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From the President

Welcome to Issue 54 of the Virginia Social Science Journal. It is the Fall of 2020 and the world is in the midst of the tragedy of the global coronavirus pandemic. Under these difficult circumstances, the Virginia Social Science Association was forced to cancel our 2020 Research Conference. Obviously, the safety of our students and scholars will continue to guide our decisions, and we have already decided to go forward with an online conference in the Spring of 2021. We hope to find many terrific submissions from that conference for the 2021 VSSJ. However, to the authors collected here in Issue 54, thank you very much. Under these conditions you persisted in your research and your writing. And you persisted against some of the difficulties we've felt here at VSSA. It is a year nobody will ever forget, but the work represented here represents the brightest spots for us at VSSA. Many thanks to the journal editors, JoEllen Pederson, Beverly Colwell Adams, and especially the managing editor, Jennifer Gauthier.

Stay safe, and we'll see you somehow in 2021!

Sincerely,

Chris
Christopher J. Saladino
Virginia Commonwealth University
President, VSSA

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Message from the Editorial Board

Message from the Editorial Board

What a year 2020 has been – from the increased awareness of widespread violence against Black folks in America, to the expanded movements for social justice, the global pandemic and the Presidential Election, which promises to be hotly contested. As we write these words at the end of September, the outcome of each of these challenging situations is unknown.

No one could have predicted the unusual circumstances we are all facing right now. Those of us in the academy have strengthened our efforts to educate students to be advocates for change and to use their voices wisely. We continue to devote ourselves to the spread of knowledge and thus, in May, we decided as an organization to send out a special call for papers dealing with the COVID-19 crisis. We publish the results here, in a special dossier as part of Virginia Social Science Journal 54.

As Alice Walker said, the only way to give up your power is to believe that you have none. We thank our Board of Directors, our contributors and our reviewers for their ongoing commitment to civil discourse, intellectual exchange and meaningful exploration of society's challenges. Knowledge is power.

Thank you for your ongoing support of the VSSA and the VSSJ.

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Awareness and Attitudes Toward Advance Care Planning: Do Culture and Generation Matter?

HEE SOON LEE, CHARLIE STELLE, & DEREK MASON

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ABSTRACT Advance care planning (ACP) is a fundamental step for preparing for a ‘good death’ with minimized emotional distress, increased patient autonomy, and improved quality of life. This study examined the awareness and attitudes toward ACP including knowledge of hospice care, cultural and spiritual impacts on the end of life care, and communication difficulties with health care providers among African, Hispanic, and Korean Americans across generations, along with completion of advance directives. This quantitative, cross-cultural study used a convenience sampling method. A total of 342 adults (149 African Americans; 103 Hispanic Americans; and 90 Korean Americans) aged 21 to 85 participated in the study. Results showed there are significant age and ethnic differences in the awareness and attitudes toward ACP. Cultural competency and age specific approaches are suggested.

Keywords: advance care planning, advance directives, generational difference, cultural difference

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INTRODUCTION

Regardless of race or ethnicity, people hope that their core values at the end of life (hereafter EOL) are honored, such as ‘a quick and pain-free death at home,’ ‘time with family or friends,’ ‘desire not to be a burden on family,’ and ‘being able to decide upon medical treatments.’ (Hooyman, Kawamoto, & Kiyak, 2015; Meier, Gallegos, Thomas, Depp, Irwin, & Jeste, 2016; Warraich, 2017). In this context, advance care planning (hereafter ACP) is considered as a fundamental step in preparing for a ‘good death’ with minimized emotional distress, increased patient autonomy, and improved quality of life (Carr & Luth, 2016; Waldrop & Meeker, 2012).

ACP is an ongoing communication process among a patient, family, and health care providers to clarify patients’ preferred treatment they desire and designate families or friends to make healthcare decisions on their behalf at end-of-life (Bravo, Trottier, Arcand et al., 2016; Klinger, In der Schmitt, & Marckmann, 2016). ACP is encouraged to be held when individuals are still physically, cognitively healthy to make their own medical decisions long before a medical health crisis occurs (Carr & Luth, 2017). However, as initial discussion of ACP usually occurs close to the end of life, it is very difficult for patients and their families to deal with end-of-life decisions (Hall, Rowland, & Grande, 2019). Accordingly, ACP is recommended for adults at any age because a medical crisis might occur across the entire lifespan, leading to the loss

of their capacity to participate in medical decision-making (Kavalieratos et al., 2015). Without ACP, families and health service providers may encounter potential conflict in deciding EOL care options since they may not know patients’ preferences about care at EOL (Silveira, Kim, & Langa, 2010). However, despite the advantages, many people fail to engage in ACP because of reluctance to talk about death, insufficient information, lack of patient and family readiness, misconceptions, and difficulty in understanding the contents (Triipken, Elrod, & Bills, 2018).

ACP discussions generally result in the completion of a written advance directives (hereafter ADs), which include legal documents such as a living will and a durable power of attorney for health care (DPAHC). These documents reflect patients’ values, goals, and preferences in the situation that they lose decision making capacity for medical care (Carr & Luth, 2017). In spite of significant efforts to promote ACP and the completion of ADs, only 36.7% of U.S. adults completed any type of ADs. Of those, 29% completed living wills and 33% powers of attorney for health care (Yadav et al., 2017). However, racial and ethnic minorities have been reported to have lower completion rates of ADs than non-Hispanic Whites (Carr & Luth, 2017; Rao et al, 2013). It is critical for health service providers to understand different awareness and attitudes toward ACP and barriers in receiving EOL care among minority adults. Additionally, most studies of ACP have focused on older adults or individuals with terminal illness in institutional settings such as nursing homes and hospitals, which

resulted in the marginalization of the larger aging people with chronic disease living in the community (Kang, Bynum, Zhang, Grodstein, & Stevenson, 2019; Ko, Kwak, & Nelson-Becker, 2014; Petruik, 2018; Shulman et al., 2018), and few have examined awareness and attitudes about ACP among community-dwelling young and middle-aged adults (Kavalieratos et al., 2015). ACP is frequently missed in the treatment steps of young adults with life-limiting illnesses (Smith, 2017). Contrary to popular belief that young adults are unwilling to discuss EOL care, previous studies indicated that they recognize ACP as a relevant health behavior, but have limited information to adopt (Kavalieratos et al., 2015; Tripken & Elrod, 2018). Given those backgrounds, research question examined in the present study includes: “Are there any cultural and generational differences in the awareness and attitudes toward ACP among African, Hispanic, and Korean Americans?” In this study, “awareness” refers to generalized knowledge or understanding about ACP (Trevethan, 2017) and “attitudes” are positive or negative psychological tendencies of an individual about ACP, which is usually formed from underlying values and beliefs (Banaji & Heiphetz, 2010; Eagly & Chaiken, 1993).

LITERATURE REVIEW

Individual’s end-of-life preferences are largely shaped by one’s cultural and spiritual background (Cottrell & Duggleby, 2016; Mehrotra & Wagner, 2019). Among ethnic minority groups, discussions of death and dying tend to meet general societal resistance which manifests as a general unwillingness to discuss end-of-life care including ACP and ‘hospice.’ ACP as an integral part of end-of-life care is closely tied to both effective palliative and hospice care (Weathers et al., 2016). Specifically, ACP is associated with greater use of palliative care and less use of aggressive, life-sustaining treatments (Bischoff et al., 2013). In one retrospective cohort study examining ACP completion of those in hospice care, patients who participated in ACP were more likely to spend time at home in their last year of life (Abel et al., 2013).

In other studies (Carr & Luth, 2017; Koss & Baker, 2016), cultural differences in attitudes toward end-of-life care by racial-ethnic minority groups led to less utilization of hospice services and more life-sustaining therapies for this population compared to non-Hispanic Whites. Additional research on decision-making regarding end-of-life planning found that racial-ethnic minorities have barriers to ACP such as lack of knowledge about ADs, a mistrust of the healthcare system, communication disparities with healthcare providers, and low literacy or language difficulties (Fernandez, 2013; Ko, Nelson-Becker, Park,

& Shin, 2013; Mehrotra & Wagner, 2019). These factors, alone or combined, create barriers that lead to less access to accurate and current information about ACP for racial minorities, decreasing the likelihood of having ADs congruent with their EOL values (Krakauer, Crenner, & Fox, 2002; Mehrotra & Wagner, 2019).

Specific populations of racial and ethnic minorities have been studied to gain insight into cultural and spiritual preferences regarding ACP and hospice care. Specific ethnic and racial minority preferences summarized in this literature review include African American, Hispanic American, and Korean American populations.

African Americans

African Americans are less likely to complete ADs and choose hospice care as an end-of-life care option than non-Hispanic Whites (Johnson, Kuchibhatla, & Tulskey, 2008; Koss & Baker, 2017). Reasons for this include the inherent mistrust of the healthcare system among African Americans. There is also a misconception or lack of knowledge about EOL care, and conflicts of spiritual or religious beliefs in this population (Sanders, Robinson, & Block, 2016). These differences may be explained by multiple factors unique to African American cultural values and beliefs (McDermott & Selman, 2018).

Previous research reported that African Americans tend to exhibit a mistrust of the general health care system and believe that “the system” controls treatment, not considering patient input (Freimuth, Jamison, An, Hancock, & Quinn, 2017). Lack of trust in the healthcare system leads to less utilization of medical services and results in ACP occurring in the later stages of one’s life (Carr, 2011; Hawley & Morris, 2017). African Americans tend to have misconceptions that ADs may impact their medical care (McDermott & Selman, 2018). Despite this prevalent misconception, African Americans and their family representatives frequently choose aggressive, life-sustaining treatments as their an end-of-life care instead of hospice care, even when loved one is in a persistent vegetative state with little chance of benefit from such treatment (LoPresti, Dement, & Gold, 2016; Wicher & Meeker, 2012).

Johnson et al. (2008) indicated that African Americans often sought extensive treatment that may conflict with the goals of hospice care due to their religious/spiritual beliefs. Older African Americans tend to participate more frequently in religious activities than their non-Hispanic White counterparts (Lee. & Zhang, 2018). Accepting hospice care often means hopelessness and death to this patient population. Older African Americans have reported

that hospice care equates to losing faith in God's power to heal and help them get through the crisis (Siminoff, Zhang, & Zyzanski, 2012; Townsend, March, & Kimball, 2017). However, African Americans showed a strong preference to involve family in treatment decisions because of their belief and trust that their family members would understand and follow their EOL preferences for care (Dillion, Roscoe, & Jenkins, 2012; Hawley & Morris, 2017).

Hispanic Americans

Hispanic Americans strong familial interdependence accounts for some of the resistance in this population to participate in ACP and hospice care. The role of family was a prominent factor to affect Hispanic American's decisions regarding hospice and palliative versus curative treatments (Dillion et al., 2012; O'Mara & Zborovskaya, 2016). Family roles were especially important for this population. Above all else, consensus among family members was believed to create opportunities for resolving conflict about medical care options (Cohen, McCannon, Edgman-Levitan, & Kormos, 2010). Hispanic Americans are less compelled to engage in ACP with beliefs that family members will make medical decisions on behalf of the patient (Carr & Luth, 2017). These cultural nuances of Hispanic Americans result in decreased likelihood of this group of people having living wills and healthcare proxies compared to non-Hispanic White Americans (Carr, 2011). In fact, older Hispanic Americans had difficulties obtaining their preferred care because they were less likely to express their preferences to family members or healthcare providers, leading to treatment inconsistencies and low rates of completion of ADs (Kelley, Wenger & Sarkisian, 2010; Orlovic, Smith, & Mossialos, 2018).

Religion was an importantly influential factor on EOL decisions of Hispanic Americans. Hispanic Americans believe that the removal of life-sustaining treatment violates some of the core tenants of their religious beliefs. This population believes strongly that only God can decide to give or take a life (Carr, 2011). EOL decisions in this population often depended upon religious values. However, Hispanic Americans do not always consult a priest or other religious leader to make these decisions. Again, a strong familial interdependence plays a key role in how Hispanic Americans evaluate and decide upon their EOL care (Cohen et al., 2010).

Both Hispanics and African Americans felt that they were uneducated on the matter of EOL care options (Rhodes & Xuan, 2012), but lack of knowledge was a specific barrier for Hispanic Americans in accessing EOL care options (Selsky et al., 2012). According to Colón (2012), over

one-half of the study's sample group had never heard of hospice. Selsky et al. (2012) found that only 29% knew about hospice and only 35% would choose hospice care once they were educated on the topic. Fernandez (2013) emphasized that both the lack of knowledge and the lack of cultural competence among health care providers makes Hispanic Americans less likely to seek EOL care such as hospice care.

Korean Americans

Like African and Hispanic Americans, older Korean Americans were less willing to use end-of-life care options such as hospice or engage in ACP (Ko, Roh, & Higgins, 2013). One study has found that only 12% Asian Americans use ADs (Jang, Park, Chiriboga, Radhakrishnan, & Kim, 2017). Lack of knowledge or misconceptions regarding end-of-life care was a predominant factor in the underutilization of these services. Korean Americans also had a poor of understanding on ADs and more negative attitudes toward ACP than any other minority ethnic group (Jang et al., 2017; Kwak & Salmon, 2007).

For many Korean Americans, conversations about end-of-life care rarely occur with a health care professional. When these conversations did occur, it was almost always when family members faced medical crises (Kwak & Salmon, 2007). The collectivistic culture of Korean Americans is more likely to elevate the family as a group decision-making body when faced with EOL care (Maly, Umezawa, Raliff, & Leake, 2006). Although family members are involved in EOL care decisions for their parents, the final decision is often deferred to the oldest son. Many older Korean Americans who had lived in the Confucian culture placed the responsibility of making the final decisions with their eldest son, so that a clear decision maker is assigned and family conflict is minimized (Kim & Berkman, 2010; Kwak & Salmon, 2007). Confucianism is deeply rooted and still valued as good morality in Korean society. The core tenets of Confucianism, "filial piety" is the moral obligation of adult children to respect one's parents and provide them with care and support in old age, which plays also an important role in shaping the attitudes toward medical treatment of one's parents in Korean society (Park, 2012). Korean society also has a traditional belief that talking about a person's death is taboo and might bring about misfortune or hasten the death. This belief prevents open discussion of end-life-of care as well as death (Hern et al. 1998; Hong et al., 2018). In this cultural context, Korean American adult children are frequently resistant to discuss their parent's EOL care preferences. Furthermore, their parents did not bring up the topic due to fear of a negative reaction from their chil-

dren (Kim & Berkman, 2010; Kim & Foreman, 2011). Resultantly, older Korean Americans tend to avoid discussion about EOL care especially avoiding ACP, hopes that their families will somehow know their EOL wishes without directly talking to them (Park & Hendrix, 2018).

Based on the limited evidences of attitudes and awareness toward ACP among ethnic and age groups, we hypothesized as follows:

Hypothesis 1: Awareness and attitudes regarding ACP will be different by among three ethnic groups (e.g., African, Hispanic, and Korean Americans)

-African and Hispanic Americans are more likely to have higher scores on awareness and attitudes regarding ACP than Korean Americans.

Hypothesis 2: Awareness and attitudes regarding ACP will be different among three age groups (e.g., young adults, middle-aged adults, and older adults)

-Older age groups are more likely to have higher scores on awareness and attitudes regarding ACP than younger age groups.

METHODS

Study Participants

The study was approved by the Institutional Review Board (IRB) at a moderate sized public university in the midwestern United States. Convenience and snowballing sampling methods were used to recruit participants. A total of 342 adults (149 African Americans, 103 Hispanic Americans, and 90 Korean Americans) ages 21 years+ were participated in the study.

Participants consisted of young adults recruited from a moderate sized public university, middle-aged adults recruited from different ethnic-based churches, and older adults recruited from local senior centers in Northwest Ohio. Participants were informed of the study via a recruitment script which explained the purpose, the voluntariness, and ethical aspects such as confidentiality of the study. Trained research assistants were involved in collecting data and helping the participant fill out the questionnaire if needed. Individuals who agreed to participate in the study were asked to sign the informed consent and complete the questionnaire. Some initial discomfort among participants was observed, due to the sensitivity of the topic, but most of all of participants completed the questionnaire once explanations about the purpose of the study and ethical considerations such

as nature of voluntary participation and confidentiality were reviewed.

Measurement

The present study used a questionnaire with 35 questions. The questionnaire was developed based on literature review on the ACP to generate survey items, qualitative interviews to assess the respondents' understanding of the survey statements, and expert groups for content validity verification (Houben, Spruit, Groenen, Wouters, & Janssen, 2014; Kermel-Schiffman & Werner, 2017; Rubio, Berg-Weger, Tebb, Lee, & Rauch, 2003; Sudore, Knight, McMahan, Feuz, Farrell, Miao, & Barnes, 2014). The questionnaire consisted of two parts: (1) demographic information (10 questions), and (2) a list of questions on the awareness and attitudes toward ACP (25 questions). The questionnaire used dichotomous scales, mainly for the measurement of awareness toward ACP which require a yes/no response. Likert-like scales were employed for assessment of attitudes which allow the individual to express the level of agreement or disagreement with a list of statements (Willits, Theodori, Luloff, 2016). Demographics included questions about ethnicity, age, gender, marital status, religion, type of health insurance, self-reported health status, and financial status. Questions on the awareness toward ACP consisted of completion of ADs (a durable power of attorney for health care and/or a living will), level of understanding of ACP and hospice care, and perceptions of healthcare services. Attitudes toward ACP were investigated by asking about their spiritual and cultural beliefs about EOL care, difficulties in communication with health care providers, and past experiences and future intentions to utilize EOL care.

Factor analysis on attitudes toward ACP revealed three domains: "spirituality and culture", "communication disparity", and "utilization on ACP". The Cronbach's alpha value for three domains which indicates the internal consistency (reliability) of the measure was at least .746 for the English version, and .758 for the Korean version of questionnaire. Lots of studies indicated that Cronbach's alpha levels above 0.7 are acceptable (Tavakol & Dennick, 2011). Both African Americans and most of Hispanic participants used the English version of the questionnaire. A few Spanish only speaking Hispanic participants were assisted by bilingual research assistants who translated the questionnaire and helped them complete the questionnaire. The research assistants also clarified meanings of questions when asked. In cross-cultural comparisons, back-translation of the questionnaire is necessary (Maneesriwongul & Dixon, 2004). Since the questionnaire was originally written in English, it was translated into Ko-

rean for Korean participants in this study. To ensure the accuracy of the translation, a bilingual research assistant translated Korean responses into English, and another bilingual research assistant translated them back into Korean. Translating all study materials with an appropriate language from trained bilingual researchers is important to recruit study participants and retain a large sample when studying different groups (Ofstedal & Weir, 2011).

Data Analysis

Using multivariate binomial logistic regression and ANOVA with post hoc tests in IBM SPSS Statistics 26, data were analyzed on the association of age and ethnicity with knowledge about hospice care and completion of ADs, spiritual/cultural values regarding EOL care, willingness to utilize hospice care and barriers in use the service. For purposes of analysis, participants were divided into three age groups consisting of young adults (Aged 21 to 39; N = 145), middle-aged adults (Aged 40 to 64; N = 127), and older adults (Aged 65+; N = 70).

FINDINGS

Demographic Information of Participants

A total of 342 adults participated in the survey. Of this sample, 149 (43.6%) were African Americans, 103 (30.1%) were Hispanic Americans, and 90 (26.3%) were Korean Americans (see

1). Approximately 58% of participants were females and 42% were males. Participants ranged in ages from 21 to 85 (see Figure 2). Over 77 % of participants had attained more than a high school education and 72 % had annual incomes of less than \$50,000. For ADs, majority of participants responded that they have heard of, but not completed, any type of ADs (see Table 1).

Awareness toward Advance Care Planning

Findings indicated that there were significant ethnic ($p < .01$) and age ($p < .001$) related differences in completing ADs, such as living wills and a health care power of attorney. Specifically, Korean Americans were less likely to fill out a power of attorney for health care or a living will, compared to African American and Hispanic American participants. Majority of participants (82.5%) reported that they knew what hospice is, but only 30.9% knew that Medicare covers most of the cost of hospice care services. Moreover, about 78% to 87% participants responded that they had heard about ACP options such as a durable power of attorney for health care and a living will, but had not completed one of these ADs. Middle-aged adults and

older adults were more likely to know that Medicare covers hospice care than young adults ($p < .05$) (see Table 2). For ADs, there were no statistically significant differences across the three ethnic groups in demographic variables such as gender, income, marital status, and educational attainment, so they were not controlled as covariates in statistical analysis.

Regarding past utilization of hospice care, African Americans are 1.22 times and 3.28 times ($p < .001$), respectively, more likely to have family members who had previously received hospice care than Hispanic and Korean Americans (see Table 2). Only 31.4% of the participants were willing to use hospice services if they have a terminal illness, with no significant differences across ethnic groups. There were no significant differences across age groups regarding previous exposure to hospice care. More than 50% of participants reported that they were not sure whether they will use hospice services or not. In addition, as age increased, participants reported that they were more likely to utilize hospice services ($p < .01$). Specifically, older adults reported that they were more likely to use hospice services than young adults, which is expected.

