

TOPLINE REPORT

# BLACK & ESSENTIAL

CHARACTERISTICS AND COPING STRATEGIES  
OF BLACK COMMUNITIES AMID COVID-19

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SUPPORTED BY



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The Black and Essential: Characteristics and Coping Strategies of Black Communities Amid COVID-19 topline report is a collaboration between Dr. David Stamps (primary investigator) and LSU's Reilly Center for Media & Public Affairs, with the support of 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 Foundation's Community Crisis & Disaster Response Grant. Data illustrates systemic underpinnings of racial inequality and ancillary matters related to Black residents in Louisiana. For example, data recognizes Black communities that reside in medical deserts and lack adequate cultural and ingroup representation among medical professionals. 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

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Sixty percent (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). 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. Concerns such as redlining and mistrust between the health community and Black individuals are 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.

## RESEARCH SUMMARY

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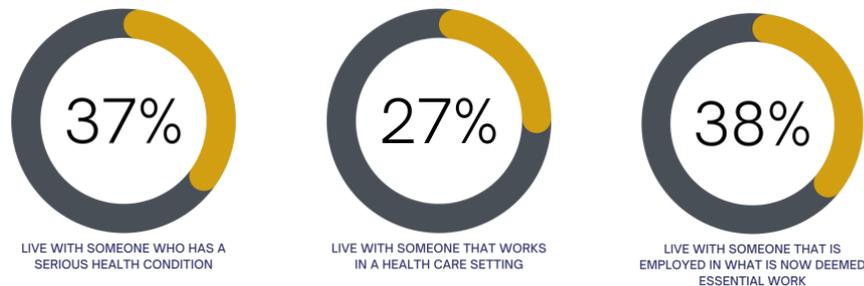
The report includes data from 1,027 Black Louisianans. Findings include data on the sample's early (pre-Biden administration) financial assistance received during COVID-19, family dynamics, the racial make-up of medical professionals that serve Black populations, and the distance (in miles) between individuals and medical facilities and individuals' comfort with technology access and engagement.

# FINDINGS

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## *Familial Attributes*

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



## *Financial Resources*

- 48% ( $n = 495$ ) reported receiving the first round of stimulus payments
- 32% ( $n = 326$ ) received Supplemental Nutrition Assistance Program (SNAP) benefits
- 27% ( $n = 273$ ) received Medicaid assistance
- 19% ( $n = 195$ ) received financial support from family and friends
- 18% ( $n = 180$ ) received assistance from food banks
- 17% ( $n = 174$ ) received enhanced unemployment payments
- 20% ( $n = 205$ ) reported receiving assistance from four or more of the support mechanisms (e.g., SNAP benefits, stimulus payments)

## *Technology Access and Usage*

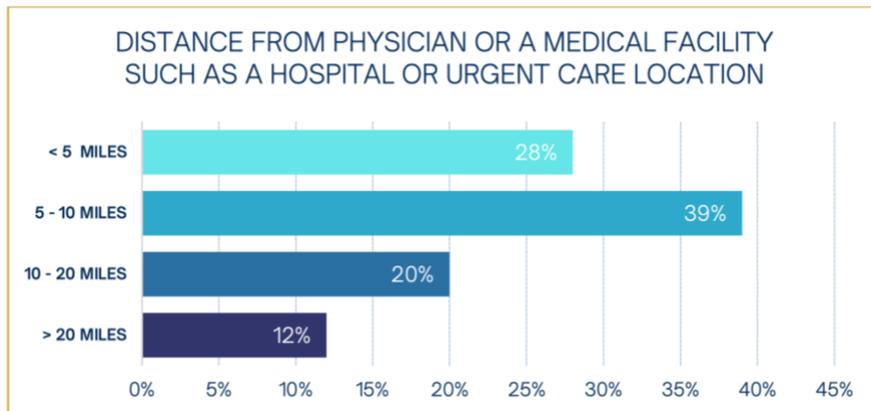
- 92% ( $n = 948$ ) reported access to a smartphone (i.e., cell phone with wi-fi access)
- 87% ( $n = 888$ ) reported access to the internet in their private residence
- 77% ( $n = 788$ ) reported access to a laptop computer
- 28% ( $n = 284$ ) utilized telemedicine services (i.e., the use of video conferencing to engage with medical experts who offer health-related services such as medical diagnosis and prescription requests)
- 31% ( $n = 322$ ) utilized digital platforms to request medical prescriptions

- 58% ( $n = 592$ ) utilized digital platforms or smartphone applications for pick-up services at grocery or pharmacy stores since the pandemic began



### *Black Communities and Medical Professionals*

- 61% ( $n = 631$ ) visited a medical professional since the pandemic began
- 53% ( $n = 545$ ) routinely visited a non-Black physician, compared to 47% ( $n = 482$ ) that saw a Black physician
- 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



### *Comfort with Technology and Telemedicine Services*

- Roughly 50% of surveyed participants stated that they were comfortable using digital media (e.g., website, smartphone application) for telemedicine services
- Seventy-five percent (75%) expressed more comfort using smartphones and the internet in general

## CONCLUDING THOUGHTS

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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. The intersection between health messaging, partnering with trusted Black Louisiana medical 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 barbershop and beauty salon owners, entrepreneurs that manage fast food establishments, and religious leaders. 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.

Lastly, providing 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. These incentives may encourage individuals to share information and promote preventive health measures (e.g., getting the vaccine). Below are suggested queries to consider based on the provided data:

- Ninety-two percent (92%) of Black Louisianans have access to smartphones. What type of smartphone applications, social media messages, or partnerships with social media influencers in the Black community might increase medical knowledge about COVID-19, vaccines, and other health precautions?
- Majority (53%) of Black Louisianans visit a medical professional who does not identify as Black. What type of culturally sensitive information could be disseminated to help non-Black medical professionals communicate effectively with Black patients?
- Seventy-two percent (72%) of Black Louisianans live five miles or more from a medical facility, including their doctor's office or urgent care facility. What transportation barriers (e.g., lacking access to bus lines) could be removed, or what types of transportation access should be explored to address this issue?
- Slightly half of Black Louisianans were comfortable using telemedicine. 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)?