



Exploring the Need of Social Change Leadership Concerning Health Communication and Health Disparities During the COVID-19 Pandemic


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ABSTRACT

In March of 2020, the United States activated nationwide pandemic response protocols due to the swift spread of Novel Coronavirus Disease 2019, also known as COVID-19. Amidst the domestic response, urgency surrounded the need to build collective awareness of the signs, symptoms, and preventive measures of the virus. As the virus spread and historically marginalized communities were disproportionately impacted with rates of infection, the need to explore the presence of disparities in health communication, health education, and personal health literacy surfaced. The research contained within this study examines the root cause of the gap in health literacy for communities of color and presents actionable next steps to increase positive healthcare outcomes for all.

KEYWORDS

Communities of Color, COVID-19, Health Communication, Health Disparities, Health Education, Historically Marginalized Groups

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OVERVIEW

COVID-19 created panic, fear, and anxiety shifting social and behavioral patterns due to the continued perceived threat of the virus (Turner-Musa, Ajayi & Kemp, 2020; Van Bavel, 2020). This shift in behavior resulted in singling out racial and ethnic groups in the form of racism and xenophobia which surfaced through social media, news coverage and in political rhetoric leading to a social stigma among groups assumed to be associated with the virus (American Medical Association, 2020; Ruiz, Horowitz & Tamir, 2020). The emergence of this new form of racism and xenophobia caused fear to escalate among a range of historically marginalized groups making it even more difficult for underserved community members to seek out routine health care (Pew Research Center, 2020a). This phenomenon was further amplified as media coverage became rampant with inaccuracies reporting that certain racial groups such as Black Americans were immune to COVID-19 (Laurencin & McClinton, 2020). Mixed messaging and inaccurate reporting of facts related to the virus resulted in further marginalization of historically underserved racial and ethnic groups.

Due to a lack of access to quality health care and early testing, the rates of Black Americans, Native Americans, and Latinx Americans diagnosed with COVID-19 exponentially exceeded all other races' rates. The Centers for Disease Control's (CDC) data on COVID-19 cases reveals that the occurrences of COVID-19 cases individuals of Black Americans, Native Americans, and Latinx Americans is more than 2.5 times higher than the rates of White, Non-Hispanic Persons diagnosed with the virus (CDC, 2020). The occurrences of hospitalizations for these same groups range from 4.6 to 5.3 times higher than White, Non-Hispanic persons. The CDC summarized why these racial/ethnic groups are experiencing the virus at a much higher rate. The reasons include lower socioeconomic status, lack of access to health care, living in more densely populated areas, and increased exposure to the virus due to low wages and essential worker occupations (CDC, 2020; Pew Research, 2020b).

Challenges in health care accessibility have been exacerbated during COVID-19 revealing further equity barriers for communities of color. The root of this disparity resides in trauma that Black Americans, Latinx Americans, and Native Americans have experienced over time (Wanamaker & Hardeman, 2020). This spillover trauma from police killings of unarmed Black Americans, immigration raids and mass deportations within the Latinx community, and the removal of lands and power for Native American communities manifest as distrust for individuals in positions of authority. The United States General Accountability Office states that disparities in the healthcare system for historically underserved populations is one of the challenges that has endured the longest and has a broad-reaching negative impact (Harris, 2010).

The impact of COVID-19 on historically underserved groups such as Black Americans, Latinx Americans, and Native Americans has manifested in decreased trust in medical research and increased skepticism in innovations in healthcare across communities of color. In communities of color, healthcare authority figures have not always been perceived as trustworthy, especially if that healthcare provider is not of the same ethnic background as the patient (PatientEngagementHIT, 2020). This distrust has been further exacerbated through discussions surrounding COVID-19 vaccine protocols, which aim to test vaccines on essential workers, many who identify as Black or Latinx (Jaklevic, 2020). Focusing vaccine trials in communities with predominantly inhabited by Black and Latinx Americans bring concerns to the forefront about the exploitation of marginalized populations in biomedical research (Jaklevic, 2020; Wanamaker & Hardeman, 2020). Despite the medical justification for vaccine initiatives, singling out one or more groups for clinical trials surfaces with feelings of suspicion and distrust among these communities of color (Gramlich & Funk, 2020).

Paakkari and Okan (2020) outlined that health literacy concerning COVID-19, also known as the Coronavirus, is an underestimated public health challenge. Zarocostas (2020) referred to the COVID-19 not as a pandemic, but an infodemic because of the need for patients to be more health literate when they are bombarded by inaccurate or misleading information from social media. COVID-19 has created two significant public health paradoxes (Paakkari & Okan, 2020). One has to do with the

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