Attitudes toward Advance Care Planning

Culture was found to influence the subjective relationship between health care providers and care recipients. Specifically, Korean Americans are 2.11 times more likely to have difficulties with health care providers with a different race/ethnic background than African Americans, while African Americans have 1.23 times higher than Hispanic Americans, indicating that African Americans have more difficulties with health care providers with a different race/ethnic background than Hispanic Americans. With respect to age differences, middle-aged and older adults are 2.07 and 2.64 times, respectively, more likely to experience difficulties with health care providers than young adults. In addition, Hispanic Americans are 1.50 times more likely to have difficulties speaking to a family member or significant others about their wishes for advance care planning than African Americans, while African Americans have 2.71 times higher than Korean Americans ($p < .001$). On the other hand, the middle-aged and older adult participants are 3.17 ($p < .001$) and 5.92 times ($p < .001$), respectively, more likely to talk about their values and beliefs regarding ACP with family members than the young adult group (see Table 2).

Over 70% of participants replied that religious beliefs were important in EOL care decisions. Specifically, religion was more influential on decision making for both African Americans ($p < .05$) and Korean Americans ($p < .01$)

than Hispanic Americans. African Americans noted that it is much important for health care providers to understand and respect their religious or spiritual beliefs in addition to their cultural values and beliefs compared to the other ethnic groups. Additionally, the importance of religion as an influence on the use of ACP varied by age group with increased salience for older adults ($p < .001$) compared to middle-aged and young adults. This age difference was consistent across the ethnic groups (see Table 3).

The intersection of age and ethnic status created an increased expression of difficulties in communicating with health care providers and an increased necessity for a translator for middle-aged adults in comparison to younger adults ($p < .001$). Furthermore, Korean Americans were the most likely to have difficulties in communicating with health care providers and most likely to need a translator ($p < .001$). Interestingly, the middle-aged group (aged 40 to 64) expressed more difficulties in communicating with health care providers than older (aged 65 to 74) and younger counterparts (21 to 39). There was an interaction effect between age and ethnicity for communication. We found that middle-aged Korean Americans expressed significantly more difficulties in communicating with health care providers and an increased need for a translator compared to their young adult and older adult counterparts ($p < .001$) (see Table 4).

DISCUSSION

For completion of ADs, Korean Americans were the least likely to complete a durable power of attorney for health care and a living will. These findings support previous findings that Korean Americans not only have lower levels of knowledge of ADs but also exhibit negative attitudes toward ACP (Jung & Salmon, 2007). This can be interpreted that a lack of knowledge about combined with negative perceptions of ACP may be led to limited completion of ADs. However, Korean Americans expressed a willingness to learn more about hospice care and to utilize the service when faced with a terminal illness. Expectedly, the older age group was more likely to have completed ADs compared to young and middle-aged groups. These findings are consistent with previous study demonstrating that ADs completion of older adults was higher than young adults (Rao, Anderson, Lin, & Laux, 2013).

While majority of participants responded that they were aware of hospice care, only 30% knew that Medicare reimburses for hospice care. These findings demonstrate that even though people report knowing about hospice care, it is clear that self-reported knowledge, at least for

reimbursement, is overestimated. Previous studies indicated that more exposure to EOL care information was associated with more favorable beliefs about care (Johnson, 2013). However, this study suggests that people should be given detailed and accurate EOL information. Specifically, more educational programs regarding the range of options with ACP, the meaning of palliative and hospice care, and open dialogue regarding hospice and its philosophy should be implemented within the community. Regarding hospice utilization, the Korean American group was the least likely to have family members that had previously experienced hospice care. Commonly, as people get older, they tend to consider using hospice services. This finding is consistent with research that has found that older participants accepted their advanced age as a critical factor in making EOL care decisions (Rosenthal, Wenger, & Kagawa-Singer, 2000).

The results indicated complex patterns between religious beliefs, ethnicity, and attitudes toward EOL decision among three ethnic groups. These may relate to differences between different religious groups (e.g. Protestant vs Catholic), different cohorts (i.e. Millennial, Gen X, Baby Boomers, Silent Generation), and the different ethnic group memberships. However, despite these differences, all three ethnic groups emphasized that health care providers should understand and respect their religious or spiritual beliefs along with their cultural values and beliefs. Previous studies supported racial and ethnic minorities were concerned that healthcare providers would not respect their religious and cultural traditions when offering care services (Volker, 2005). On the other hand, medical mistrust rooted in institutionalized racism is thought to be associated with lower engagement in ACP as well as lower use of EOL services, particularly among African Americans than their White counterparts (Hong, Johnson, & Adamek, 2018; Koss & Baker, 2017).

Regarding language and communication concerns, Korean Americans had difficulty communicating with health care providers with different ethnic backgrounds and exhibited the potential need for a translator. Previous research has indicated that non-English-speaking minorities considered communication as a barrier to care (Thomas, Wilson, Justice, Birch, & Sheps, 2008). In particular, the middle-aged Korean Americans expressed more difficulties in communicating with health care providers and more necessity for a translator than other age groups. In addition, Korean Americans expressed more communication difficulties with health care service providers of a different race when compared to the African Americans and Hispanic American groups. However, it is difficult to interpret whether this issue comes from

cultural difficulties, low English proficiency of Korean Americans, or both factors as these issues are interrelated with each other (Leong & Kalibatseva, 2011).

This study showed that Hispanic Americans have more conversations with their family regarding their wishes for EOL care than the other two groups, which is inconsistent with the previous findings that Hispanic Americans were less likely to communicate their wishes for health care in comparison to other ethnic groups (Selsky et al., 2012). This can be interpreted that some Hispanic Americans may share their wishes for EOL care with their family members rather than their health care providers. In the meantime, Korean Americans were found to be the least likely group to speak about EOL decision making, which is consistent with previous findings (Ko et al., 2013).

Though there were significant findings in this study, several limitations need to be considered when interpreting the results. Firstly, the data were collected using a convenience and snowballing sampling methods from a geographically limited area, limiting the generalizability of the findings. Secondly, the study examined general attitudes about ACP among community-dwelling adults and did not explore participants' current and past health conditions and its effect on their views. This acts as a limitation in that previous health care experiences (e.g. surgery) may act as a variable that is critical to their attitudes toward advanced care plans. Lastly, older adults made up the smallest portion of the overall sample. To address these limitations, further study may be conducted with larger samples in wider geographical area using random sampling methods. Especially, examining theoretical decision-making models of what factors influence the decision to complete advance care plans would be of clear benefit.

CONCLUSIONS AND IMPLICATION FOR PRACTICE

The study examined the awareness and attitudes toward ACP among African, Hispanic, and Korean Americans across age groups, which included completion of ADs, knowledge about and utilization of hospice care, and barriers related to ACP.

Regardless of ethnicity and culture, death related issue is still an uncomfortable topic to share. Therefore, educating the public on death and creating better health care environment delivering accurate knowledge about death and strengths of ACP and ADs is a crucial step in EOL care. In the present study, Korean Americans were the least likely to complete ADs. Considering the knowing-doing gap in ADs in Asian Americans (Jang et al., 2017), more

ethnic and culturally sensitive education about ACP (emphasizing completion of ADs) using appropriate language is essential. For African Americans, the ADs need to be re-designed to reduce the gap in engagement in ACP between African Americans and Whites. Also improving EOL care for this population through ACP may be possible with their faith communities.

Individuals' wishes should be honored in times of need, however, without enough discussion about ACP in advance and written documents, ethical considerations in EOL care are inevitable because maximizing an individual's independence and respecting individual's preference by self-determination often come in conflict between patient's family members and service practitioners (e.g., social workers) in this field of practice (McInnis-Dittrich, 2020). Especially, family members in minority groups may want to pursue every medical intervention for their parents regardless of their wishes because of ethnic and cultural values.

This study showed that EOL care decisions were more dependent on ethnic and cultural factors than other demographic factors, such as level of education and healthcare benefits. In this sense, health service providers like social work practitioners should consider their unique needs based on their cultures, beliefs, and religiosity/spirituality when working with ethnically diverse population (Bullcock, 2011). Social workers also need to raise awareness, educate ethnically diverse groups, connect resources, and advocate them regarding ACP, mainly targeting young and middle-aged adults prior to medical or life crises they may encounter to avoid any family conflicts or ethical issues due to unpreparedness about decision making that can arise at EOL. In this sense, more contents about dying and death across the lifespan perspective should be embraced in social work curriculum, emphasizing a concept of ACP to be able to help clients elude unnecessary ethical conflicts before and after death of family members.

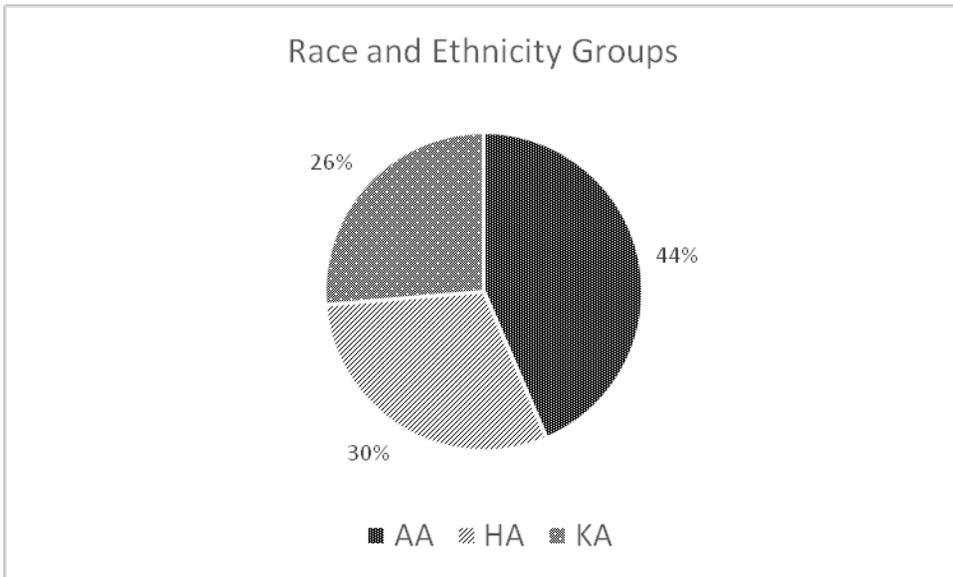


Figure 1. Participants by Race and Ethnicity

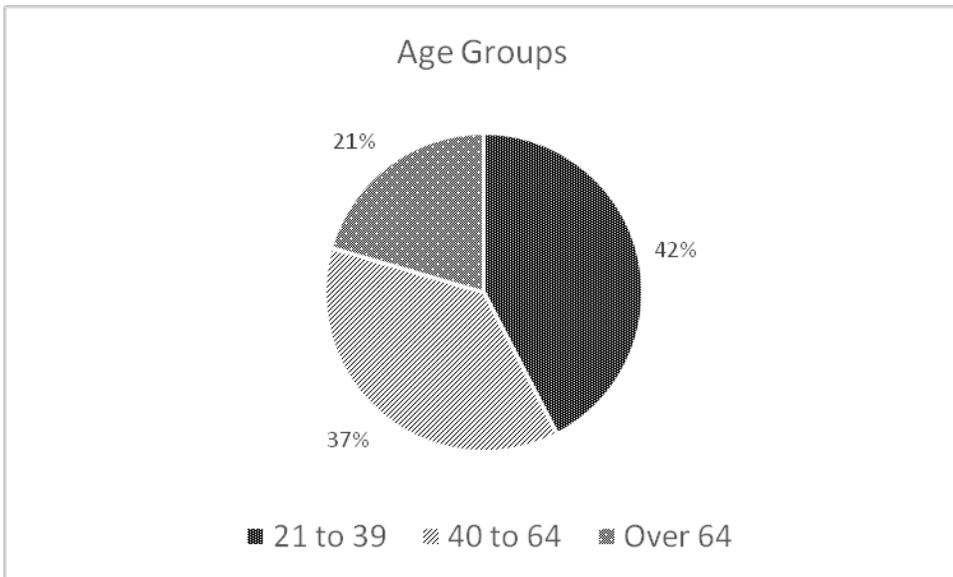


Figure 2. Participants by Age Groups

Table 1. Knowledge and Completion of Advance Directives by Ethnicity (N=342)

| | Ethnicity | | | Total N (%) |
|---------------------------|------------|------------|------------|-------------|
| | AA (N=149) | HA (N=103) | KA (N=90) | |
| Power of Attorney | | | | |
| Never heard of | 30 | 13 | 28 | 71 (21) |
| Have heard, not completed | 91 | 71 | 50 | 212 (62.0) |
| Have heard and completed | 28 (18.8%) | 19 (18.4%) | 12 (13.3%) | 59 (17.3) |
| Living Will | | | | |
| Never Heard of | 5 | 4 | 15 | 24 (7) |
| Have heard, not completed | 110 | 73 | 55 | 238 (69.6) |
| Have heard and completed | 34 (22.8%) | 26 (25.2%) | 20 (22.2%) | 80 (23.4) |

Note: AA (African American); HA (Hispanic American); KA (Korean American)

Table 2. Odds of Awareness and Attitudes toward ACP by Ethnicity and Age (N=342)

| | Knowledge of Medicare Coverage | Difficulties with health care providers with a different race/ethnic background | Spoken EOL Wishes | Hospice Experiences in Family Members |
|----------------------------|--------------------------------|---|-------------------|---------------------------------------|
| Ethnicity | | | | |
| AA (reference group) | | | | |
| HA | .694 | .813 | 1.503 | .820 |
| KA | 1.029 | 2.108* | .369*** | .305*** |
| Age | | | | |
| 21 to 39 (reference group) | | | | |
| 40 to 64 | 2.002* | 2.066* | 3.166*** | .981 |
| +65 | 2.272* | 2.639** | 5.919*** | .788 |

Note: Relative odds (exponential betas) are presented.

*p < .05, **p < .01, ***p < .001

AA (African American); HA (Hispanic American); KA (Korean American)

Table 3. Spiritual and Cultural Impacts on ACP by Ethnicity and Age (N=342)

| Dependent Variable | (I) Ethnicity | (J) Ethnicity | Mean Difference (I-J) |
|---|---------------|---------------|-----------------------|
| How important are your religious beliefs in your decision to use end-of-life services (i.e., hospice care) | AA | HA | .21* |
| | KA | | .31** |
| How important is it for your doctor or other health care providers to understand your cultural values and beliefs | AA | HA | .22* |
| How important is it for your doctor or other health care providers to respect your religious or spiritual beliefs | AA | HA | .19* |
| | | KA | .33** |
| Dependent Variable | (I) Age | (J) Age | Mean Difference (I-J) |
| How important are your religious beliefs in your decision to use end-of-life services (i.e., hospice care) | 40 to 64 | 21 to 39 | .21* |
| | 65+ | | .43*** |

Note: *p < .05, **p < .01, ***p < .001

AA (African American); HA (Hispanic American); KA (Korean American)

Table 4. Communication Disparity by Ethnicity and Age (N=342)

| Dependent Variable | (I) Ethnicity | (J) Ethnicity | Mean Difference (I-J) |
|---|---------------|---------------|-----------------------|
| I have difficulties in communicating with health care providers due to language | KA | AA | .94*** |
| | | HA | .78*** |
| It is important for me to have a translator | KA | AA | .51*** |
| | | HA | .46*** |
| Dependent Variable | (I) Age | (J) Age | Mean Difference (I-J) |
| I have difficulties in communicating with health care providers due to language | 40 to 64 | 21 to 39 | .53*** |
| | 65+ | | .45*** |
| It is important for me to have a translator | 40 to 64 | 21 to 39 | .36*** |
| | 65+ | | .29** |
| Interaction Effect (Age * Ethnicity) | | | |
| I have difficulties in communicating with health care providers due to language | | | F=4.886*** |
| It is important for me to have a translator | | | F=2.887* |

Note: *p < .05, **p < .01, ***p < .001

AA (African American); HA (Hispanic American); KA (Korean American)

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Adversarial Legalism and the Affordable Care Act

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ABSTRACT Adversarial legalism is concerned with policymaking, policy implementation, and the resolution of disputes centered primarily on the work of lawyers (Kagan, 2001). Adversarial legalism in social welfare cases pits the government against an individual or a group willing to assert pertinent rights in accordance with law. Alone or combined, elected officials' policy making, "neutral" adjudications by the judiciary, and/or implementation of policies by government agencies almost always lead to (further) disputation, because not all community members are pleased with a given outcome. This paper contributes to the extant literature by analyzing the adversarial legalism–Affordable Care Act (ACA) nexus. The invocation of law against government by aggrieved persons to curtail, or eliminate, the ACA, a social welfare policy, is a veritable form of adversarialism. Because the American people subscribe to the rule of law, the use of lawsuits in furthering rights assertion would remain the American way of life for the foreseeable future.

Keywords: adversarial legalism, social welfare policy, legal mobilization, Affordable Care Act (ACA), poverty.

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INTRODUCTION

This article contributes to the extant literature by analyzing the unique adversarial legalism–ACA nexus, one of the first papers to do so. The paper employs a theoretical approach to understanding this nexus, using three ACA-related cases to augment the arguments proffered in the paper. In other words, these cases help to emphasize the complex nature of adversarial legalism¹. While adversarial legalism has played a significant role in American lives and courts, very little scholarly work exists that addresses the adversarialism-ACA nexus. This paper attempts to fill this gap by explaining how adversarial legalism has contributed to the many ACA-related lawsuits that have become a part of the American legal landscape since 2010. In effect, the ACA may be the most litigated social welfare policy in the history of the United States. Indeed, the connection between adversarialism and the ACA shows the durability of adversarial legalism in U.S. social policy in the current political environment, reflecting both the liberal and conservative legal support structures entrenched in U.S. society, as well as the relative ease of bringing cases before a court of law versus using Congress and lobbyists to set the agenda for social welfare policy.

Adversarial legalism, an outgrowth of the intensification of law in advanced societies (Barnes & Burke, 2006; Galanter, 1992), is concerned with policymaking, policy implementation, and the resolution of disputes centered primarily on the work of lawyers (Busch, Kirp, & Schoenholz, 1999; Kagan, 1999, 2001; Melnick, 2008). The work of lawyers has contributed to the endless lawsuits surrounding the ACA. As of January 2019, there have been at least 70 lawsuits filed to repeal the ACA, and some of these lawsuits have already come before the U.S. Supreme Court. In fact, the law on the books is unlikely to effect social change in the absence of legal mobilization (Barnes & Burke, 2006; Epp, 1998). Lawyers tend to be on opposite sides of these adversarial "combats" that pit the government against citizens/groups (Kagan, 1994). Importantly, lawyers serve as advocates for both sides in a dispute, whether the dispute takes the form of a major review before an administrative law judge in an agency, or before a judge in a court of law. In a prophetic sense, Ewick and Silbey (1998) noted that "[t]he law seems to have a prominent cultural presence as well, occupying a good part of our nation's [consciousness]" (p. 16).

Kagan (2001) argued that the aforementioned characterization of adversarialism is distinguishable from other methods of dispute resolution that rely on the discretionary expertise of bureaucrats and judges, the latter a staple of many Western European countries. It appears, however, that the winds of adversarialism are getting stronger in the United Kingdom, where mediation and out-of-court

¹ Adversarial legalism and adversarialism are used interchangeably in this article.

settlements are losing some of their entrenched influence in favor of adversarialism. As Mulcahy (2013) has noted, British “courts have also become increasingly receptive to applications for judicial review by people or organizations who wish to assert a public interest in having an issue determined but have no directly affected interest of their own in a dispute” (p. 62). Mulcahy added that, indeed, some of these interventions have been high-profile cases. While Kagan (2001) posited that adversarial legalism is a “vital tool for righting wrongs, curtailing governmental and corporate arbitrariness, and achieving a just society” (p. 14), he also admitted that bureaucrats, who are independent of the justice system, play a significant role in righting social wrongs. If the ACA exists to provide health care coverage to every American who needs it, then although Kagan (2001) ultimately argued that society should rely on bureaucratic expertise to handle disputes, adversarial legalism (and litigation) remains a discretionary tool for community members who consider the ACA an ineffectual tool for meeting basic healthcare needs in U.S. society. Although laws on the books provide a general platform for addressing legal issues surrounding the ACA, individual cases mired in complexity may require litigation to resolve.

Political ideology appears intricately tied to support for or opposition to the ACA. For example, liberals tend to readily challenge administrative and legal decisions that, in their view, place minority groups at a disadvantage (Benish & Maron, 2016). Faricy (2011) argued, “Democratic majorities prefer direct social spending programs that assuage societal inequality and progressively redistribute public social and financial benefits” (p. 76). Conversely, conservatives tend to be opposed to social welfare (the ACA is no exception), believing that it sometimes leads to dependence on government for sustenance (Benish & Maron, 2016). While conservatives place individual freedom above equality, and hence are “more likely to favor reductions in government spending” (Jacoby, 2006, p. 718) than their liberal counterparts, liberals place equality above liberty (Faricy, 2011), and hence hold a greater propensity to advocate the redistribution of resources to favor the poor. These opposing ideological viewpoints may have contributed to an increase in adversarialism to redress problems surrounding the ACA. Indeed, it appears that adversarial legalism has broad appeal, with both the ideological left and right benefitting from this very American political playbook (Burke, 2002; Farhang, 2010; Keck, 2014). Burke (2002) noted further that, unlike in many Western democracies where lawyers work within the apparatus of the state, lawyers in the United States “are more closely allied with their clients” (p. 44). This

important relationship between lawyers and their clients in the United States also shows the degree to which repeat players on both sides of the ideological divide are mobilized to enhance adversarial legalism. This legal orientation thus contributes to the growth of adversarial legalism and litigation in the United States.

