7%
- 7 – 18%

Most people try to make this community a good place to live.

- 1 – 18%
- 2 – 8%
- 3 – 15%
- 4 – 11%
- 5 – 15%
- 6 – 11%
- 7 – 22%

My community is a place where people care about one another.

- 1 – 17%
- 2 – 14%
- 3 – 10%
- 4 – 13%
- 5 – 13%
- 6 – 9%
- 7 – 24%

I feel that I really belong in my community.

- 1 – 23%
- 2 – 9%
- 3 – 8%
- 4 – 13%
- 5 – 17%
- 6 – 13%
- 7 – 17%

My neighbors really care about me and are concerned for my well-being.

- 1 – 24%
- 2 – 12%
- 3 – 12%
- 4 – 10%
- 5 – 17%
- 6 – 5%
- 7 – 20%

I feel supported in my community.

- 1 – 18%
- 2 – 9%
- 3 – 16%
- 4 – 13%
- 5 – 12%
- 6 – 10%
- 7 – 22%

About the Author

David Stamps is an Assistant Professor in Strategic Communication and Mass Media at LSU and a research affiliate with the Reilly Center for Media & Public Affairs. He earned his Ph.D. from the University of California, Santa Barbara, and M.A. from California State University, Northridge. His research is aimed at understanding the psychological and behavioral effects of identity-focused interpersonal interactions as well as individuals' exposure to and engagement with media. Inherent in this work is a recognition that issues of class, gender, race, ability, geographic location, and sexuality meaningfully impact these relationships.

David's research appears in various book chapters and peer-reviewed academic journals including, *Films as Rhetorical Texts: Cultivating Discussion about Race, Racism and Race Relations*, and in peer-reviewed journals, *Journalism and Mass Communication Quarterly*, *the Howard Journal of Communications*, *Journal of Communication Inquiry* and *American Communication Journal*. He is the inaugural recipient of The Claudine Michel Advocacy and Excellence Award, the Louisiana Board of Regents OER Common Faculty Cohort Award, and his work has been funded by the Congressional Black Caucus, Blue Cross Blue Shield, and E Pluribus Unum. He is currently working with the Governor's Task Force in Louisiana to bring Black voices to the table regarding their lived experiences concerning the pandemic and racial unrest.

A former entertainment publicist and grant writer, including time spent at NBCUniversal and the Los Angeles Arts Commission, Dr. Stamps also holds a B.A. from Columbia College Chicago. You can find him on Twitter at @davidstampsII and www.davidlstamps.com.

About E Pluribus Unum

Founded by former New Orleans Mayor Mitch Landrieu in 2018, E Pluribus Unum (EPU) is a nonprofit, nonpartisan organization whose mission is to build a more just, equitable, and inclusive South, uprooting the barriers that have long divided the region by race and class. Incubated at Emerson Collective, EPU is focused on changing the divisive narratives that perpetuate systemic and interpersonal racism, cultivating and empowering courageous leaders who are advancing racial equity, and championing transformative policy change. To learn more, visit www.unumfund.org.

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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.edu/reillycenter.

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