

# Race, the Health Literacy Gap, and COVID-19: Reflections from a Social Scientist Studying “Pandemic Politics”

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In October 2020, I delivered a plenary speech at the Health Literacy in Action/Health Literacy Annual Conference. The conference was virtual, offering participants the opportunity to network and exchange ideas from the safety of their homes or offices via their computers and mobile devices.

Like many people, the coronavirus disease 2019 (COVID-19) pandemic turned my life upside down. I lost family members, friends, and co-workers to the disease, and I have been forced to adapt to a new reality. As I “lived” this reality, I could not help but notice how the current medical pandemic reflects the age old and ongoing social pandemic of racism. I talked about all this during the plenary, drawing upon my expertise as a community-engaged political scientist and pollster to explore health literacy barriers among African Americans while considering potential strategies for overcoming them. The experience was both enriching and empowering, and I hope the audience learned as much as I did from the meeting.

During my plenary speech at the conference, I reflected on how I became interested in health literacy research and how health policy research has improved me professionally and personally. I hope you will consider the ideas presented below and take the opportunity to think about ways your work in health literacy can adapt and grow.

## HOW I BECAME A COVID-19 RESEARCHER

Initially, the pandemic was something extra, a chaos superadded to my many work-life duties. At some point in the spring of 2020, I decided that I would merge my intellectual interests with my current reality. This decision led to a collaboration with colleagues in Penn State’s College of Medi-

cine and the College of Healthcare Information Management Executives. It also refocused some of the polling work that I do with the African American Research Collaborative (<https://www.africanamericanresearch.us/>) and BSP Research (<https://www.bspresearch.com/>).

Much of the data I shared in my plenary speech was based on the May 2020 COVID-19 Poll, which I helped to conduct with support from the NAACP (National Association for the Advancement of Colored People) and the Equity Research and Innovation Center at Yale University’s School of Medicine. I organized that plenary speech around the racial gap in people’s experiences with and attitudes about COVID-19. The survey results pointed to clear differences in how Black and White people view the 45th President of the United States (African Americans are less sanguine in their assessments), the Trump administration’s management of the pandemic (Black people are considerably less happy about how things were handled), and the degree to which people disagree when it comes to the dueling priorities of “flattening the curve” versus “boosting the economy.” As my coauthor and I note (Abrams & Block, 2020), Black people are clearly in the former (rather than the latter) camp when it comes to the health and safety/economic-growth debate. The results from that survey contributed to a recent publication in *HLRP: Health Literacy Research and Practice* (Block et al., 2020), and they figure prominently in a forthcoming book I am writing.

I was inspired to do research that merges the pandemic and politics for several reasons. Mainly, it was (and is) therapeutic to express myself in writing, and I view this line of research as an opportunity to regain some control over the chaos of the new reality that has been foisted upon us. Also,

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I appreciate the collaborative and multidisciplinary nature of studying pandemic politics. Working with health researchers and practitioners has given me a valuable perspective, and I feel empowered knowing that my colleagues feel equally enriched and empowered by my participation in projects. Beyond these personal and professional benefits, the need for this line of research is clear, for there are numerous ways in which COVID-19 is politicized, and there is a great deal of evidence showing that the pandemic has landed hardest on communities of color.

## SELF-DISCOVERY THROUGH THIS LINE OF RESEARCH

There is a popular saying that “all policy is health policy” (World Health Organization, 2013). I agree. But a crucial corollary that must be kept in mind is that all health policy is racial policy. I had a thriving research agenda before the pandemic. I study racial inequity in all its sordid forms, but as a political scientist, I tend to focus on the political implications of racial inequality. The hyper-partisan response to the global pandemic and the astonishingly racialized white supremacy rhetoric from the White House made COVID-19 research impossible for me to resist.

For starters, the way guidelines for mitigating the spread of COVID-19 were communicated had racial implications. Recall, for example, the well-deserved backlash that the now-former U.S. Surgeon General, Jerome Adams, received after he led a White House briefing in which he singled out racial and ethnic minorities, victim blamed, misused vernacular, and trotted out old tropes about “respectability” (Diamond, 2020). Moreover, some of the things that the Centers for Disease Control and Prevention recommends are difficult for people of color to implement. Even before the practice became politically polarized, African Americans and Latinx people were hesitant to wear face coverings in public spaces for fear of being viewed as criminals (Ross, 2020; Sanchez et al., 2020; Taylor, 2020; Vallant et al., 2020). In addition, social distancing is a privilege that is not afforded to people who share living spaces, rely on mass transit, or have “essential” jobs that do not pay them unless they risk their health to go to work (Blow, 2020).

Also troubling is the avalanche of mis- (and even) disinformation about COVID-19 and how dangerous misleading messages can be to communities of color (Breslow, 2020). Given the hyper-partisan rhetoric, 24-hour news cycles, and overabundant social media messages, it is hard to know which information sources to trust. Further compounding these spirals of misinformation and mistrust is the fact that the willingness to take the vaccine correlates highly with

disinformation and rhetoric (Depoux et al., 2020), and that disparities in vaccine uptake appear consistent with historic patterns of racial/ethnic discrimination, poverty, and access to affordable health care and insurance. This means that the people most affected might be the ones least likely to be vaccinated (Scharff et al., 2010).

## SOME PARTING THOUGHTS

It was an honor to exchange ideas with scholars and practitioners in health literacy and I look forward to ways this can continue. And I learned that I was a bit of a novelty, for it is not common for political scientists to attend, let alone address, research conferences of this kind. This made the event even more special to me.

But I wish that social scientists communicating with health policy scholars and practitioners was not a novelty. The pandemic has drawn clear connections between multiple academic and professional fields, and we will need everyone from these fields to contribute to solutions to the major problems that this pandemic presents. As a student of political science and African American Studies, I am committed to engaging in synergistic activities aimed at slowing the spread of COVID-19—and, more recently, at increasing vaccine confidence (Watkins, 2020). Please consider my core message and determine how you can build this into your work more assertively—all health policy is racial policy. I invite others to join this multidisciplinary and all-important effort.

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