SCHOLARS’ ARGUMENTS ABOUT ADVERSARIALISM AS A TOOL FOR RIGHTING (PERCEIVED) WRONGS

Kagan’s (2001) thesis on adversarial legalism is not a prescription for legal reform, but one that brings to the fore the peculiarities of the American way of making law. Kagan (2001), nonetheless, conceded that if governments are indifferent to social needs, then citizens’ willingness to employ adversarial legalism, even if not a remedy, often is preferable to doing nothing at all. Although several scholars contend that U.S. society is far more litigious than other Western democracies (Kagan, 2001; Olson, 1991), the relatively large number of lawsuits in U.S. society can be partly explained by the need to pursue rights through litigation. Indeed, litigation has the effect of mobilizing groups for direct political action and enlightening the public about the issue being contested (Kagan, 2001; McCann, 1994). Kagan (2001) appeared, then, to endorse a limited use of adversarial legalism as a social change conduit, even if his larger discussion of the role of adversarial legalism in U.S. society is pessimistic.

While Kagan (2001) admitted that adversarial legalism has not had a significant impact on inner-city poverty, it has removed some age-old barriers, such as racial inequality and segregation. Engel and Munger (2003) observed that the study of individual stories is integral to research on rights assertion. Moreover, U.S. culture encourages citizens to pursue and protect their rights (Merry, 1979). Unquestionably, adversarial legalism, epitomized by the landmark legislation *Brown v. Board of Education*, has brought about significant social reform in U.S. society (Levin, 1979; Rosenberg, 2008). Thus, the importance of *Brown* cannot be overemphasized, as it targeted racial segregation, undermined Jim Crow laws, and increased educational opportunities for African Americans in U.S. society. This was a case of the courts, rather than Congress, intervening to level the educational playing field for African Americans. As a result, this case marked an important victory in the use of adversarial legalism to confer rights on African Americans.

Two other examples of the use of adversarialism are *Memorial Hospital v. Maricopa County* and *Shapiro v. Thompson*. Both cases came to define the “right to trav-

el” principle. The U.S. Supreme Court’s ruling on *Memorial Hospital v. Maricopa County* was important because it removed the waiting-period requirements introduced into social welfare policies in a number of states. Not surprisingly, most states’ social welfare policies, created to provide a safety net for society’s most vulnerable, covered such basics as health insurance, child welfare, free meals for poor students, and vocational training. Prior to *Memorial Hospital v. Maricopa County*, the Supreme Court had held in *Shapiro v. Thompson* that the state of Connecticut and the District of Columbia’s refusal to aid welfare applicants, simply because those applicants had not resided in the respective jurisdictions for at least one year, violated the U.S. Constitution. This was a landmark decision because it prevented the creation of two classes of poor citizens – those with and without access to welfare, based simply on length of stay in a jurisdiction. In other words, the Court’s ruling ensured that states provided welfare assistance to the poor, based more on need than the artificial requirement of length of stay in the community. Indeed, all these cases exemplify America’s unique way of making law, with litigants able to pursue the same case in multiple courts until they are satisfied with the disposition of their cases.

Kritzer (2004) sided with Kagan (2001), who argued that adversarial legalism “does, overall, describe a particular style of legal and political contestation, a style that is deeply embedded in American legal and political processes” (p. 351). But Kritzer (2004) disagreed with Kagan (2001), and with other scholars (Howard, 1994; Kronman, 1993), that adversarial legalism has exploded in the last several decades or that adversarial legalism has had a very negative effect on U.S. society. Some lawyers offer pro bono services to the poor, who may be pursuing important legal issues that these lawyers find to be at once morally defensible and worth pursuing via lawsuits; after all, people who have lawyers do better in court (Galanter, 1974; Harris, 1999). Kritzer (2004) conceded that some courts in the United States certainly experience substantial delays in getting civil cases to trial, but that such delays are not a sufficient reason to abandon justifiable and important social welfare issues that could benefit more than just the particular litigant, because large segments of society tend to benefit from momentous rulings by the courts.

Although Americans approach too many things legalistically and the U.S. style of legalism is too adversarial, these developments came about because, soon after World War II, courts made it easier to litigate, removed procedural limitations, and projected due process into

many legal situations (Kagan, 2001). The courts also broadened standing, removed immunities, and increased remedies (Friedman, 1985; Galanter, 2006). For example, in *Goldberg v. Kelly*, the U.S. Supreme Court ruled that pre-termination hearings should precede decisions to terminate welfare benefits (Goldberg, 1970), which implied that welfare was not a privilege but a right (Kagan, 2001). Thus, the *Goldberg v. Kelly* decision changed Americans’ views about welfare policy, as the ruling improved rights assertion by the poor (Galanter, 2006). With the advent of civil rights and the emergence of the War on Poverty came high hopes among citizens that the law could be used to address, not just the protection of public interests and citizen rights (Galanter, 2006), but also issues such as welfare policy and reform.

Kagan (2001) recognized that adversarial legalism has helped to draw attention to social issues, such as racial discrimination and the plight of handicapped persons, but he also worried about the growth and vast reaches of adversarialism, itself a by-product of a unique American history and culture. Kagan’s view of a purported explosion in adversarial legalism was disputed by Galanter (2006), who rejected the widely held notion of a huge increase in litigation in American courts and the associated condition of hyperlexis – that is, the problem of living in a very litigious society (Nelson, 1987). As a final point, Galanter (2006) called Kagan’s argument about an ostensible explosion in U.S. adversarial legalism a jaundiced view – that is, the belief that the United States is fraught with extreme litigiousness, compounded by an overactive trifecta of lawyers, juries, and judges. Galanter (1998, 2006) rejected the notion of an explosion in adversarialism because existing empirical data have shown that juries tended to act judiciously and conscientiously in their awards of judgments to plaintiffs. It may be true, then, that some litigants file suit, not for the money, but to regain their rights, which they believe only the courts had the power to rectify.

ADVERSARIALISM AND SOCIAL WELFARE POLICY

In the case of welfare policy in general, the invocation of law by the poor and disadvantaged to alter the distribution of society’s resources is a veritable form of legal mobilization. Legal mobilization is not a disconnected panacea, however. As Barnes and Burke (2012) have argued, legal mobilization is only one aspect of the invocation of the law; the response of the organization being sued also matters. In other words, some organizations would respond favorably to being sued, whereas others may “hunker down” in initial defiance (Bardach & Kagan,

1982; Barnes & Burke, 2012). Compared to their private counterparts, public agencies are more likely to create written rules and procedures to address changes arising from successful invocation of the law by citizens.

The controversy over social welfare policy in the United States² stems from the fact that neither the federal nor state Constitutions contain language that addresses social welfare. In fact, U.S. governments, at all levels, introduced social welfare unenthusiastically, because Americans have generally been opposed to high taxes (Kagan, 2001; Krietzer, 2004) and some lawfully mandated benefits (Freeman, 1994; Kagan, 2001) needed to sustain the sort of comprehensive welfare programs commonly found in Western Europe (Kagan, 2001; McFate, Lawson, & Wilson, 1995). Under these conditions, adversarial legalism may provide a powerful medium for those seeking a basic, acceptable standard of living. Inasmuch as “[l]aw is, for people on welfare, repeatedly encountered in the most ordinary transactions and events of their lives” (Sarat, 1990, p. 344), lawsuits are increasingly necessary to bring about welfare reform.

The many lawsuits filed over the ACA underscore some Americans’ opposition to the healthcare law, and these developments represent the fluid nature of the American legal system, as opposed to the more rigid and hierarchical European system of law. Indeed, the ACA epitomizes the hydra-headed nature of adversarial legalism in U.S. society.

The strong, unyielding opposition to the ACA by Republicans stems from the latter’s ideological objection to any type of consolidation of governmental power, which, for many on the right and far right, the ACA has come to represent. Additionally, the large number of lawsuits filed over the ACA is an indication of the complexity of the U.S. legal system, with its concomitant receptivity to lawsuits from individual citizens, enabled by lawyers and supported by a powerful, independent judiciary (Kagan, 2001).

THE AFFORDABLE CARE ACT (ACA)

The Law and Its Passage

The ACA is the comprehensive healthcare legislation passed in 2010 by the Obama administration (Healthcare.gov., n.d.). It was designed, among other things, to provide affordable health insurance to as many Americans as possible and to also provide protections and coverage for people with pre-existing conditions. This means that insurance companies must cover health conditions a

patient had before the date the patient’s new healthcare coverage began. Because of the 2020 presidential election as well as the politics surrounding the ACA, President Trump, in his 2020 State of the Union address, noted: “I’ve also made an ironclad pledge to American families: We will always protect patients with pre-existing conditions.” At the same time, the Trump administration has backed a Republican-led lawsuit to overturn the ACA. Not surprisingly, Speaker Nancy Pelosi called Trump’s statement on the ACA from the State of the Union speech false, noting the president’s stentorian call and determination to see the ACA repealed. The ACA continues to engender heated public and private debates throughout the United States since its introduction to the American public as an answer to the “broken” American healthcare system. According to Tanner (2011), the ACA is, perhaps, the most important piece of legislation designed to transform the American healthcare landscape since the creation of Medicare and Medicaid in 1965. Prior to the passage of the ACA, the only legally prescribed healthcare benefits were for older people (Medicare), the indigent (Medicaid), and military veterans (Kagan, 2001). There is also a U.S. Congress-mandated coverage for uninsured children that is managed by state governments (Pear, 1999).

The ACA has been controversial from the beginning. The U.S. Senate passed the bill on December 24, 2009, and the U.S. House of Representatives gave it the nod on March 21, 2010, but no single Republican in either chamber of Congress voted for it. In fact, the passage of the law was so partisan, the final tally in the House of Representatives was 219–212, in favor of the Democrats. The individual mandate in the healthcare legislation required all uninsured Americans to purchase a government-designed healthcare package; thus, opponents have called the ACA a movement toward pro-European social welfare. Many individuals, businesses, and state governments have since called for the repeal of the law. In 2017, President Donald Trump tried to have the ACA repealed and replaced, noting that the law hurt American businesses due to sharply rising premiums in several states, but the Republican Party-led Congress did not garner enough votes to repeal the law.

A scrutiny of the ACA reveals some merits and demerits. One merit is that insurers no longer are able to impose lifetime caps on the insured (Omurtag & Adamson, 2013); these caps had generally been in the range of \$2.5 million to \$5 million, prior to the passage of the ACA (Tanner, 2011; Zeltner, 2010). On the contrary, the elimination of lifetime caps could force some insurers to cancel coverage for tens of thousands of low-wage and seasonal work-

² For a detailed discussion of the development of the U.S. welfare state, see, for example, Pierson (2001), Prasad (2012), and Weir et al. (1988).

ers (Tanner, 2011). Into the aforesaid discussion come adversarial legalism, legal mobilization, and litigation. Before the U.S. Supreme Court heard arguments in March 2012 on the constitutionality of the ACA, particularly the individual mandate portion of it, seven states – Arizona, Idaho, Louisiana, Missouri, Oklahoma, Utah, and Virginia – had passed acts prohibiting mandatory health insurance. Plaintiffs in other court cases that challenged the constitutionality of the ACA included 28 states and a plethora of citizens and businesses. Even as several judges heard arguments on the constitutionality, or a lack thereof, of the ACA, with some courts upholding the law and others ruling against it, the real test of the “survivability” of the ACA rested with the U.S. Supreme Court, which ruled in June 2012 that the healthcare law was constitutional. The healthcare law was upheld once again by the Court in June 2015.

Although the individual mandate, the fulcrum of the law, was eliminated by the U.S. Congress in 2017, thereby removing the penalty³ associated with not signing up for the ACA, the ACA remains law of the land. U.S. District Judge Reed O’Connor’s December 2018 ruling, in *Texas v. United States*, that struck down the ACA was not completely unexpected, however. In striking down the healthcare law, Judge O’Connor had sided with several Republican state attorneys general and a small number of Republican-leaning governors who filed the suit. Judge O’Connor’s decision was based on the fact that, because Congress had passed a new tax bill in December 2017 that removed the penalty for not having health insurance, Congress’s decision rendered the ACA unconstitutional. Unsurprisingly, the Attorney General of California and other Democratic state leaders who have supported the ACA rejected the court’s decision and subsequently filed an appeal in the United States Court of Appeals for the Fifth Circuit. The Fifth Circuit, in a decision rendered in December 2019, did not rule on the severability or otherwise of the individual mandate, but instead found the individual mandate to be unconstitutional and remanded the case back to Judge O’Connor.

Although Judge O’Connor’s decision in *Texas v. United States* elicited condemnation from many Democratic lawmakers, it was also condemned by a number of Republicans, who felt that the decision had gone too far. Democrats’ response to Judge O’Connor’s ruling only shows what legal battles lie ahead, with individuals and states likely to bring and/or join future lawsuits to prevent the ACA from being repealed. Thus, adversarial legalism

would continue to play an important role in whether the ACA remains America’s healthcare law. Whether the ACA survives or not is not the main argument of this paper. Rather, the primary argument is on the powerful roles that adversarial legalism, legal mobilization, and litigation have played since the law’s passage, resulting in a phalanx of lawsuits and culminating in the U.S. Supreme Court’s willingness to hear arguments surrounding the ACA. Not surprisingly, the ACA has been litigated more than 70 times, both before and after the U.S. Supreme Court had ruled that the ACA was healthcare law of the land.

ROLES OF LEGAL MOBILIZATION AND LITIGATION IN ADDRESSING THE ACA

In this paper, three court cases⁴ were employed to advance the argument about the roles of legal mobilization and litigation in furthering rights assertion involving the ACA. Legal mobilization occurs when individuals assert claims about their legal rights and use litigation to maintain or advance those rights (Epp, 1998; Kagan, 2001). As Kagan (2001) has argued, “Whereas legislation states general rules, litigation forces judges to focus on the plight of particular individuals whose situations may differ from the typical ‘problem situation’ envisaged by legislators” (p. 169). Both early and current studies of legal mobilization have observed that society’s privileged are the ones most likely to resort to formal legal action during disputes (Abell, 2010; Morill, Edelman, Tyson, & Arum, 2010) – but the poor and those without adequate resources also engage in litigation, sometimes with the help of a support system for legal assistance (Epp, 1998). For individuals and groups to successfully mobilize the law against the government, a particularly effective repeat player in the courts, the former may have to align themselves with organizations that have had a successful track record in court as repeat players themselves (Galanter, 1974).

The U.S. Government wins seventy-five percent of its cases at the U.S. Supreme Court (Rosenberg, 2008; Scigliano, 1971; Ulmer & Willison, 1985). And with the U.S. Government’s unusual access to, and influence with, the Supreme Court (Ducat & Dudley, 1989; Rosenberg, 2008), the outcome of the ACA decision in 2012 was not completely unanticipated. In the long run, the legal mobilization against the ACA by powerful repeat players – businesses and state governments – was not enough to stop the ACA from remaining law of the land. Although opponents of

³ The removal of the penalty associated with the individual mandate went into effect in January 2019.

⁴ Three of over 70 cases associated with the ACA are briefly discussed here. The selection of these cases was meant to show the complexity of litigation surrounding the ACA.

the ACA did not prevail at the U.S. Supreme Court, the powerful forces of adversarialism and legal mobilization, themselves unique features of the American way of making law, were on full display. Indeed, the continued implementation of the ACA is not without challenges, as businesses, states, the federal government, and Congress continue to fight over the merits and demerits of the law.

The ACA epitomizes adversarial legalism, the mobilization of law, and the role of repeat players in applying laws on the books to effect social change. The ACA, undoubtedly, represents the complexity of America's adversarial system of law. The many cases filed over the healthcare law point to Americans' access to the courts, and the willingness to use such access to further individual and group rights. To demonstrate the powerful roles that adversarialism, legal mobilization, and lawsuits have played in the aftermath of the passage of the ACA, some of the more prominent court cases are discussed next. I also attempt to answer some pertinent questions in relation to the three court cases discussed: What are the merits and demerits of adversarialism in an age of hyper-partisanship in which passing new social programs would be a daunting task? Who are the notable players using adversarialism to further rights assertion? And how are these players using adversarialism to pursue and, hopefully, attain their goals? Lastly, how is the use of adversarialism leading to a blowback against further use of adversarialism?

National Federation of Independent Businesses (NFIB) v. Sebelius, 567 U.S. 519 (2012)

This case pitted 25 states, the NFIB, and individuals Mary Brown and Kaj Ahburg against the Obama administration. The plaintiffs argued that the ACA was unconstitutional because: (a) Congress did not have the authority under the U.S. Constitution to enforce the individual mandate in the ACA, and (b) the expansion of Medicaid was unconstitutional. The case wound through the lower courts, and finally made it to the U.S. Supreme Court, with the Court holding that the ACA's individual mandate was constitutional, but that states could reject the expansion of Medicaid under the ACA without losing federal funding of Medicaid. As this brief exposition shows, several "combatants" (about half of all U.S. states), with help from lawyers, sued the federal government to have the individual mandate requirement of the ACA revoked. Indubitably, this court case reflects Americans' use of adversarial legalism in rights assertion.

Burwell v. Hobby Lobby Stores, Inc., 573 U.S. 682 (2014)

This case involved a lawsuit brought by the Christian owners of Hobby Lobby Stores, a national chain of more than 500 stores and several thousand employees. The Greens, who own Hobby Lobby, argued that a provision under the ACA requiring employers to provide contraceptives to employees who requested it violated employers' constitutional rights, specifically the Free Exercise Clause of the First Amendment, as well as the Religious Freedom Restoration Act of 1993. In short, the Green family argued that the exemptions afforded to non-profit organizations should also be extended to for-profit businesses, such as Hobby Lobby. The Court sided with the Greens, noting that, in addition to faith organizations and other religious entities, employers could not be forced to provide contraceptives under the ACA. The Court, however, clarified that the exemption was for the contraceptive requirement only. This case is also an example of the labyrinthine nature of adversarial legalism, with multiple actors on opposite sides fighting in court to change the course of public policy.

King v. Burwell, 576 U.S. 988 (2015)

This case involved a lawsuit that challenged the ACA requirement that states create an "exchange" for people to purchase health care. If states failed to do so, the federal government would create the exchange to allow citizens to purchase health insurance. The ACA also mandated that all citizens not covered elsewhere purchase health coverage through the ACA, unless such citizens fell under a specific threshold for low-income earners. To drastically reduce the number of citizens likely to fall under the aforementioned threshold, the ACA created tax credits based on the specific coverage an individual chose under the healthcare law. While Congress established the tax credits for the "exchanges" created by the states, the Internal Revenue Service (IRS) interpreted the rules to mean that tax credits would be extended to citizens enrolled under either state health insurance plans or the federal health plan. The plaintiffs, all residents of the state of Virginia, where a federal government-run health exchange, rather than a state-run exchange, operated, sued the IRS for overstepping its authority in creating the exchanges for both the states and the federal government. The Supreme Court, in a 6-3 decision, ruled that the IRS did not overstep its authority when it issued tax credits for exchanges created for both state and federal health plans. As in the two cases noted above, *King v. Burwell* demonstrates the complexities of adversarial legalism.

DISCUSSION

The aforementioned ACA-related Supreme Court cases

are just a handful of court cases filed to challenge the legality of the various components of the ACA. Indeed, adversarialism, legal mobilization, and litigation were on full display in the three cases discussed. Revisiting and analyzing the questions asked in the “Roles of Legal Mobilization and Litigation in Addressing the ACA” section of the paper, and elucidating the questions vis-à-vis the three lawsuits discussed, hyper-partisanship leads to an endless stream of lawsuits to seek redress in the courts. This problem is compounded by the fact that we live in a litigious society, one in which access to repeat players – attorneys and powerful lobbies and organizations – makes it fairly easy to challenge the legality of government programs. Although the ACA has been law of the land for a number of years, a section of American society is still determined to get rid of the law, leading to near-limitless litigation over the healthcare law. This explosion in lawsuits is possible because of the work of lawyers, who play a crucial role in advancing the system of adversarialism. The endless stream of litigation surrounding the ACA may discourage well-intentioned members of government from proposing new welfare policies because of Americans’ propensity for contesting welfare policy in general. As Provine (2005) has warned, “Nations should also consider the cost of relying heavily on the adversarial process to resolve policy issues. Litigation is expensive, creating costs and inefficiencies” (p. 314).

In further addressing the questions advanced, some of the ACA-related lawsuits involved a collaboration between individuals and states, as in *NFIB v. Sebelius*. Provine (2005) addressed this overlapping collaboration by explaining the rationale of the founders of the American state. She argued that the founders were clear about the role of the American people in maintaining a Constitutional democracy. As a result, the founders introduced checks and balances to prevent overreach by one single branch of government. Provine (2005) noted: The American “system creates an additional layer of complexity by providing for both a national and a state level of governance, each with separate constitutional mandates. The complicated, carefully delimited, overall plan suggests that founders were interested in restraining governmental power” (p. 316). And by anticipating the judicial review of executive branch decision-making, the founders put in place a complex system to prevent abuse of power. This process, in effect, has led to cases winding through the courts both in large numbers and in slow “procession.” By employing the protracted and cumbersome process of litigation, citizens, groups, organizations, and even state governments have consistently fought against some components of the ACA.

In addition, the extensive use of adversarial legalism in furthering rights assertion has not received universal support among the American people. One of the fears arising out of the abundant use of lawsuits is the creation of the phenomenon called “black-robed politics,” a form of judicial activism. The American Constitution delineates the roles of the legislature and judiciary: while the legislature is tasked with making laws, the judiciary is assigned the task of interpreting law. Provine (2005) argued that the idea of separation of powers had for many years insulated the judiciary from heavy criticism because the institution was deemed apolitical. Americans’ attitudes toward the judiciary have been changing over the years, however, because of the perception that some members of the judiciary have taken advantage of their permanent appointments to legislate from the bench. The temptation to legislate from the bench is heightened by adversarial legalism: as judges confront more and more welfare-related cases pitting government against citizens/states/interest groups, they are likely to legislate, rather than simply interpret the law.

Some supporters of judges who advertently or inadvertently make law argue that law is normative, hence the possibility of human intervention in the interpretation of the law. Conversely, those who reject judicial activism in all of its forms posit that judges hide behind the normative nature of law, and use it as an excuse to make law. In other words, judicial activists, intentionally or otherwise, do not separate their personal convictions from their interpretation of the law from the bench. There is also some evidence of judicial activism parsed along ideological lines, hence the constant battles that erupt between conservatives and liberals when there is a vacancy on the U.S. Supreme Court. It appears, then, that the more the American people have to contend with adversarial legalism, the more likely it is that there will be a general blowback against adversarialism.

The ACA appears to be a “resilient” law, and has been so since its inception. This is because the ACA has so far survived the many avenues used by both litigants and elected officials to repeal it. The ACA may or may not survive the current political climate, but it appears that any new healthcare law would end up in litigation, just as the ACA has been litigated tens of times since its inception. This is the American way of making law, and will remain so for the foreseeable future.

CONCLUSION

Adversarial legalism is a two-pronged issue (Kagan, 2001), producing an expected result in one case and a different outcome in another. In the particular case of the ACA, legal scholars and judicial behaviorists are baffled by the Republican-leaning Court's unwillingness to strike down the ACA. One argument is that Supreme Court justices are sensitive to the plight of ordinary citizens who seemingly benefit a great deal from the provisions of the ACA, hence the justices' willingness to temporarily shelve party loyalty and pursue the common good.

An important feature of adversarialism is the platform that it provides for citizens to seek justice in a court of law. This opportunity to pursue one's rights embodies the tenets of American lawmaking and democracy. Engel and Munger (2003) argued that rights must be asserted, or those whose rights have been violated would end up feeling belittled and inconsequential. Epp (1998) contended that a support structure for legal mobilization is essential for furthering individual rights claims. Many of the ACA-related court cases have followed a familiar path: the amalgamation of resources by individuals, businesses and/or states to attack, in a court of law, certain provisions of the ACA that they deem harmful to themselves and others.

As noted earlier in this paper, creating new social programs is difficult because we live in a litigious society. This problem is worsened by the fact that there are repeat players – lawyers and powerful organizations – that are willing and ready to test the lawfulness of any new welfare programs in court. This argument explains the determination of a segment of the U.S. population to continually challenge aspects of the ACA through lawsuits. This culture of litigation also means that elected officials may be wary of creating new social programs, even if there is a clear need to do so. The executive branch's wariness is understandable: any new welfare program would go through the grinders of American jurisprudence to survive. Scholars have warned against excessive litigation, however, noting that the process is expensive and disruptive (Provine, 2005). Provine (2005) also explained the importance of collaboration between different entities. For example, some of the ACA-related cases discussed in this paper involved collaborations between citizens and state governments. These collaborations were expected by the founders of the United States, hence the founders' introduction of checks and balances to prevent one branch of government from usurping the powers of other branches. This process also means that litigation has become one means of addressing any perceived usurpation or misuse of power by the branches of government, including the

judiciary. Despite the advantages of using legal action to address complex issues in American society, there is a primary downside: too many lawsuits make it hard to arrive at court decisions with broad appeal.

Unsurprisingly, not everyone in the United States approves of adversarialism. Some fear that judges, who are themselves not neutral persons, may use the opportunity presented to them to make law, instead of interpret law. For many years, Americans were unwilling to criticize the judiciary because of the latter's "neutral" role in adjudication. However, a section of the population has begun to criticize judges for engaging in judicial activism. While some have denounced judges who appear to make law, others have argued that law is normative, hence its interpretation cannot be completely divorced from prevailing belief systems. It appears, then, that the current blowback against adversarialism is directly tied to U.S. society being too litigious.

Because social welfare is a vital mainstay of decent societies, disagreements between the government and its citizens about benefits should receive extensive public debate, leading to rudent and equitable policymaking. If adversarial legalism (and litigation) forces government to pay closer attention to the substantive cases brought against it, then, despite the calls by some that adversarial legalism is out of control in the United States, it is a good thing, in this narrow sense, as it forces the government (and its agencies) to pay closer attention to the needs of some of its citizens. After all, many reforms at all levels in American society were possible only because of the nation's decentralized methods of lawmaking, as well as the society's willingness to grant a formal hearing to those who feel wronged. I argue, then, that the drumbeat of litigation surrounding the ACA may not ebb anytime soon, because the stakes are too high and the costs too heavy for some. As a result, adversarial legalism, advanced by the work of lawyers, would remain the way forward regarding the ACA.

Adversarial legalism may not be the answer to large-scale changes to the distribution of wealth in American society; such changes would require "a sustained intellectual and political movement yielding sweeping legislative changes in American tax, labor, and educational policy and in traditions of local home rule" (Kagan, 2001, p. 180). Until Americans attain this utopian goal, however, there will be individuals who would seek redress in court, and whose requests would need to be addressed by a government entrusted with important duties. Individuals, businesses, and local and state governments will continue to use legal

mobilization and lawsuits as mechanisms for achieving small and great victories within the populace.

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Victory by the Weakest: Effects of Negative Advertising in $N > 2$ Candidate Campaigns

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ABSTRACT The truel, or three way duel, has distinct properties from duels: the weakest contestant often has a very good chance to win. This paper explores application of the logic of truels to election campaigns involving negative advertising. We show that negative campaigning that pits the leading candidates against each other can create circumstances in which the third (or worse) place candidate wins in one or more of the Nash equilibria of the game. We then study whether the simulated existence of an opportunity for Nash equilibrium victory by third place candidates predicts such outcomes in U.S. state-wide elections.

Keywords: truel, campaign, advertising, game theory

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INTRODUCTION

Cree Deeds was trailing in the 2009 Virginia Democratic gubernatorial primary. In third place in the polls. With a smaller budget than his rivals. But then one of his rivals initiated a negative advertising campaign targeting the other. Deeds partly joined in the attack, while also making his positive case to the public. Ultimately, each rival seemingly persuaded the public that the other should not be chosen, and Deeds won. Like Deeds, sometimes candidates polling in third place (or even less than third place) stage surprising election victories. This study explains why, as a matter of logic, some of these victories should be expected. We synthesize insights from the game theoretic study of truels and the political science study of negative campaigning to develop an original model which explains why and when third place candidates sometimes stage surprising come-from-behind victories.

This study applies to three-candidate elections with negative and positive campaigning the logic of three-way duels (called truels) which have principally been studied in game theory and mathematics. Our key theoretical results show that negative advertising campaigns with more than two candidates share a key property with other truels -- the potential for the weakest of the contestants to have a good chance of victory. Writing principally in mathematics and game theory journals, Shubik (1954), Kilgore (1971/72), and Kilgour and Brams (1997) developed analyses showing that the poorest shot sometimes

has the best chance to win a three-way gun fight. Bringing that insight into political science, this study shows that electoral campaigns with negative advertising share similar dynamics with gun fight truels even though the campaign context is significantly distinct from the gun battles analyzed in these earlier models – positive advertising for instance might undermine the chances of the weakest to win. For a range of candidate capabilities, the theoretical result of victory by the weakest from the truels literature in game theory extends to the electoral campaign context in politics.

No previous model of negative advertising in multi-candidate electoral competition has developed the logic of victory by the weakest from the truels literature to identify conditions for victory by the third place candidate. In the only previous model of three-candidate negative advertising contests, Skaperdas and Grofman (1995) concluded that in a 2 candidate race the frontrunner would engage in more positive advertising than negative, whereas in a 3 candidate race the third place candidate will only engage in positive advertising, and in a 3 candidate race no candidate will engage in negative campaigning against the weaker of his opponents. Our model upends all three conclusions. Unlike the model of Gandhi et. al. (2016) which focuses on the frequency of negative advertising as a function of the number of candidates and the externalities generated by negative advertising, our analysis focusses on the conditions in which various advertising strategies are in equilibrium in three-candidate races, in-

cluding equilibria where one or more candidates engage in negative advertising.

For some political scientists and social choice theorists, a model in which an initially weak candidate wins may seem familiar to the point of unoriginality. Yet the synthesis offered here of the truels and negative campaigning literatures is unique. Obviously, the fundamental instability results for models of $n > 2$ candidate spatial competition imply opportunities for weaker candidates to win. And ours is not the first model in which such victories are anticipated. Elections are well known to be uncertain affairs, polling can be flawed, coordination or band-wagoning can create a late surge, and multi-candidate multi-dimensional races are inherently unstable or subject to cycling. Yet while useful, all of these answers suggest that third (or worse) place is generally a disadvantageous place to be, but the weak candidate might get lucky. Unlike previous explanations for the puzzle of victory by third or worse place candidates, we do not attribute their victory to accident, luck, not really being in third place, or (directly at least) to the inherent instability of multi-candidate choice.

We show that victory by the weakest in a negative campaign truel occurs in a Nash equilibrium -- in a context in which in an honest and full-information retrospection, the managers of the losing yet stronger campaigns would have nothing specifically to regret. In the same circumstance and with full information, each losing candidate could not have won through any unilateral alteration of strategy. Indeed, they would have incentives to repeat those strategies if the campaign was to develop in the same way again, even though those strategies produced victory by a third place or weaker candidate with weaker initial public support and less money to spend on advertising.

Our analysis has implications for scholarship, showing that despite the incentives (Gandhi et. al., 2016) that discourage negative advertising in multi-candidate elections, negative advertising can play a prominent role in the equilibria of these elections. It also has implications for campaign strategists and practitioners, highlighting the opportunities that negative advertising-focused contests among the leading candidates can create for victory by a candidate with less initial support and resources.

We proceed as follows. Sections 1 and 2 develop our key theoretical results, first illustrating victory by the weakest in the gunfight $n > 2$ duel from the game theory literature in mathematics, and then extending that result to the

more complex context of campaigns with positive and negative advertising. Section 3 then applies those results to illustrative cases and an analysis of state-wide U.S. elections. Section 4 concludes.

1.1 A Gunfight Truel

Before proceeding into the analysis of campaigns, we begin by offering an example of a three way gun fight truel to sharpen intuitions concerning the way the outcomes of a three way duel studied in the mathematics literature often involve victory by the weakest (Amengual and Toral 2006, Kilgour (1971/72; 1975, 1977), Kilgour and Brams 1997). A fundamental intuition behind the result is that the two most accurate marksmen in a three-way gun fight each pose a greater threat to each other than does the weakest. Consequently, each has an incentive to initially expend resources attacking the other, which increases the odds that the weakest survives. Kilgour (1971/72) summed up that “in many cases, the truel has a unique equilibrium point at which the player who is the poorest marksman has the greatest chance of survival.”

Imagine that three cowboy gunslingers have mutually offended each other and are determined that the only way to settle their disagreements is with a three-way duel – a truel. This truel will have two rounds, and each combatant has one bullet to use in each of the two rounds. In each round each shooter decides whom to target and all three shoot simultaneously. In the second round, the combatants only know who is still alive. It is common knowledge that the three gunslingers vary in the probability with which they will hit a target they aim at, as illustrated in Table 1. In light of the depth their grievances, each would rather be the only one alive at the end of the truel of the law by citizens.

The solution to this game is by Subgame Perfect Nash equilibrium (Osborne 1995). To solve by backward induction we begin with the last round. If all three players survive, then any targeting strategy is an equilibrium. If only two survive, then they target each other. Because each would rather be targeted by a worse shot in round two, each cowboy targets their opponent who is the best shot in the first round. In equilibrium one targets two, two targets one, and three targets one. As shown in the final row of Table 1, the result of these targeting decisions is that there is a very high probability that cowboy three (the worst shot of the three) will be the only one to survive into the second round of the truel. And the cowboy who is the best shot has the worst probability of surviving to the second round. In this instance, as in many other

$n > 2$ duels, the outcome is often not victory by the strong or the skilled, but victory by the weakest.

2.1 A Model of Election Advertising

This section proves that a third place candidate can win in equilibrium as the result of a negative advertising duel, and that the optimal strategy of the third place candidate may involve either positive, or negative advertising depending upon the context and the relative effectiveness of positive versus negative advertising. We then generalize this result to show that it persists even if candidates can deviate to any mix of positive and negative advertising strategies.

We study a model of campaign competition which is deliberately simplified to include merely candidate support levels (the candidate with the most support will win the election) on the one hand, and candidate advertising budgets (which candidates spend to influence support through positive and negative ads) on the other hand. The underlying psychological mechanisms driving candidate support might include voter perceptions of candidate ideological positions (Jessee 2012, Endersby and Thomason 1994), it might be candidate valence or likes / dislikes (Clarke, et al., 2011, Stokes 1963, 1992), it might be party loyalty (Campbell et. al. 1960), retrospective evaluations of party or presidential performance (Fiorina 1981), or something else.

The assumption that support (S) can be shifted through advertising is a basic precondition for any model of advertising strategy, and seems borne out by the enormous sums candidates often spend on advertising during election campaigns. We assume that positive advertising (P) boosts the support of the candidate using it by an amount proportionate to the budget B allocated to it such that the change in support equals BP or alternately $P(B)$. Conversely negative advertising (N) decreases the support of the targeted candidate by $-BN$ or alternately $N(B)$ (Geer, 2006). The specific mechanisms of advertising influence might vary depending upon which mechanisms (discussed above) shaping candidate support are targeted.

Candidates are indexed $c = 1, \dots, n$, where 1 is the initially strongest candidate in support and budget, and n is the weakest candidate. The specific context in which the campaign is fought is characterized by two parameters that set the relative strength of each candidate. Each candidate has a starting support and a starting budget. B_1, B_2 and B_3 indicate the starting budget for each candi-

date with $B_1 > B_2 > B_3$. S_1, S_2 and S_3 indicate the starting level of support for each candidate with $S_1 > S_2 > S_3$. As a result of each candidate's strategy decisions, the budget and support levels change during the game, and the player with the highest ending support wins the election. Candidate payoffs are assumed to be based upon whether they win or not with $U(\text{win}) > U(\text{loss})$.

Each candidate has 4 options. The first option is positive advertising: P indicates that a candidate has chosen a positive advertising campaign and B_1P is the impact on support for candidate 1 from spending budget B on positive advertising. The next two options are negative advertising against each one of the opponents: N_2 indicates an attack on candidate 2 and N_3 indicates an attack on candidate 3. Thus, B_1N_2 is the change in candidate 2's support brought about by candidate 1 spending budget B_1 on negative advertising that attacks candidate 2. Finally, we allow candidates to decide not to spend (option O for out): B_1O indicates that candidate 1 has made the choice to not spend which leaves all candidate support levels unchanged. Since candidate support is always higher under positive advertising, this option is weakly dominated by positive advertising (P) so it is of little importance in most of our analyses. We also assume that negative advertising potentially carries a cost " L " for the support of the advertiser as studies have found evidence that some types of negative advertising can reduce public approval of the candidate doing the attack (Brooks & Geer, 2007). We generalize the model below to allow for mixing between options.

Our model does not assume a specific order of play and the interaction modeled occurs within a single round in which all candidates move simultaneously. It is thus solved using Nash Equilibrium. Since each of the three candidates has four available strategies, there are 64 possible strategy combinations, each associated with a distinct set of final candidate support values. The support levels resulting from a selection of the strategy combinations are described in Table 2. Each cell contains the support for candidate 1, candidate 2, and then candidate 3. For instance, in the top left cell of the table we see the support of each candidate resulting from a choice by candidate 1 to attack candidate 2, and choices by candidate 2 and candidate 3 to attack candidate 1. Here the utility of candidate one reflects his or her starting support (S_1) combined with the reduced support imposed by the attack of candidate 2 ($-B_2N_1$), the reduced support imposed by the attack of candidate 3 ($-B_3N_1$) and the loss to support resulting from running a negative campaign against candidate 2 ($-L$).

To find equilibria, we identify best responses by each candidate to actions by the other candidates, based on the assumption that each candidate cares only about victory – about having a higher support than any other candidate. On the basis of these best responses, Nash equilibria in pure strategies can be identified in which no campaign had an incentive to change strategy. There are several pure strategy combinations that can produce victory for the weakest candidate in equilibrium including (N2, N1, N1), (N2, N1, P), and (P, N1, P). Each strategy profile can be a Nash equilibria of the game for some parameter values.

Claim 1. If all six inequalities (1 through 6) listed below are satisfied there a Nash equilibrium (N2, N1, P) in which the third place candidate wins the election by adopting a positive advertising strategy.

| Conditions for Victory by Third Place Candidate Running Positive Campaign While Opponents Attack Each Other: | | |
|---|-----------------------|-----|
| $S_3 + B_3P >$ | $S_1 - B_2N_1 - L$ | (1) |
| $S_3 + B_3P >$ | $S_2 - B_1N_2 - L$ | (2) |
| $S_3 + B_3P >$ | $S_1 - B_2N_1 + B_1P$ | (3) |
| $S_3 + B_3P >$ | $S_2 - B_1N_2 + B_2P$ | (4) |
| $S_2 >$ | $S_1 - B_2N_1$ | (5) |
| $S_1 >$ | $S_2 - B_1N_2$ | (6) |

Proof: if first two inequalities (equations 1 and 2) are satisfied, then C3 will win the election if no player deviates from the strategy profile. If the second two inequalities are satisfied (equations 3 and 4), then neither of the other players can benefit from deviating from this strategy profile by running a positive campaign because each will still suffer a loss. If the last two inequalities are satisfied (equations 5 and 6) then neither of the other candidates (1 and 2) can benefit from deviating from this strategy profile by attacking candidate 3 instead because this will lead to the other of these two candidates winning. For instance, if candidate 1 attacks C3 instead of C2, then C2 wins. Equations 5 and 6 constitute a closeness condition: the first and second place candidates must be close enough to each other than each cannot win if the other is

permitted to run unanswered negative attacks. Since inequalities 1, 2 and 4 will be satisfied if 3 is satisfied (following from the relatively weaker support and budget of the second place candidate), we solve for the critical starting support and budget levels of the third place candidate using inequality 3. The critical support level for the third place candidate to be able to win in equilibrium with a positive campaign if the closeness condition is satisfied is:

$$S_3 > S_1 - B_2N_1 + B_1P - B_3P$$

And the critical budget level for victory by the third place candidate is:

$$B_3 > (S_1 - B_2N_1 + B_1P - S_3)/P$$

Claim 2. An alternate set of closeness conditions obtain when the first place candidate adopts a positive advertising strategy in the Nash equilibrium (P, N1, P) with candidates 1 and 3 running positive campaigns, and candidate 2 running a negative campaign. Equations 1 through 4 must still be satisfied. The alternative conditions to Equations 5 and 6 are 8 and 9 below:

| Conditions for Victory by Third Place Candidate Running Positive Campaign While Opponents Attack Each Other: | | |
|---|-----------------------|-----|
| $S_3 + B_3P >$ | $S_1 - B_2N_1 - L$ | (1) |
| $S_3 + B_3P >$ | $S_2 - B_1N_2 - L$ | (2) |
| $S_3 + B_3P >$ | $S_1 - B_2N_1 + B_1P$ | (3) |
| $S_3 + B_3P >$ | $S_2 - B_1N_2 + B_2P$ | (4) |
| $S_2 >$ | $S_1 - B_2N_1$ | (5) |
| $S_1 >$ | $S_2 - B_1N_2$ | (6) |

If the conditions in equations 3 and 7 are satisfied, then candidate 3 will win. If the condition in equation 8 is satisfied, then player 1 cannot win by shifting to an attack on player 3 (and obviously shifting to an attack on player 2 will not lead to victory if equation 3 holds). If the condition in equation 9 is satisfied, then player 2 cannot win by shifting to a positive campaign (and obviously shifting to an attack on player 3 will not lead to victory if equation 9 is true).

Claim 3. For the third place candidate to win in equilibrium through a negative advertising strategy of attacking

the first place candidate (N2, N1, N1), the following conditions must hold:

| Conditions for Victory by Third Place Candidate Running Negative Campaign: | | |
|---|------------------------------------|------|
| $S_3 >$ | $S_1 - B_2N_1 - B_3N_1$ | (10) |
| $S_3 >$ | $S_2 - B_1N_2$ | (11) |
| $S_3 >$ | $S_1 - B_2N_1 - B_3N_1 + B_1P + L$ | (12) |
| $S_3 >$ | $S_2 - B_1N_2 + B_2P + L$ | (13) |
| $S_2 >$ | $S_1 - B_2N_1 - B_3N_1$ | (14) |
| $S_1 >$ | $S_2 - B_1N_2 + B_3N_1$ | (15) |

Proof: if the conditions outlined in equations 10 and 11 prevail, then candidate 3 will win because the third candidate will have the highest level of support. If the conditions outlined in equations 12 and 13 prevail then neither of the other candidates can win by deviating from the posited equilibrium strategy individually to run a positive campaign, and if the closeness conditions in 14 and 15 obtain, then neither candidate can deviate to an attack on candidate 3 without losing to the other candidate: if candidate 1 attacks 3, then candidate 2 wins. Condition 15 always obtains by assumption because $S_1 > S_2$ and $B_1N_2 > B_3N_1$.

Note that a critical condition for this equilibrium is that attack by the first-place candidate on the second place candidate must be sufficiently powerful that the second place candidate has a lower support than the third place candidate (equation 11). Thus, the second-place candidate must be weaker than was required in claim 1, so there are conditions in which a positive campaign by the third-place candidate would bring victory but a negative campaign would not. On the other hand, when $B_3P < B_3N_1 - L$, the condition in equation 12 will be met more readily than the condition in equation 3, indicating the existence of circumstances in which the unique winning strategy in equilibrium is for the third place candidate to attack if negative advertising has a sufficiently larger impact than positive advertising.

Figure 1 illustrates that when positive and negative campaigning have equal effectiveness, the weakest candidate is generally best off running a positive campaign. For the selected parameter values, a positive campaign by the weakest candidate can result in victory in every circumstance in which a negative campaign would also lead to victory, but there are also a range of initial budget and support levels for the weakest candidate for which only a positive campaign can generate a Nash equilibrium in which the weakest wins. The area within the triangle bounded by dotted lines indicates the range of parameter values for which the third-place candidate is weakest yet can win in equilibrium by running a positive campaign. The quadrilateral bounded by dashed lines indicates the range of parameter values for which the third-place candidate is weakest in respect to both support and budget, yet can win in equilibrium by running a negative campaign against the first place candidate.

2.2 Extension to Mixed Advertising Campaigns

So far, we have maintained the simplifying assumption that candidates must devote the entirety of their resources to a single advertising strategy. The purpose of this section is to show that equilibria involving victory by the third-place candidate (3) still occur when candidates can devote their budget to a mix of advertising strategies.

We now allow candidates to select any combination of strategies. Let $b_1P + b_1N_2 + b_1N_3 + b_1O = B_1$ represent the portions of candidate 1's budget being devoted to each of the available strategies. Thus, if $b_1P = b_1N_2 = B_1/2$, candidate 1 is devoting half of his or her budget to positive campaigning, and half to negative attacks on candidate two. For simplicity we drop the assumption (L) that negative campaigning hurts the candidate engaging in it below.

Claim 4. For candidate three to win in equilibrium under mixed advertising strategies the following conditions must hold:

Proof: If equation 16 is true, then the support of candidate 3 exceeds that of candidate 1, and if equation 17 is true, then the support of candidate 3 exceeds that of candidate 2. Hence, candidate 3 will have the highest support, and will win.

For this to be an equilibrium, all candidates must be choosing budget shares that best respond to all other candidates with the above inequalities satisfied. Therefore, it must be the case that neither candidate 1 nor

| Table 1. A Gun-Fight Truel | | |
|----------------------------|---------------------------|---|
| | Probability (hits target) | Equilibrium probability of survival into second round |
| Cowboy 1 | 0.9 | 6 percent |
| Cowboy 2 | 0.8 | 10 percent |
| Cowboy 3 | 0.7 | 100 percent |

Table 2. Candidate Support as a Result of Strategic Choices

| | | C3=N ₁ | | | |
|---------------------|--|--|--|--|---|
| | | C2 = N ₁ | C2 = N ₃ | C2 = P | C2 = O |
| C1 = N ₂ | | S ₁ -B ₂ N ₁ -B ₃ N ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ +B ₂ P-B ₁ N ₂ , S ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ -B ₁ N ₂ , S ₃ -L |
| C1 = N ₃ | | S ₁ -B ₂ N ₁ -B ₃ N ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ -B ₂ N ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ +B ₂ P, S ₃ -B ₁ N ₃ -L | S ₁ -B ₃ N ₁ -L, S ₂ , S ₃ -B ₁ N ₃ -L |
| C1 = P | | S ₁ +B ₁ P-B ₂ N ₁ -B ₃ N ₁ , S ₂ -L, S ₃ -L | S ₁ +B ₁ P-B ₃ N ₁ , S ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ +B ₁ P-B ₃ N ₁ , S ₂ +B ₂ P, S ₃ -L | S ₁ +B ₁ P-B ₃ N ₁ , S ₂ , S ₃ -L |
| C1 = O | | S ₁ -B ₂ N ₁ -B ₃ N ₁ , S ₂ -L, S ₃ -L | S ₁ -B ₃ N ₁ , S ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ -B ₃ N ₁ , S ₂ +B ₂ P, S ₃ -L | S ₁ -B ₃ N ₁ , S ₂ , S ₃ -L |
| | | C3=N ₂ | | | |
| C1 = N ₂ | | S ₁ -B ₂ N ₁ -L, S ₂ -B ₁ N ₂ -B ₃ N ₂ -L, S ₃ -L | S ₁ -L, S ₂ -B ₁ N ₂ -B ₃ N ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ -L, S ₂ +B ₂ P-B ₁ N ₂ -B ₃ N ₂ , S ₃ -L | S ₁ -L, S ₂ -B ₁ N ₂ -B ₃ N ₂ , S ₃ -L |
| C1 = N ₃ | | S ₁ -B ₂ N ₁ -L, S ₂ -B ₃ N ₂ -L, S ₃ -B ₁ N ₃ -L | S ₁ -L, S ₂ -B ₃ N ₂ -L, S ₃ -B ₁ N ₃ -B ₂ N ₃ -L | S ₁ -L, S ₂ +B ₂ P-B ₃ N ₂ , S ₃ -B ₁ N ₃ -L | S ₁ -L, S ₂ -B ₃ N ₂ , S ₃ -B ₁ N ₃ -L |
| C1 = P | | S ₁ +B ₁ P-B ₂ N ₁ , S ₂ -B ₃ N ₂ -L, S ₃ -L | S ₁ +B ₁ P, S ₂ -B ₃ N ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ +B ₁ P, S ₂ +B ₂ P-B ₃ N ₂ , S ₃ -L | S ₁ +B ₁ P, S ₂ -B ₃ N ₂ , S ₃ -L |
| C1 = O | | S ₁ -B ₂ N ₁ , S ₂ -B ₃ N ₂ -L, S ₃ -L | S ₁ , S ₂ -B ₃ N ₂ -L, S ₃ -B ₂ N ₃ -L | S ₁ , S ₂ +B ₂ P-B ₃ N ₂ , S ₃ -L | S ₁ , S ₂ -B ₃ N ₂ , S ₃ -L |
| | | C3 = P | | | |
| C1 = N ₂ | | S ₁ -B ₂ N ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ +B ₃ P | S ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ -B ₂ N ₃ +B ₃ P | S ₁ -L, S ₂ +B ₂ P-B ₁ N ₂ , S ₃ +B ₃ P | S ₁ -L, S ₂ -B ₁ N ₂ , S ₃ +B ₃ P |
| C1 = N ₃ | | S ₁ -B ₂ N ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ +B ₃ P | S ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ -B ₂ N ₃ +B ₃ P | S ₁ -L, S ₂ +B ₂ P, S ₃ -B ₁ N ₃ +B ₃ P | S ₁ -L, S ₂ , S ₃ -B ₁ N ₃ +B ₃ P |
| C1 = P | | S ₁ +B ₁ P-B ₂ N ₁ , S ₂ -L, S ₃ +B ₃ P | S ₁ +B ₁ P, S ₂ -L, S ₃ -B ₂ N ₃ +B ₃ P | S ₁ +B ₁ P, S ₂ +B ₂ P, S ₃ +B ₃ P | S ₁ +B ₁ P, S ₂ , S ₃ +B ₃ P |
| C1 = O | | S ₁ -B ₂ N ₁ , S ₂ -L, S ₃ +B ₃ P | S ₁ , S ₂ -L, S ₃ -B ₂ N ₃ +B ₃ P | S ₁ , S ₂ +B ₂ P, S ₃ +B ₃ P | S ₁ , S ₂ , S ₃ +B ₃ P |
| | | C3 = O | | | |
| C1 = N ₂ | | S ₁ -B ₂ N ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ | S ₁ -L, S ₂ -B ₁ N ₂ -L, S ₃ -B ₂ N ₃ | S ₁ -L, S ₂ +B ₂ P-B ₁ N ₂ , S ₃ | S ₁ -L, S ₂ -B ₁ N ₂ , S ₃ |
| C1 = N ₃ | | S ₁ -B ₂ N ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ | S ₁ -L, S ₂ -L, S ₃ -B ₁ N ₃ -B ₂ N ₃ | S ₁ -L, S ₂ +B ₂ P, S ₃ -B ₁ N ₃ | S ₁ -L, S ₂ , S ₃ -B ₁ N ₃ |
| C1 = P | | S ₁ +B ₁ P-B ₂ N ₁ , S ₂ -L, S ₃ | S ₁ +B ₁ P, S ₂ -L, S ₃ -B ₂ N ₃ | S ₁ +B ₁ P, S ₂ +B ₂ P, S ₃ | S ₁ +B ₁ P, S ₂ , S ₃ |
| C1 = O | | S ₁ -B ₂ N ₁ , S ₂ -L, S ₃ | S ₁ , S ₂ -L, S ₃ -B ₂ N ₃ | S ₁ , S ₂ +B ₂ P, S ₃ | S ₁ , S ₂ , S ₃ |

Figure 1: Illustrative Conditions for Victory by Weakest:
 Equal Effectiveness of Positive and Negative Campaigns

Assumptions: $S1=B1=.9$, $S2=B2=.8$, $P = N = 1$, $L = 0$

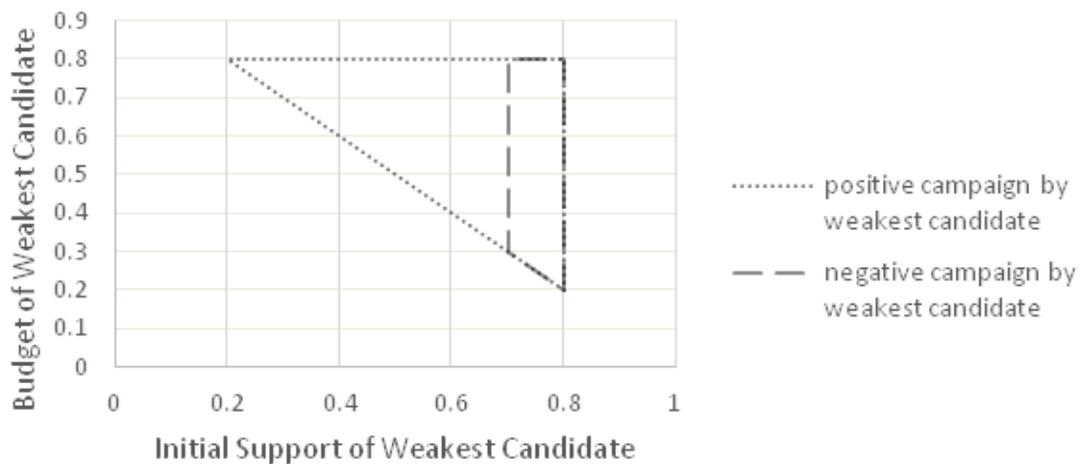
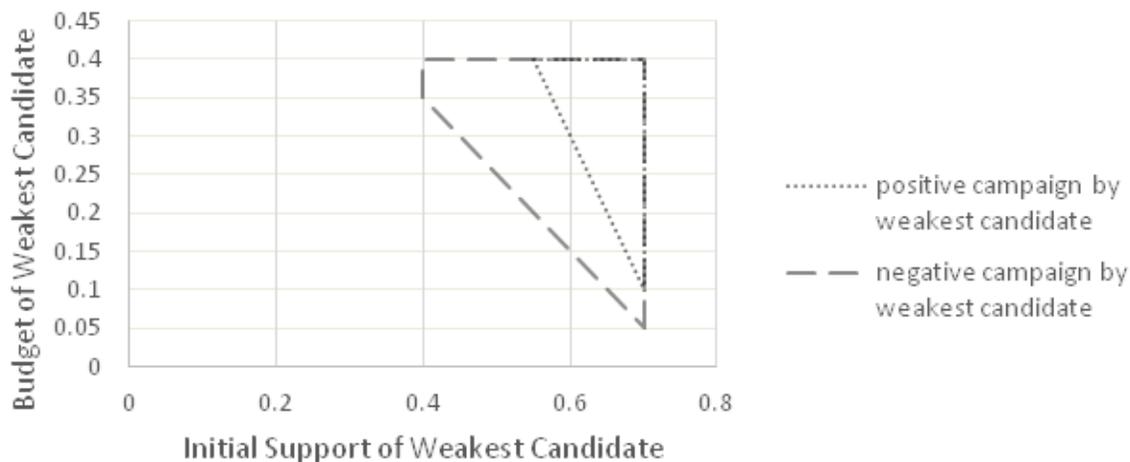


Figure 2: Illustrative Conditions for Victory by Weakest:
 Advantage to Negative Campaign

Assumptions: $S1=.9$, $B1=.5$, $S2=.7$, $B2=.4$, $P=.5$, $N = 1$, $L = 0$



candidate 2 has an individual incentive to deviate from their strategy. In other words, holding the other candidate's strategies constant, there must be no deviation that allows a losing candidate to gain a larger level of support than the strongest of the other candidates. In the absence of such a strategy, each candidate will be indifferent between their alternatives, which is the necessary condition for maintaining the mixed strategy. If equation 18 holds, then candidate 1 has no feasible combination of positive and negative advertising that allows the candidate to win (though as above in pure strategies, the candidate might be able to choose which of his or her opponents will win). Similarly, if equation 19 holds, then candidate 2 has no feasible combination of positive and negative advertising strategies that allows the candidate to win.

This analysis shows that there continue to be conditions in which a negative advertising truel produces victory for the weakest candidate, even if the other candidates can play a mix of strategies. Figure 3 illustrates the range of budget and support values under which a Nash equilibrium exists that leads to victory by the weakest candidate by adding lines delineating the boundaries of the area in which an equilibrium exists in which the winning candidate is initially the weakest as a function of the initial budget and support of the candidates. To facilitate comparison, the parameters for the effectiveness of positive versus negative campaigning, and the support and budget values of the leading candidates are kept the same as in Figure 2. In addition, we assume that the third place candidate only plays one strategy – either $b3P = B3$ or $b3N1 = B3$. For this set of parameters, the region in which positive campaigning by the weakest candidate can produce victory shrinks, but the area in which negative campaigning by the weakest candidate can produce victory increases once all candidates are permitted to select mixed strategies that potentially involve both positive advertising and attacks one or both opponents.

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Ingroup Bias, Trust in Racial Groups, and Generalized Trust among U.S. Blacks and Whites

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ABSTRACT We build on a conflict theory of trust to investigate how ingroup bias and trust in ethnoracial groups are related to generalized trust. The theory may help explain Blacks' lower generalized trust, which is sometimes attributed to low trust of Whites. Combined data from the 2000 and 2004 American National Election Studies (N = 2,417) were analyzed. As predicted, ingroup bias undermined generalized trust, and ingroup trust boosted it. Unexpectedly, however, Blacks trusted Blacks and Whites about equally. Overall, trust in ethnoracial outgroups mattered more for generalized trust for Whites. The findings challenge the assumption that Blacks' lower generalized trust stems from low trust of Whites. They also indicate that a conflict theory of trust better explains trust for Whites.

keywords: ingroup, outgroup, bias, trust, ethnoracial groups

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INTRODUCTION

Generalized trust—the perception of how much “most people” can be trusted—is a central foundation of society (Ross, Mirowsky, and Pribesh 2001; Uslaner 2016). Trust implies the belief that other people are supportive and can be depended on (Hardin 2002). It enables people to establish mutually beneficial, cooperative relationships with others (Ross et al. 2001). Greater generalized trust engenders a greater willingness to cooperate with others and to engage in civic activities, even with people one does not know personally (Stolle 2002). By promoting faith in others, trust helps people and nations address societal problems (Uslaner 2016).

A prominent theory of trust, the conflict theory of trust, proposes that ethnoracial diversity undermines generalized trust (Putnam 2007). Evidence for that part of the theory is fairly weak and inconsistent (Abascal and Baldassarri 2015; Putnam 2007; Uslaner 2010; van der Meer and Tolsma 2014). However, other key parts of the theory, which involve how people think about their own and other racial groups, have not been tested. The theory proposes that ethnocentrism, that is, ingroup bias, increases with ethnoracial diversity. Ingroup bias fosters trust in one's own ethnoracial group, but diminishes trust in other ethnoracial groups, as well as generalized trust (Brewer 1981; Putnam 2007; Stolle 2002). We take ingroup bias as our starting point to test these parts of conflict theory.

We expand the theory to propose that trust in one's own racial group and trust in other racial groups also will be related to greater generalized trust (Delhey, Newton, and Welzel 2011; Stolle 2002). However, we do not know whether that is the case. The few studies that have examined trust in one's own racial group and trust in other racial groups modeled them as separate outcomes (Abascal and Baldassarri 2015; Putnam 2007; Schmid, Al Ramiah, and Hewstone 2014) and did not investigate how they were related to generalized trust.

Examining trust of racial ingroups and outgroups addresses a longstanding question of whom respondents have in mind when asked about trust in “most people.” Some assume that both Blacks and Whites are thinking mostly of Whites (Simpson, McGrimmon, and Irwin 2007) and that Blacks' lower trust in people reflects low trust of Whites (Smith 1997). If so, Blacks' trust in Whites and perhaps other racial outgroups should help explain the racial gap in trust. This study investigates how ingroup bias, trust in one's own racial group, and trust in other races are related to each other and to generalized trust among Blacks and Whites. Data are from two national samples of U.S. adults.

BACKGROUND

We expand on the conflict theory of trust to investigate potential sources of differences in trust between Blacks and Whites. The theory involves two forms of trust,

generalized and identity-based trust. Generalized trust implies the belief that other people are supportive and will usually act in accord with one's interests (Hardin 2002). Generalized trust in people helps sustain the social fabric (Putnam 2007; Ross et al. 2001), because it enables people to establish mutually beneficial, cooperative relationships with others (Ross et al. 2001). Trust helps in resolving issues and promotes cohesion in society. Moreover, it enhances economic performance (Knack and Keefer 1997) and promotes civic and political participation (Delhey et al. 2011; Putnam 2007; Stolle 2002).

Identity-based trust, in contrast, is a more narrow form of trust. It refers to trust in people who belong to a given social category (Freitag and Bauer 2013; Stolle 2002). In our expanded conflict theory of trust, identity-based trust refers specifically to trust in racial ingroups and outgroups. We discuss identity-based trust in more detail below.

Figure 1 shows the elements of the expanded conflict theory of trust that we test in our analysis: race/ethnicity, ingroup bias, trust in one's racial ingroup, trust in racial outgroups, and generalized trust.¹ In the sections below, we describe the connections among the elements.

Figure 1 shows that race/ethnicity (Black versus White) is predicted to be negatively associated with generalized trust. As noted above, numerous studies have established that Blacks have lower generalized trust than Whites, even after controlling for indicators of socioeconomic status (Abascal and Baldassarri 2015; Coverdill, Lopez, and Petrie 2011; Smith 2010; Uslander 2010; Wilkes 2011). Numerous factors contribute to Blacks' lower trust. Blacks experience discrimination across multiple institutions—the labor market, housing, and the criminal justice system. Structural inequality and residential segregation contribute to poorer neighborhood quality for Blacks, which fosters mistrust. Parents socialize their children to prepare to deal with the discrimination they will face from outgroups (Ross et al. 2001; Smith 2010). Blacks are expected to score lower than Whites on all the other variables in the model as well (discussed further below).

Ingroup Bias and Trust

Our theoretical model of generalized trust centers on orientations toward ethnoracial groups, which are likely to influence trust and to explain the racial gap. It has long been recognized that groups are “psychologically real” entities that people respond positively or negatively to, and that affect their behavior (Campbell et al. 1960:296; emphasis in original). According to social identity theory, people want to maintain positive group identities

that distinguish their group from other groups (Tajfel and Turner 1986). They do so by evaluating their ingroup favorably, but also more favorably than an outgroup. This sense of ingroup superiority to outgroups is termed ingroup bias (Brewer 1981).

Ingroup bias involves ingroup–outgroup comparisons, not merely favorable evaluations of one's ingroup or unfavorable evaluations of outgroups (Bizumic and Duckitt 2012; Brewer 1981; Putnam 2007). Instead, ingroup bias is relative and variable (Brewer 1981). It ranges from evaluating one's ingroup much more favorably than outgroups to (potentially) evaluating outgroups much more favorably than one's ingroup.

However, because of persisting racial inequality, ingroup bias has different meanings for Blacks and Whites. For Whites, ingroup bias reflects cultural racism, ideas and images that convey White superiority (Williams and Mohammed 2013). For Blacks, ingroup bias implies resistance to cultural racism.

We expect ingroup bias to be higher among Whites than Blacks. Blacks, like Whites, view their group very favorably; they endorse positive stereotypes of their group (e.g., being hardworking and intelligent) and reject negative ones (Kiecolt and Hughes 2017). Nevertheless, members of higher-status groups tend to show more ingroup bias than members of lower-status groups (Hewstone, Rubin, and Willis 2002). Blacks rate their ingroup less positively than Whites do (Bobo and Massagli 2001; Kiecolt and Hughes 2017), and they rate ethnoracial outgroups more favorably than Whites do (Bobo and Massagli 2001; Wodtke 2012). In a study that measured ingroup bias (differential racial ingroup and outgroup evaluations), Blacks showed little bias, whereas Whites showed ingroup bias vis-a-vis ethnoracial outgroups (Kiecolt and Hughes 2017).

As Figure 1 shows, ingroup bias should be related to greater trust in one's own racial group (Brewer 1981; Putnam 2007). When people shift to a collective identity as a member of a social category, they focus on their similarities to other group members (Tajfel and Turner 1986). As a result, they see less risk to trusting other members (Brewer 1981; Brewer and Yuki 2007). Consequently, people with higher ingroup bias should trust their ingroup more (Brewer 1999).

Ingroup bias is presumed to be associated with more negative attitudes toward outgroups. If so, it would be related to lower trust in racial outgroups and lower generalized trust. Research on ingroup bias and trust is sparse,

but in one study, perceived superiority to racial outgroups was related to lower generalized trust among Blacks and Whites, especially if they felt closer to their group (Kiecolt and Hughes 2017). Based on the theory and research reviewed above, we predict that greater ingroup bias will be related to higher racial ingroup trust, lower racial outgroup trust, and lower generalized trust.

Trust in Racial Groups and Generalized Trust

In the U.S., race remains a primary source of social division (Bonilla-Silva 2018). For that reason, trust in one's racial ingroup and racial outgroups are apt to be especially salient forms of identity-based trust. As noted above, identity-based trust refers to trust in members of social categories or groups, only some of whom one knows (Brewer 1981; Stolle 2002). Identity-based trust can refer to trust in ingroup members, with whom one shares a social identity, such as nationality, race, ethnicity, religion, and so forth (Stolle 2002). It also encompasses trust in members of outgroups (Freitag and Bauer 2013).

Like generalized trust, identity-based trust develops through people's everyday experiences (Glanville and Paxton 2007; Ross et al. 2001). People interact with each other as members of social categories, such as ethnoracial groups, even as they perform their social roles (Deaux and Martin 2003). People are likely to generalize from their positive (or negative) interactions with ingroup and outgroup members they know to other members of the category. Positive bonding interactions with ingroup members—based on strong ties (e.g., ingroup friendships) or weak ties (e.g., homogeneous associations) should promote ingroup trust (Stolle 2002). Similarly, positive bridging interactions with outgroup members—based on strong ties (e.g., interracial friendships) or weak ties (e.g., diverse associations) should promote outgroup trust (Stolle 2002).

Because people cannot interact with all ingroup or outgroup members, making inferences about the trustworthiness of a group as a whole is challenging (Kramer et al. 2001). Nevertheless, people expect more positive behavior from ingroup than outgroup members, so they tend to trust them more as well (Kramer et al. 2001; Simpson et al. 2007; Smith 2010). Consequently, we expect that people will trust their racial ingroup more than racial outgroups.

Previous cross-national research has shown that trust in outgroups (people of other nationalities and religions), as well as trust in people one knows personally, are positively related to generalized trust (Delhey et al. 2011).²

In the U.S., generalized trust depends more on outgroup trust than on people one knows personally. However, we do not know how trust in one's own racial group and trust in ethnoracial outgroups contribute to generalized trust. Based on Delhey et al.'s (2011) findings, however, we predict that both trust in one's own racial group and trust in ethnoracial outgroups will be related to greater generalized trust.³

Interactions are the mechanism by which these occur. Both positive bonding and bridging interactions contribute to generalized trust (Glanville and Paxton 2007; Stolle 2002). However, positive bridging interactions with members of outgroups should especially encourage generalized trust (Marschall and Stolle 2004; Stolle 2002). In this regard, involvement in multiple voluntary associations fosters greater generalized trust by creating more diverse social networks (Glanville 2016). Interracial friendships also can encourage more positive views of outgroups (Pettigrew 1997).

Including both ingroup and outgroup trust as predictors of generalized trust enables us to address the longstanding question of whom respondents have in mind when asked about trust in "most people." Some have speculated that both Blacks and Whites are thinking mostly of Whites (Marschall and Stolle 2004; Simpson et al. 2007; Smith 2010) and attributed Blacks' lower trust in people to mistrust of Whites (Smith 1997). The more that generalized trust depends on outgroup trust, the wider is a group's radius of trust. If generalized trust for both Blacks and Whites depends more on trust of Whites than Blacks, then Blacks have a wider radius of trust (Delhey et al. 2011; Marschall and Stolle 2004; Smith 2010). Similarly, outgroup trust may be more strongly associated with generalized trust for Blacks than Whites.

We predict that Blacks will trust racial outgroups less than Whites do, based on a previous finding that used a composite measure of ethnoracial outgroup trust (Abascal and Baldassarri 2015). If so, outgroup trust will help explain the racial difference in generalized trust. Rather than using a composite measure of outgroup trust, though, we examine how trust in specific ethnoracial outgroups contributes to generalized trust. In our multi-racial society, Blacks' and Whites' perceptions of ethnoracial outgroups may differ (Bobo and Hutchings 1996), and these perceptions may affect trust differently.

We expect to find lower ingroup trust among Blacks than Whites as well. Previous research has found that Blacks trust members of their racial ingroup less than Whites do, even after controlling for socioeconomic status (Abascal and Baldassarri 2015). Trust in one's racial ingroup is pre-

dicted to contribute to greater generalized trust, so lower ingroup trust among Blacks also would help explain their lower generalized trust.

We also explore how trust in one's own and other racial groups are related to each other. Putnam (2007) suggests that ingroup trust is not necessarily negatively correlated with outgroup trust. He reasons that people with more bonding capital (ties to similar others) are likely to have more bridging capital (ties to dissimilar others) (Putnam 2007). If so, strong ingroup ties and ingroup trust should be related to greater trust in racial outgroups. Nevertheless, he leaves open the possibility that ingroup and outgroup trust may be positively related, negatively related, or unrelated to each other (Putnam 2007). Because evidence is lacking, we make no prediction.

METHODS

Data

We combined data from two cross-sectional surveys, the 2000 and 2004 American National Election Studies Time Series (ANES; Burns et al. 2016; University of Michigan 2016), administered by the Survey Research Center at the University of Michigan. These were the only two years that the ANES asked about trust in racial groups; no more recent data are available. In both years, the weighted samples were representative of noninstitutionalized, English-speaking adults 18 years of age or older in the United States. In 2000, respondents were interviewed either face-to-face or by telephone; in 2004 respondents were interviewed face-to-face. In each year, interviews were conducted pre- and post-election. In 2000, response rates for the pre-election survey were 61.2% for face-to-face interviews and 57.0% for telephone interviews. For the post-election survey, response rates were 86.0 for face-to-face interviews and 85.8% for telephone interviews. In 2004, response rates were 66.1 for the pre-election survey and 88.0 for the post-election survey. Only respondents who were interviewed both pre- and post-election in either 2000 or 2004, were included in the analysis. The combined analytic sample consisted of 2,080 White and 337 African American respondents (N = 2,417). Weights provided by the Survey Research Center for each year adjusted for sampling, nonresponse, and poststratification factors. We controlled for survey year in the multivariate analyses.

Measures

Generalized trust. A scale of generalized trust used in previous research (Coverdill et al. 2011; Hughes and

Thomas 1998; Wilkes 2011) summed scores on three items. Respondents were asked whether most people can be trusted or one can't be too careful in dealing with people, whether most people take advantage of others or try to be fair, and whether people try to be helpful or mostly look out for themselves. We coded trusting responses as 1, mistrustful responses as 0. The scale ranged from 0–3. Cronbach's alpha was 0.78.

Trust in racial ingroup and racial outgroups. The measures of trust in racial groups were based on ratings of trustworthiness as a general group characteristic of African Americans, Asian-Americans, Hispanic-Americans, and Whites, from 1–7. Seven meant that almost all the people in the group tended to be trustworthy, one meant that most people in the group were untrustworthy, and four meant that the group was no closer to one end or the other. Ingroup trust was measured as Blacks' rating of African Americans or Whites' rating of Whites. Outgroup trust in Blacks or Whites was measured as Blacks' rating of Whites or Whites' rating of African Americans. Outgroup trust in Hispanics was measured as respondents' rating of Hispanics. Outgroup trust in Asians was measured as respondents' rating of Asians.⁴

Ingroup bias. Ingroup bias was measured by differential racial ingroup–outgroup ratings on two sets of items that measure racial stereotypes (Bobo and Johnson 2000; Kiecolt and Hughes 2017). Respondents rated Blacks, Hispanics, Asians, and Whites on (1) how unintelligent/intelligent they thought most group members were, from 1 = unintelligent to 7 = intelligent, and (2) how lazy/hardworking they thought most group members were, from 1 = lazy to 7 = hardworking. Racial ingroup ratings averaged Blacks' and Whites' ratings of their own group on the two items. Outgroup ratings averaged ratings of each of the other three groups (Blacks or Whites, Hispanics, and Asians) on the two items. We also created a composite measure that averaged ratings of the two racial stereotypes (unintelligent/intelligent and lazy/hardworking) for all three outgroups.

Each respondent's mean ingroup rating minus their mean outgroup rating for a specific outgroup yielded a difference score that ranged from –6 to +6. For example, a Black respondent who rated their ingroup as 5 and Hispanics as 3 would score +2 on ingroup bias regarding Hispanics. A White respondent who rated their ingroup as 1 and Asians as 3 would score –2, indicating outgroup bias toward Asians.

Sociodemographic characteristics. The analyses controlled for age, gender, education, marital status, region,

and survey year. Age and education are positively related to trust (Wilkes 2011). Women and married people tend to have higher trust than men and unmarried people, respectively (Smith 1997; Wilkes 2011). Trust in people is lower in the South than in other regions of the U.S. (Putnam 2007; Smith 1997). Generalized trust has declined in recent decades (Wilkes 2011).

Dummy variables were race (0 = White, 1 = Black), gender (0 = male, 1 = female), marital status (not married or cohabiting = 0, married or cohabiting = 1), region of residence (0 = non-South, 1 = South) and survey year (0 = 2000, 1 = 2004). Age was measured in years. Education was measured as 1 = grade 8 or less, 2 = grades 9–11, 3 = high school diploma, 4 = more than 12 years of schooling, 5 = Associate of Arts degree, 6 = Bachelor's degree, 7 = postgraduate or professional degree. All sociodemographic characteristics except race were mean-centered in the regression analyses.

Data Analysis

We computed descriptive statistics on the study variables for the total sample, Blacks, and Whites. We also performed paired t-tests to examine differences between ingroup and outgroup trust. We then computed correlations between trust in one's racial ingroup and trust in the three racial outgroups for the total sample and for Blacks and Whites separately.

Next, we regressed ingroup trust and trust in the three outgroups on race and the control variables, then added ingroup bias to the models. Finally, we performed ordinal regressions of generalized trust in people, separately for each outgroup. In each analysis, Model 1 regressed trust in people on race, ingroup bias, and the control variables. Model 2 added ingroup trust and outgroup trust. We also tested for interactions of race and outgroup trust, to test whether outgroup trust mattered more for Blacks than Whites.⁵ We show significant interactions graphically rather than reporting coefficients, as recommended (Mustillo, Lizardo, and McVeigh 2018). Standard errors of test statistics were adjusted for survey design effects.

RESULTS

Table 1 provides summary statistics and compares Blacks and Whites on the study variables. As predicted, Blacks had much lower trust in people than Whites. Only 12% of Blacks, compared to 42% of Whites, were at the highest level of trust. Blacks also trusted other Blacks, their racial ingroup, less than Whites trusted other Whites. Surprisingly, Blacks trusted Whites more than Whites trusted

Blacks. The two groups did not differ on trust of Hispanics or Asians.

Paired t-tests revealed differences between ingroup and outgroup trust (not shown). On average, Whites trusted other Whites more than they trusted Blacks ($t = 24.51, p < .001$), but Blacks trusted Blacks and Whites about equally ($t = 0.82, NS$). As predicted, on average both Blacks and Whites trusted their ingroup more than Hispanics ($t = 3.81, p < .001$ for Blacks; $t = 21.92, p < .001$ for Whites). Ingroup trust also was higher than trust of Asians for both Blacks ($t = 1.95, p < .05$) and Whites ($t = 11.41, p < .001$). We also investigated how ingroup trust and outgroup trust were related to each other. In data not shown, for Blacks, ingroup trust was positively related to trust in Whites ($r = 0.55, p < .001$), Hispanics ($r = 0.58, p < .001$), and Asians ($r = 0.53, p < .001$). For Whites, ingroup trust was positively related to trust in Blacks ($r = 0.34, p < .001$), Hispanics ($r = 0.38, p < .001$), and Asians ($r = 0.52, p < .001$).

As predicted, ingroup bias was generally greater among Whites than Blacks. On average, Whites' ingroup bias vis-à-vis Blacks was 0.91, whereas Blacks' ingroup bias vis-à-vis Whites was -0.14, where a score of 0 indicated no bias. Similarly, Whites showed more ingroup bias vis-à-vis Hispanics than Blacks did. In contrast, Blacks and Whites did not differ on ingroup bias toward Asians. Both groups showed less ingroup bias toward Asians than other outgroups. In fact, average scores were below 0, indicating slightly more favorable ratings of Asians than their respective ingroups.

Table 2 shows the OLS regressions of racial ingroup trust and racial outgroup trust. Looking first at racial ingroup trust, as expected, greater ingroup bias was related to higher racial ingroup trust. (For ingroup trust, ingroup bias is the average of ingroup bias toward all three outgroups.) As against Table 1, the racial difference in trust in one's own racial group was no longer significant when ingroup bias was included in the model. That is, Blacks' lower ingroup bias helps explain their lower ingroup trust.

The other three columns of Table 2 show regressions of trust in racial outgroups. On trust in a Black or White outgroup, here, too, the racial difference disappeared when ingroup bias was controlled. As predicted, greater ingroup bias was associated with lower trust in the outgroup. Blacks and Whites also did not differ on trust in Hispanics or trust in Asians. As expected, greater ingroup bias was related to lower trust in those groups as well.⁶ Of the sociodemographic characteristics, only age was

consistently and positively related to ingroup and outgroup trust. Education was unrelated to trust in one's ingroup or trust in a black or white racial outgroup. It was positively related to trust in Hispanics and Asians, however. Note also that the level of ingroup and outgroup trust did not change from 2000 to 2004.

Table 3 presents the ordinal logistic regression analyses of generalized trust in people. The coefficients are odds ratios (OR). Odds ratios of less than 1 indicate a negative relationship, and odds ratios greater than 1 indicate a positive relationship. For each racial outgroup, Model 1 shows the effect of race, ingroup bias, and the sociodemographic characteristics. Model 2 added trust in one's own racial group and in a specific racial outgroup.

The first set of models involve a Black or a White outgroup. In Model 1, as expected, Blacks had much lower generalized trust than Whites (OR = 0.35, $p < .001$). Greater ingroup bias was related to lower generalized trust. Model 2 added trust in one's own racial group and in a racial outgroup, in this case, either Blacks or Whites. The effect of ingroup bias was no longer significant. As predicted, trust in one's racial group was related to higher generalized trust, as was trust in a Black or White outgroup. Notably, the effect of outgroup trust was the same for Blacks and Whites. Moreover, as race remained significant, low trust in Whites does not explain the racial difference in generalized trust.

The next set of analyses involved Hispanics as an outgroup. Model 1 shows that ingroup bias vis-à-vis Hispanics was related to lower generalized trust. Model 2 added ingroup trust and outgroup trust in Hispanics. Both were positively related to generalized trust, and ingroup bias vis-à-vis Hispanics was no longer significant.

When Asians were the racial outgroup, the pattern differed. Ingroup bias vis-à-vis Asians was not related to generalized trust. As before, ingroup trust was related to greater generalized trust. For the total sample, trust in Asians also was related to generalized trust. However, as Figure 2 shows, trust in Asians interacted with race. It was only significant for Whites.

In Figure 2, the solid line shows that for Blacks, trust in Asians was unrelated to being at the highest level of generalized trust. The dotted line shows that for Whites, the likelihood of being at the highest level of generalized trust was greater at higher levels of trust in Asians. Whites who trusted Asians the least (1 or 2 on a scale from 1 to 7) were no more likely than Blacks to have a high level of trust in people.

The effects of the sociodemographic characteristics were consistent with those of previous studies. Age, education, and being married or cohabiting were positively related to generalized trust. Residents of the South had lower generalized trust than others. Finally, generalized trust was lower in 2004 than it was in 2000.

DISCUSSION

This study has examined previously untested elements of the conflict theory of trust (Putnam 2007), which links ingroup bias and trust in one's own and other racial groups to generalized trust. In addition, we expanded the theory to examine how ingroup and outgroup trust are related to generalized trust. Doing so enabled us to test an explanation for why Blacks have lower generalized trust than Whites do (Coverdill et al. 2011; Smith 2010; Wilkes 2011). Using nationally representative samples of U.S. Blacks and Whites, we tested the hypothesis that lower trust in Whites and other ethnoracial outgroups helps explain Blacks' lower generalized trust. We also examined how trust in one's own racial group and ingroup bias contribute to generalized trust. Our study adds to the literature on generalized trust, trust in ingroups and outgroups, and race and trust. Three findings are especially noteworthy.

First, our findings challenge the assumption that Blacks' low trust in Whites or other racial outgroups largely accounts for their lower generalized trust. In our data Blacks trusted Whites more than Whites trusted Blacks, and Blacks and Whites did not differ on trust in Hispanics or Asians. This result differs from a previous finding that Blacks have lower overall outgroup trust than Whites (Abascal and Baldassarri 2015). However, it is consistent with the finding that Blacks and Whites showed equally trusting behavior (Simpson et al. 2007). Consequently, low trust in Whites does not explain Blacks' lower generalized trust.

We also found that Blacks' trust in Whites and Whites' trust in Blacks had the same positive association with generalized trust, no more and no less. Similarly, both Blacks' and Whites' trust in Hispanics was related to greater generalized trust, to the same extent. For Blacks, though, trust in Asians was unrelated to generalized trust. For Whites, trust in all racial outgroups was related to greater generalized trust. On balance, outgroup trust matters somewhat more for Whites than Blacks. These findings indicate that the radius of trust is narrower for Blacks than for Whites, contrary to what we might have expected (Marschall and Stolle 2004). They also point to the need to inquire more finely into which outgroups

influence trust in people.

Ethnoracial intergroup dynamics also may influence generalized trust differently for Blacks and Whites. For Whites, low trust in ethnoracial outgroups may stem from viewing outgroups as different and alien, and as constituting a threat to Whites' dominant status (Blumer 1958; Bobo and Hutchings 1996; Jardina 2019). Abascal and Baldassari (2015) found that for Whites, but not racial minority groups, living among more outgroup members was related to lower generalized trust. For Blacks, low trust in ethnoracial outgroups likely results more from racial alienation, a collective sense of group disenfranchisement rooted in long-standing, collective experiences of racial inequality and discrimination (Bobo and Hutchings 1996).

On balance, Blacks had lower trust in their own group than Whites did. As ingroup trust contributed to higher generalized trust, Blacks' lower ingroup trust helps explain their lower generalized trust. For Blacks, both ingroup and generalized trust may depend more on trust in people they interact with in daily life, such as neighbors, relatives, and friends. Everyday interactions themselves are influenced by structural factors related to historical and continuing racial inequality. These include community characteristics such as average education, neighborhood characteristics such as residential stability, and economic well-being (Abascal and Baldassarri 2015; Ross et al. 2001).

In addition, other situational and subjective factors influence both Blacks' reports of ingroup trust and their trusting behavior toward others. For example, despite declaring themselves as mistrustful, poor urban Blacks selectively form supportive exchange relationships with some neighbors and other community members (Raudenbush 2016). We echo Raudenbush's call to discover the multiple frames people use in assessing how much to trust others.

On a related point, our measure of ingroup trust referred to a group's trustworthiness. Understanding more about how people assess a group's trustworthiness may inform judgments of trustworthiness more generally. Assessments of trustworthiness are based on an entity's perceived competence or ability, benevolence, and integrity (Mayer, Davis, and Schoorman 1995). How do people rate their racial ingroup and racial outgroups on these characteristics? What factors influence those ratings, e.g., interactions with group members? How do ratings of a group's competence, benevolence, and integrity contribute to a group's perceived trustworthiness?

Second, based on conflict theory, we predicted that ingroup bias would be related to all three types of trust—to greater ingroup trust, lower outgroup trust, and lower generalized trust. Ingroup bias had most of the predicted effects. It was related to greater ingroup trust and to lower trust in all ethnoracial outgroups. Ingroup bias toward Black or White or Hispanic outgroup was related to lower generalized trust, but its effect became nonsignificant when ingroup and outgroup trust were added to the models. As Blumer (1958) observed, ingroup bias is not just an individual phenomenon; it is an outcome of historical, economic, and political processes that shape notions of racial groups. Its negative association with generalized trust reflects historical processes of competition between groups, especially for Whites and Blacks (Bobo and Hutchings 1996). In this regard, ingroup bias vis-à-vis Asians was lower than for the other groups, and it was not related to generalized trust. The stereotype of Asians as a "model minority," despite their diverse ethnic origins and histories (Frey 2015), may explain these findings. Third, racial ingroup trust is positively related to trust of racial outgroups. The more people trust members of their racial ingroup, the more they trust racial outgroups. These findings suggest that bonding capital (ties to similar others) and bridging capital (ties to people in outgroups) are positively associated with each other, as Putnam (2007) proposed. This finding again suggests that the mechanism is positive interactions. Glanville (2016) points out that positive interactions with outgroup members humanizes them and promotes tolerance that extends to other outgroups (Pettigrew 1997).

As noted above, higher levels of generalized trust are related to greater economic growth (Knack and Keefer 1997). The dynamics of trust among racial groups also are likely to have economic consequences at the aggregate level. In particular, Whites' trust in racial outgroups also may be related to greater economic growth, because it lessens racial discrimination in hiring. One study linked racial discrimination in hiring to firm survival. Specifically, firms that discriminated against Black applicants in an audit study conducted six years before the 2008 recession were less likely to have survived the downturn (Pager 2016).

Our study has four limitations. First, the data were cross-sectional, so we cannot conclusively establish causal direction among the variables in our models. We assumed that trust in one's racial ingroup and trust in racial outgroups contribute to generalized trust, just as trust in people one knows personally does (Glanville and Paxton 2007), because identity-based trust also is more

specific. Possibly, however, the reverse occurs, or identity-based trust and generalized trust are reciprocally related. By analogy, research on involvement in voluntary associations and generalized trust finds that trust fosters membership in voluntary associations, but that membership influences trust more strongly (Glanville 2016; Paxton, Hipp, and Marquart-Pyatt 2011). Longitudinal studies of how ingroup and outgroup trust are related to generalized trust are needed to address this question. Second, although we combined data from two ANES surveys, the number of Black respondents was small, and there were too few members of other ethnoracial groups to include in the analysis. Third, the measures of racial ingroup and outgroup trust were not entirely parallel to the measure of generalized trust. The three-item generalized trust scale included an overall assessment of whether others can be trusted, as well as others' perceived helpfulness versus self-interest and fairness versus exploitation. The measures of racial ingroup and outgroup trust simply asked about a group's trustworthiness versus untrustworthiness. Even so, both sets of measures referred to "most people"—people in general, or people in a specific ethnoracial group. Fourth, the data were from the 2000s. Unfortunately, no more recent data on trust in ethnoracial groups were available. Nevertheless, the data enabled us to address long-standing questions about how trust in racial outgroups is related to generalized trust. From 2000 to 2004 was part of a downward trend (Wilkes 2011). Political events around that time may have affected generalized trust. The 2000 election saw the end of Bill Clinton's presidency, which was marred by his impeachment. By 2004, the political polarization furthered by Clinton's impeachment grew with differences of opinion on the Iraq war (Lewis-Beck et al. 2008). Factors such as political party identification and political ideology, as well as growing economic inequality (Uslaner 2016) also may have influenced generalized trust.

Our findings need further examination in future research. In addition to ingroup bias, ingroup trust, and outgroup trust, comprehensive models would include community characteristics, such as racial composition, community social inequality, and racial residential segregation, as well as measures of intergroup contact and perceived threat from racial outgroups (Abascal and Baldassarri 2015; Pettigrew and Tropp 2011; Uslaner 2010; van der Meer and Tolsma 2014). Such models would help elucidate the intergroup dynamics that influence generalized trust.

Second, future research needs to investigate whether the dynamics of ingroup bias, racial ingroup and outgroup trust, and generalized trust have changed since the early

2000s. Whites' racial identity has become more politicized, and Blacks' racial identity remains a psychological resource for fighting oppression (Jardina 2019). The Black Lives Matter movement emerged, and White racial backlash intensified (Anderson 2014). Donald Trump was elected, hate crimes have spiked, and White nationalist rhetoric has become more prominent. In the post-Obama era, ingroup bias and trust in racial ingroups and outgroups may have a greater impact on generalized trust.

Third, the relationships between ingroup bias and types of trust may differ for ethnoracial groups aside from Blacks and Whites. For example, the dynamics of ingroup bias, trust in racial groups, and generalized trust among Hispanics, Asians, and others may differ. Finally, aside from racial identity-based trust, we need to know more about how identity-based trust on other dimensions, such as religious affiliation and party identification, relate to each other and to generalized trust.

END NOTES

1 In addition to conflict theory, two other theories—contact theory and constrict theory—have guided research on generalized trust. Contact theory proposes that ethnoracial diversity affords more opportunities for positive contacts with outgroups, thereby reducing ingroup bias and encouraging greater outgroup trust and generalized trust (Putnam 2007). Most studies that measure intergroup contact find that it is associated with more positive outgroup attitudes and greater trust of ethnoracial outgroups (Hewstone 2015; Pettigrew and Tropp 2011; Schmid et al. 2014). Thus, contact theory and conflict theory make the same predictions about the effects of ingroup bias. Constrict theory proposes that ethnoracial diversity discourages contact with both ingroup and outgroup members (van der Meer and Tolsma 2014), but makes no predictions about the effects of ingroup bias.

2 The authors label trust in people one knows personally, such as friends, neighbors, and coworkers, as ingroup trust. However, trust in people one knows personally and trust in members of a social category are distinct dimensions of trust (Freitag and Bauer 2013). Trust in people one knows personally, termed particularized trust, is more limited. Particularized trust contributes to greater generalized trust (Glanville and Paxton 2007), but it is outside the scope of this study.

3 Scholars also have examined two other types of trust—moral (or moralistic) trust and strategic trust. Moral trust rests on the assumption that other people share one's values, that they are part of one's moral community. It

is thought to be a stable orientation, learned early in life and not updated with experience (Uslaner 2016). Strategic trust refers to expectations that others will act in one's interest, based on knowledge of their motivations and intentions from previous exchanges (Hardin 2002; Smith 2010). Trust develops more readily in networks where people can monitor others' behavior (Coleman 1990). Identity-based trust likely is related to both moral and strategic trust. People assume that ingroup members share more of their values than outgroup members do (Blumer 1958; Bobo and Hutchings 1996). People interact more with ingroup members, so they can more easily assess their trustworthiness. For cogent analyses of how moral and strategic trust differ from generalized trust, see Smith (2010) and Stolle (2002). Moral trust and strategic trust are outside the scope of this study.

4 We verified that generalized trust and ingroup/outgroup trust were empirically distinct constructs (Freitag and Bauer 2013). We performed a confirmatory factor analysis in which we modeled generalized trust and ingroup/outgroup trust as either one or two dimensions. The two-dimensional model fit the data much better. It had a lower chi-squared, a higher score on the comparative fit index (CFI), and a smaller Akaike's information criterion (AIC). Fit statistics for the two-dimensional model were chi-squared = 246.38, $df = 13$, $p < .001$, CFI = 0.965, AIC = 35074.192. Fit statistics for the one-dimensional model were chi-squared = 2718.19, $df = 14$, $p < .001$, CFI = 0.592, AIC = 37544.003. Further results are available from the authors.

5 We also tested whether the ordinal logistic regression models violated the proportional odds assumption, that is, whether the slopes of any independent variables differed across the thresholds of the dependent variable. Only the effects of age and education violated the assumption. They had larger positive effects on trust at higher levels of trust than at the threshold between the lowest and second lowest level. Because age and education are not our major explanatory variables, we report standard ordinal logistic regression results for ease of presentation. These results are available from the authors.

6 Because respondents rated trust in four groups, the significance of the predictors might be inflated. Of greatest interest is the effect of ingroup bias. We can apply a Bonferroni correction by multiplying the p value of each regression coefficient by 4, the number of groups that respondents rated. In each case, $p = .0000$. Even rounded down from $p = .00004$, the adjusted p values are $p = .00016$. Hence, the effects of ingroup bias remain significant.

Table 1: Descriptive Statistics for Study Variables

| | Range | Total sample | | Blacks | | Whites | |
|--|-----------|----------------------------|-------|--------------------|-----|-------------------|-------|
| | | Mean (S.E.)/ Proportion | N | | N | | N |
| Trust in people | 0–3 | | 2,252 | | 309 | | 1,943 |
| 0 | | 0.21 | | 0.41*** | | 0.17*** | |
| 1 | | 0.19 | | 0.28 | | 0.18 | |
| 2 | | 0.23 | | 0.19 | | 0.23 | |
| 3 | | 0.37 | | 0.12 | | 0.42 | |
| Trust in racial Ingroup | 1–7 | 4.73 (0.03) | 2,375 | 4.42*** (0.08) | 303 | 4.78*** (0.03) | 1,952 |
| Trust in Black or White outgroup | 1–7 | 4.09 (0.03) | 2,227 | 4.40* (0.14) | 302 | 4.04* (0.03) | 1,949 |
| Trust in Hispanics | 1–7 | 4.14 (0.03) | 2,240 | 4.20 (0.07) | 300 | 4.13 (0.03) | 1,940 |
| Trust in Asians | 1–7 | 4.44 (0.03) | 2,233 | 4.34 (0.08) | 295 | 4.46 (0.03) | 1,938 |
| Trust in outgroups | 1–7 | 4.23 (0.03) | 2,227 | 4.32 (0.08) | 295 | 4.22 (0.03) | 1,932 |
| Ingroup bias toward Blacks or Whites | –6–+6 | 0.76 (0.04) | 2,220 | –0.14*** (0.11) | 297 | 0.91*** (0.04) | 1,923 |
| Ingroup bias toward Hispanics | –6–+6 | 0.56 (0.04) | 2,171 | 0.06*** (0.07) | 286 | 0.65*** (0.04) | 1,885 |
| Ingroup bias toward Asians | –6–+6 | –0.10 (0.03) | 2,160 | –0.21 (0.08) | 287 | –0.09 (0.03) | 1,873 |
| Control Variables | | | | | | | |
| Age | 18– 96 | 47.03 (0.50) | 2,413 | 43.02* (1.04) | 337 | 47.74* (0.58) | 2,076 |
| Female | 0, 1 | 0.54 | 2,417 | 0.54 | 337 | 0.54 | 2,080 |
| Education (highest degree) | 1–7 | 4.03 (0.05) | 2,415 | 3.53*** (0.09) | 337 | 4.12*** (0.05) | 2,078 |
| Married/cohab- iting | 0, 1 | 0.58 | 2,417 | 0.35*** | 337 | 0.63*** | 2,080 |
| South | 0, 1 | 0.36 | 2,417 | 0.63*** | 337 | 0.31*** | 2,080 |
| Year (2004 = 1) | 0, 1 | 0.41 | 2,417 | 0.49* | 337 | 0.40* | 2,080 |

Note: Means (and standard errors) or proportions for weighted Ns; unweighted Ns are shown.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2. Estimated Regression Coefficients from OLS Regressions of Trust in One's Racial Ingroup and Racial Outgroups

| | Trust in One's Own Racial Group | Trust in Black or White Outgroup | Trust in Hispanics | Trust in Asians |
|---------------------------|---------------------------------|----------------------------------|--------------------|-----------------|
| | N = 2,249 | N = 2,330 | N = 2,279 | N = 2,266 |
| Race (Black = 1) | -0.04 | -0.08 | -0.02 | -0.05 |
| Ingroup bias ^a | 0.90*** | -0.34*** | -0.29*** | -0.15*** |
| Age | 0.01** | 0.003* | 0.004* | 0.004* |
| Woman | 0.00 | 0.02 | -0.01 | -0.003 |
| Education | 0.02 | 0.04 | 0.06** | 0.05* |
| Married or cohabiting | 0.11 | 0.16* | 0.15 | 0.12 |
| South | 0.06 | 0.02 | 0.05 | -0.001 |
| Year (2004 = 1) | -0.01 | -0.07 | -0.02 | -0.07 |
| Constant | 4.55*** | 4.34*** | 4.31*** | 4.45*** |
| R-squared | 0.19 | 0.15 | 0.10 | 0.04 |

*** $p < .001$; ** $p < .01$; * $p < .05$ (two-tailed tests).

^aFor ingroup bias, outgroups were measured as (1) a composite of all three groups for ingroup trust, (2) Blacks or Whites for trust in Black or White outgroup, (3) Hispanics for Hispanic outgroup, and (4) Asians for Asian outgroup.

Note: All control variables were centered at their means.

Table 3. Estimated Odds Ratios from Ordinal Regressions of Generalized Trust

| | Black or White Outgroup (N = 2,289) | | Hispanic Outgroup (N = 2,244) | | Asian Outgroup (N = 2,230) | |
|---|--|---------|----------------------------------|---------|-------------------------------|---------|
| | Model 1 | Model 2 | Model 1 | Model 2 | Model 1 | Model 2 |
| Race (Black = 1) | 0.35*** | 0.32*** | 0.37*** | 0.36*** | 0.38 *** | 0.39*** |
| Ingroup bias ^a | 0.89* | 0.95 | 0.92* | 0.96 | 0.98 | 0.96 |
| Racial ingroup trust | | 1.17** | | 1.15** | | 1.17** |
| Trust in Black or White racial outgroup | | 1.39*** | | | | |
| Trust in Hispanics | | | | 1.37*** | | |
| Trust in Asians | | | | | | 1.23*** |
| Control variables | | | | | | |
| Age | 1.02*** | 1.02*** | 1.02*** | 1.02*** | 1.02*** | 1.02*** |
| Female | 1.00 | 1.02 | 0.99 | 1.01 | 0.97 | 0.98 |
| Education | 1.38*** | 1.38*** | 1.38*** | 1.37*** | 1.38*** | 1.37*** |
| Married or cohabiting | 1.47*** | 1.39** | 1.44*** | 1.36** | 1.46*** | 1.41*** |
| South | 0.74** | 0.72** | 0.76* | 0.74* | 0.76* | 0.75* |
| Year (2004 versus 2000) | 0.71** | 0.72** | 0.72** | 0.72** | 0.72** | 0.73** |
| Cut 1 | -1.80 | 0.25 | -1.77 | 0.17 | -1.73 | -0.09 |
| Cut 2 | -0.73 | 1.37 | -0.70 | 1.29 | -0.65 | 1.01 |
| Cut 3 | 0.38 | 2.53 | 0.42 | 2.45 | 0.46 | 2.15 |
| F | 45.76 | 49.46 | 44.73 | 53.41 | 45.94 | 50.17 |

***p < .001; **p < .01; *p < .05 (two-tailed tests).

aFor ingroup bias, outgroups were measured as (1) Blacks or Whites for trust in Black or White outgroup, (2) Hispanics for Hispanic outgroup, and (3) Asians for Asian outgroup.

Note: All control variables were centered at their means.

Figure 1. Conceptual Model of How Race/Ethnicity, Ingroup Bias, and Trust in Racial Ingroup and Racial Outgroups Affect Generalized Trust in People

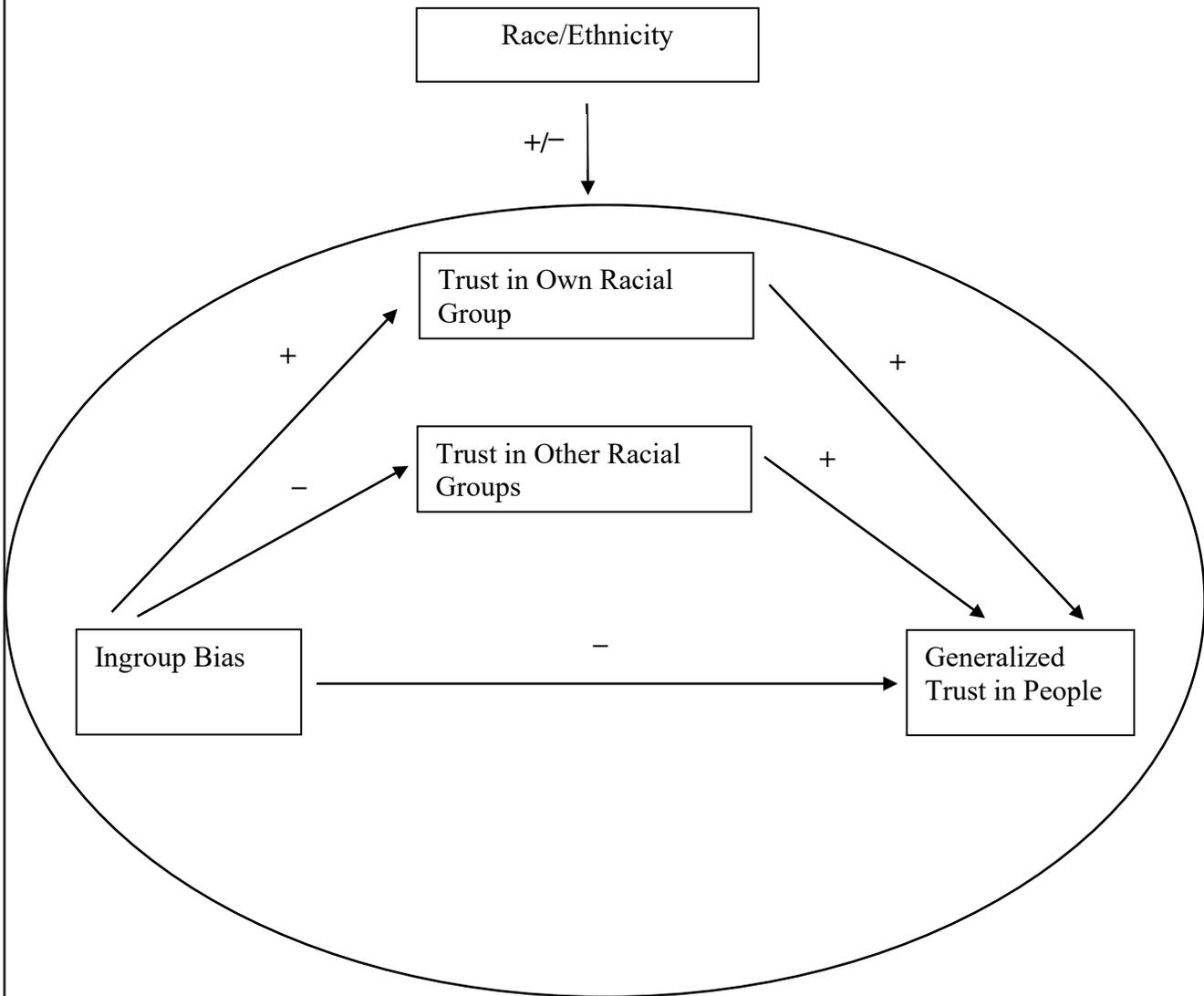
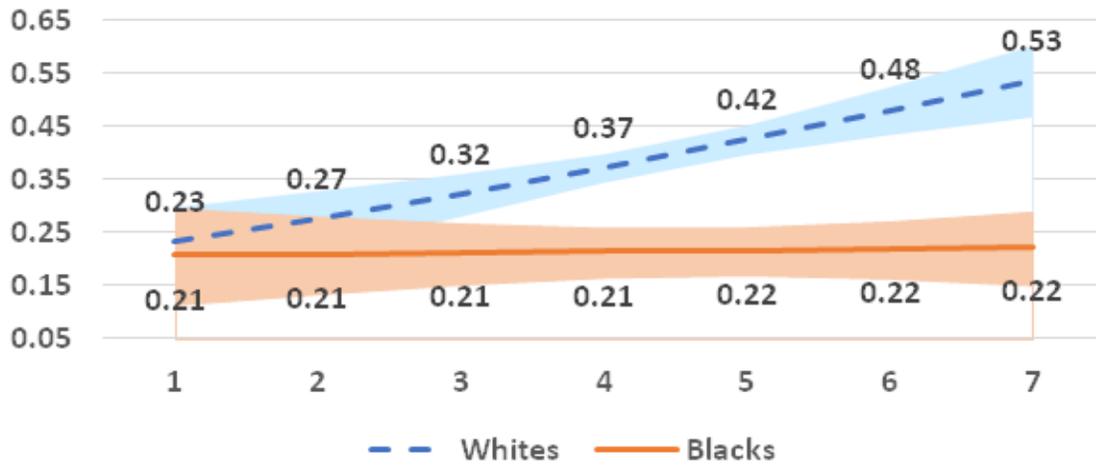


Figure 2. Predicted Probability of Being at Highest Level of Trust, by Trust in Asians and Race, with 95% Confidence Intervals



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Telemedicine Services in Central Virginia during COVID-19: A Systematic Review of the Literature

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ABSTRACT The study emphasizes the delivery of healthcare to patients as the number of cases of coronavirus 2019 (COVID-19) has increased significantly during what has been characterized as a pandemic. A key factor in slowing the transmission of a virus is social distancing, thus decreasing person-to-person contact. Telehealth can help with remote assessment and the provision of care. For people at higher risk of being affected with COVID-19 (e.g. older adults with pre-existing medical conditions), telemedicine can provide convenient access to routine care without exposure.

Keywords: COVID-19, telemedicine, Central Virginia, rural, health

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INTRODUCTION

Telemedicine generally refers to the allocation of health services to places considered to be remote through modern technology such as web-based conferencing. Notably, it eliminates the need for physical presence, or physical in-office face to face meetings in the administration of healthcare. According to the American Academy of Family Physicians (2020) telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Telemedicine refers specifically to remote clinical services, while telehealth can refer to remote non-clinical services. The terms telehealth and telemedicine are often used interchangeably.

A limited number of studies focus on the impact of telemedicine in remote and rural areas, particularly the regions that have marginalized communities, which exist on the fringes of the United States (U.S.) healthcare system. In the review “Telemedicine Use in Rural Native American Communities in the Era of the ACA: a Systematic Literature Review,” Kruse, Bouffard, Dougherty and Parro (2016) examined the application of telemedicine innovations in Native American communities. To discover the results, the researchers engaged in a systematic literature review of fifteen peer-reviewed studies from four catalogs, or databases by applying the themes for access, quality, and cost. The study reveals that the Native Health Services reaches fifty-nine percent of Native Americans and leads to cost savings of around \$36 billion annual-

ly (Kruse et al., 2016). The findings demonstrated that telemedicine systems increase the accessibility to health care, improving the quality of care and decreasing costs in Native American societies. To implement telemedicine systems in rural Native American communities, certain strategies should be applied since the study showed that only 10% of Native American communities have internet access (Kruse et al., 2016). Market assessment was among the current implementation strategies. This strategy, according to Kruse et al., (2016) was helpful because the hospital’s executive leadership could find an opportunity to engage the community to determine what types of healthcare services may suit their needs. Integrating telemedicine with strategy and other systems is useful in the sense that it may guarantee efficiency in medical treatment services. It may make it less difficult for physicians to clearly understand the context of rural communities and the various health disparities that exist among specific minority populations.

Telemedicine Used to Support the Challenges of COVID-19 Racial Data Collection

As reported by Virginia Department of Health (VDH) (2020) a major challenge is the significant amount of missing data on race and ethnicity in disease reports. The reports that are generated at the local level have inadequate data results. The VDH (2020) has continued to encourage individuals, health providers and laboratories to report race and ethnicity data. The (VDH) (2020)

has discussed changes to how race and ethnicity data are presented. This update may provide a more detailed look at the effects of COVID-19 on minority populations across the Commonwealth of Virginia. VDH has combined race and ethnicity information into one category and expanded the number of racial identities from three to seven. Previously, race data was reported as one of three categories: White, Black or African American, and Other. Ethnicity data identified individuals as either Hispanic or Latino or Not Hispanic or Latino. It has been reported that COVID-19 is disproportionately affecting the Latinx population in the Commonwealth of Virginia. Although Latinx people make up ten percent of the Commonwealth's population, they account for 45 percent of the COVID-19 cases, 35 percent of the hospitalizations and 11 percent of the deaths. Factors such as access to health care, poverty, geography, occupation and racism have increased these disparities. The VDH local districts have worked to expand testing and outreach within these communities. According to the VDH (2020) updated reporting of accurate race and ethnicity data is an essential step toward better measuring COVID-19 infection rates, as well as the overall impact of the pandemic. In addition, the use of telemedicine would specially allow practitioners in the field and researchers with the Office of Health Equity to identify health inequities within the Central Virginia region. This would also allow for the provision of information to develop methods of tracking and reporting guidelines for future health crises.

Integration of Telemedicine in Remote and Rural Regions

Since integration poses a challenge to the provision of telemedicine in remote and rural regions, Mehrotra, Jena, Busch, Souza, Uscher-Pines, and Landon (2016) studied how effective integration could be achieved. These researchers conducted a study entitled "Utilization of Telemedicine among Rural Medicare Beneficiaries". The study examined trends in the use of telemedicine from 2004 to 2013 in 29 states using data acquired from insurance companies as the law in these states requires indemnity firms to reimburse patients who used telemedicine as a delivery platform or mode of medical treatment and consultation with their healthcare provider(s). The findings of the study showed that only 1% of Medicare beneficiaries' access telemedicine due to lack of integration. Methora et al., (2016) suggested that the healthcare technology administrator or provider should analyze the governance frameworks. It is possible to address the legal and regulatory issues that would otherwise prevent full exploitation of telemedicine. Additionally, establishing a

mechanism that supports improved collaboration across the departments within the medical treatment center, medical office, and or hospital is vital, when handling the beneficiaries of Medicare (Mehrotra et al., 2016). For this reason, the healthcare technology administrator or provider should understand that mainstream services are strongly situated in hospital's departments, thus bringing the policy responsibilities together can facilitate the integration process in rural localities.

After integration is achieved, telemedicine may provide one of the most professionally sound and readily available ways of enhancing efficiency of the health industry in rural areas. According to Bashshur, Howell, Krupinski, Harms, Bashshur and Doarn (2016) the study "The Empirical Foundations of Telemedicine Interventions in Primary Care" showed that telemedicine can enable the physician to track vital signs, as well as other health information from a distance. The study was a systematic review of research articles from the years 2010 to 2020 using variables like cost, access, health outcomes, and feasibility. The results demonstrated that telemedicine reduced readmissions to hospitals by 30% in rural areas. It can be evidenced from these findings that telemedicine makes it possible to watch, or monitor certain signs and respond immediately to patients recovering from a recent surgery, and or medical treatment.

Telemedicine acts to decrease the resource disparities between rural and urban settings by elevating access to health services. In an earlier study entitled "Sustainable Rural Telehealth Innovation: A Health Case Study" by Singh, Mathiassen, Stachura, and Astapova (2010) explored the topic from a resource point-of-view. The researchers reviewed studies addressing the impact of telemedicine in the largest public health district in the state of Georgia from the years 1988 to 2008. The findings revealed that whereas rural areas have 20% of the country's population, it has less than 11% of physicians, and that the imbalance has increased as the years have proceeded (Singh et al., 2010). Singh et al. (2010) reinforced the findings of other studies when they suggested that telemedicine can decrease the resource gap between rural and urban regions by increasing access to medical services to traditionally underserved communities. Singh et al. (2010) refer to telemedicine as an "alternative healthcare system". Thus, it showcased importance in the delivery of key healthcare services to underserved rural communities. The key aspect in reinforcing this gain is to reach sustainable levels by reinforcing cross sector partnerships and increasing funding for public rural health institutions to enable them to adopt telemedicine

innovations. Overall, telemedicine may provide several benefits for rural health facilities including: (1) providing medical services over wide distances; (2) enables sharing of knowledge; and (3) enhances collaboration in multi-faceted decision making and diagnostic processes across health care institutions.

Telemedicine can be used in the management of chronic diseases. To exemplify this, the study “Interactive telemedicine: effects on professional practice and health care outcomes” examined the use of telemedicine in treating a wide scope of severe health conditions. The study entailed a systematic review of past studies from different databases. As Flodgren, Rachas, Farmer, Inzitari, and Shepperd (2015) found that the application of telemedicine in managing heart failure seems to facilitate the same outcomes as telephone, or direct delivery of health-care; however, the study showed that telemedicine can enhance the regulation for the blood glucose in patients suffering from diabetes. Further, the study could not establish the acceptability of telemedicine by clinicians and patients, and its cost to related health services due to inadequate data recorded in the studies they reviewed (Flodren et al., 2015).

Limited Research on the Use of Telemedicine in Remote and Rural Regions

There are no research studies that discuss the issue as it relates to access and service delivery in rural areas in the United States, specifically rural Central Virginia during this pandemic. Telemedicine has become an important tool to provide healthcare in these circumstances. Robots are being used in monitoring infected patients to limit contact with medical personnel, deliver medical supplies and to disinfect wards to reduce infection risk for staff members.

According to the Centers for Disease Control (CDC) (2020) and the World Health Organization (WHO) the COVID-19 pandemic has highlighted that telemedicine is a viable alternative to direct patient healthcare. As medical professionals need to stay healthy and disease-free, the need for remote technologies such as telemedicine has increased significantly. The CDC (2020) and the WHO (2020) have advocated for telemedicine to monitor patients and reduce risks of spreading the virus by traveling to hospitals, patient homes, and other treatment centers.

According to Lawler (2015) every patient does not prefer the use of telemedicine services. Although, as suggested by Mann, Chen, Chunara, Testa and Nov (2020) there are a significant number of research studies that seek to explain impact and the attention that telemedicine

has garnered in the recent past. Not all of these studies explicitly guarantee that the discussions will lead to policy decisions that would address current gaps in the literature. The goal of this research study was to perform a synthesis about the telemedicine services functioning in remote and rural Central Virginia, and to articulate the variables related with sustainability and success of these services.

METHODOLOGY

The researcher performed a systematic examination of the literature. The protocol for the study is registered and confines to the PRISMA checklist for suitable reporting items in systematic examinations. The review was performed in five stages including planning, searching, evaluation, and synthesis.

Planning and Searching

In the planning stage, the researcher chose the tasks to be performed. The following research question was created for the study.

1. What were the features of telemedicine services available in remote and rural regions?

The search strategy entailed a three-step process. First, the original limited search was performed through Embase, MEDLIBE, PubMed, and Science Direct applying the terms “rural Virginia” “telehealth and “telemedicine”, and “COVID-19”. Examination of text terms in the abstracts and titles from search results, and for the index words utilized to categorize the study, assisted in the development of the final search phrases. The search was performed in March 2020. The researcher searched peer-reviewed data bases and other sources of grey studies using the words telemedicine, telehealth, rural, remote, video consultation, and Virginia. The phrases were searched for heading pertains to medical headings in the abstracts, or titles by using the Boolean operators ‘OR’ and ‘AND.’ The snowballing technique was applied to highlight other suitable studies in the reference lists of the retrieved studies.

The primary findings of interests to this current study were the lack of type, features, and number of telemedicine services in rural and remote regions recorded. The features for services included the patients, goal of the service, location, and clinical aspects. The secondary findings of interest to this study were; (1) important insights, or findings associated with the sustainability and effectiveness of services; (2) methods applied to examine the services; (3) the measurement of the outcomes; (4)

utilization of resources and costs; (5) process measures.

Screening and Appraisal

The abstracts and titles were screened independently. In case of any doubts, the study remained in the list for examination by a third-party. At the stage of text screening, a reviewer with insight into the area reviewed the entire text for each study and recorded the decision to exclude, or include the article for complete examination and extraction of data that was based on this criteria and its relevance to the study question. The reviewer analyzed the list of studies to be included and excluded and an agreement was reached. All studies that adhered to the inclusion standards that were included in the analysis. The extraction of data was done systematically through the use of a pre-determined list of questions and variables and recorded in a database created for this research. The process was tested on five articles and revised.

The data that was extracted included the following parameters;

1. The year of publication; author; purpose of the article.
2. Geographical setting; remote; rural; included a region in the Commonwealth of Virginia.
3. Service details; clinicians; purpose; form of telehealth used; target clinicians
4. Methodological approach; study design; source of data
5. Recorded outcomes; costs; utilization of resources; facilitators of effectiveness; satisfaction, and process measures
6. Other outcomes including examples of evidence identified variables determining sustainability

A second reviewer performed independent extraction of data for a random selection of eight articles. The findings of the data extraction by both researchers were scrutinized for accuracy, consensus, and completeness. The shortcomings were resolved through mutual discussions. The level of evidence for each article was evaluated using the criteria set by Joanna Briggs Institute. The quality of each study was also examined utilizing and adjusted tool created for a systematic examination of primary healthcare services in remote regions and rural areas. The quality criteria evaluated was determined to be appropriate since it covered a scope of vital features, in regards to, the services and the methodology applied to examine the services. Hence, was effective for the objective of the analysis.

Synthesis Stage

The data was grouped according to discipline, clinical specialty, service details, and geographical location. By utilizing the inductive approach, the data that was extracted related to the sustainability. The effectiveness of services were categorized according to themes to highlight the recurring features in regards to the research questions. The data were synthesized to become a narrative account that summarized the evidence by making comparisons and contrasting the data.

RESULTS AND DISCUSSION

RESULTS

Selection of Articles

The searches identified seventy-three articles that were potentially eligible. A total of forty-three articles published between the years 2010 and 2020 were used in the review. Most of the articles that were excluded did not match the inclusion criteria of reporting a service in any remote or rural regions of the Commonwealth of Virginia, or other relevant remote and or rural areas in the U.S. Other studies used pilot, or feasibility studies that were not meant as services were also excluded.

The Challenges of Providing Telemedicine in Rural and Remote Central Virginia

There were no studies found within the literature that were conducted in the Commonwealth of Virginia, nor was there any data on rural and remote Central Virginia regarding the use of telemedicine during the COVID-19 pandemic. Additionally, there were no studies regarding the challenges faced by staff shortages and the aid of healthcare operations through the use of telemedicine. As healthcare organization expands, the main objective should be to meet the demands of the consumers, which are primarily the patients. Currently, the major healthcare organizations are largely situated within metropolitan areas in the Commonwealth of Virginia.

According to the Virginia Department of Health (2013) the 2012 Virginia Health Equity Report drew attention to health inequities among persons living in the remote regions and rural areas of Virginia. The use of telemedicine can provide a foundation on which partners and stakeholders can develop new plans/strategies. This would be conducted with the goal of shaping policy and decision-making that could promote health equity in

the Commonwealth of Virginia. Therefore, a possibility of significantly decreasing poor health outcomes would occur with the use of telemedicine and other telehealth platforms in the Central Virginia area. As Faragher, Zhang, Low, Folds and Johnson (2018) have reported that in extreme cases, some patients may not be attended to, and as a result, there is a likelihood of failure to improve their health conditions. According to McCarthy, Su, Crown, Turple, Brown, Walsh and Rochon (2016) staff shortages represent a serious issue that generally would lead to over utilization of the existing doctors and nursing staff members, and the significant impact of this is ineffective service delivery during the current pandemic. Consequently, a lack of satisfaction of the clients, or patients would possibly occur. For this reason, it is important for all healthcare facilities to concentrate on pro-actively addressing the challenge of the limited number of all healthcare professions.

would be significantly decreased.

RECOMMENDATIONS

TELEMEDICINE TO IMPROVE PATIENT OUTCOMES IN RURAL CENTRAL VIRGINIA

Implications of the Study

This study highlighted that there are a number of significant issues to be addressed on the topic of telemedicine. These issues included the depth of the impact telemedicine could have in places that the system is not currently being used. We need to determine how to provide access to localities within the remote and rural areas of Central Virginia, due to increased social-distancing concerns during the COVID-19 pandemic. Additionally, there is a need to determine how telemedicine can enhance health outcomes through the use of tele-conference observational methods.

CONCLUSION

Telehealth and telemedicine have the capability of addressing many vital challenges of providing healthcare to residents located in rural Central Virginia. This region in the Commonwealth of Virginia has a widely dispersed population concentrated in remote and rural regions. The analysis has identified the challenges as well as the range of health services being provided in remote and rural areas in Central Virginia. There is significant potential to enhance healthcare services by increasing the use of the recommended telemedicine technology. Moreover, healthcare outcomes in remote and rural Central Virginia would be improved significantly and costs to patients

Table 1. Showing the inclusion and the exclusion criteria used within the study

| Criteria | Inclusion Criteria | Exclusion Criteria |
|-----------------------------|---|---|
| Period | 2010 to 2020 | Articles published before 2010 |
| Language | English | |
| Place of study | Central Virginia | Areas outside of the United States |
| Aspect of healthcare | All healthcare levels including tertiary, secondary, and primary healthcare. | |
| Geographical delimitation | Rural and remote area | Developed towns and cities |
| Type of technology services | All available technological services used in delivering telehealth services within the specific area of study. | <ul style="list-style-type: none"> • Telephone only service. • Technology primarily used for administrative purposes • Pilot studies |
| Study design | All study designs were incorporated within the study including case studies, review as well as both qualitative and quantitative studies. | Studies that do not intend to offer telehealth/telemedicine services |

Table 2. Showing the Methodologies used by eligible studies in Reporting and Evaluation Telehealth Services in Central Virginia

| Methodology | Number (=43) | Percentage |
|---|---------------------|-------------------|
| Perspective of study design | | |
| Qualitative-descriptive | 30 | 75 |
| Qualitative-analytical | 25 | 58 |
| Quantitative-descriptive | 25 | 58 |
| Quantitative-analytical | 20 | 46 |
| The perspective of data collection method utilized | | |
| Observation | 34 | 79 |
| Questionnaire | 31 | 72 |
| Interviews | 25 | 58 |
| Review of service activity | 10 | 23 |

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Pedagogy in a pandemic: Emergency remote teaching during COVID-19

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ABSTRACT The COVID-19 pandemic disrupted higher education in the spring of 2020 as colleges and universities across the United States moved classes online mid-semester to slow the spread of coronavirus. Survey data were gathered at a small, regional state university to ascertain faculty experiences during the shift to emergency remote teaching (ERT). Findings suggest adaptations to ERT were designed to accommodate perceived student needs and preserve the integrity of disciplinary content; faculty relied heavily on instructional design and technology specialists to facilitate teaching; and the shift to online course delivery was difficult, but allowed learning to continue during the health crisis. Recommendations are offered to allow institutions to improve transitions to ERT amidst the ongoing pandemic and in future crisis situations.

Keywords: COVID-19 pandemic, emergency remote teaching, instructional design, college teaching, instructional technology

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INTRODUCTION

Social institutions across the globe experienced unprecedented upheaval as a result of the COVID-19 pandemic. In March of 2020, the coronavirus began rapidly spreading across the United States when colleges and universities were in the middle of the spring semester, forcing dramatic changes in higher education. Although a few schools responded by suspending classes altogether, most universities closed their campus and moved courses online for the remainder of the semester. With little warning, classes that were designed for face-to-face instruction had to be restructured for remote delivery.

Designing a college course requires time and careful planning of assignments, assessments, and activities. Faculty consider a variety of factors in constructing courses, including learning objectives, class size, required equipment and resources, and the teaching environment. Modifying a course that was intended for in-person delivery to online instruction is a massive undertaking. Yet in the midst of the pandemic, faculty across the country transitioned their courses for online delivery in a matter of days, allowing students to complete courses and continue progress toward their degrees. The question is how faculty were able to accomplish this remarkable crisis response.

A crisis “marks a phase of disorder...of over-whelming complexity and ambiguity” (Saurugger, 2016, p. 72). The

COVID-19 pandemic precipitated a crisis in higher education that required immediate and creative solutions. The purpose of this study is to examine how faculty adjusted their courses to ERT and the resources they used to rapidly adapt their courses for remote delivery. Data gathered at a small, regional state university indicate that institutional infrastructure was essential in helping faculty modify their courses to accommodate student needs, preserve the integrity of disciplinary content, and maintain learning during the disrupted semester. Suggestions for strengthening campus resources are offered to make future crisis response transitions smoother.

EMERGENCY REMOTE TEACHING AS “PEDAGOGICAL TRIAGE”

Education experts agree that with appropriate pedagogical adaptations, online teaching can be as effective as classroom-based instruction (Nilson & Goodson, 2018). However, high quality distance education requires significant training, carefully planned course design, preparation, and instructor support (Crawford-Feree & Wiest, 2012; Jackson et al., 2010). Ideally, faculty voluntarily teach online because they are motivated by the intrinsic desire to experiment with new pedagogical techniques or to renew their passion for teaching (Wingo et al., 2017). Developing and teaching a high-quality online course requires managing a myriad of complex tasks, and therefore generally takes “more time than traditional courses to teach” (Crawford-Feree & Wiest, 2012, p. 13). As evi-

dence of the amount of work required to teach an effective online class, Nilson and Goodson (2018) provide a seven-page checklist of tasks for developing a high-quality online course and the current 6th edition of the Quality Matters rubric that many universities use to evaluate online instruction includes “a set of eight General Standards and 42 Specific Review Standards” (Quality Matters, n.d., “Course Design Standards” section).

By any measure, the remote teaching delivered in response to COVID-19 was not representative of online instruction, but instead was “pedagogical triage” designed to salvage student learning for the remainder of the semester (Skallerup Bessette & Frigberg, 2020, para. 8). The abrupt transition to online instruction that occurred mid-semester did not allow for careful course planning and was involuntary for both faculty and students. Faculty who were untrained in online pedagogical practices and technologies were thrust into the virtual teaching environment; even those faculty with online teaching experience and training did not have time to make changes to their courses based on best-practice checklists and rubrics.

The terms “emergency remote teaching” (Hodges et al., 2020) and “emergency remote instruction” (qualitymatters.org) describe the online instruction delivered in the initial phase of the pandemic. Hodges et al. (2020) define emergency remote teaching (ERT) as “a temporary shift of instructional delivery to an alternate delivery mode due to crisis circumstances” (“Emergency Remote Teaching” section). Rather than replicating existing educational delivery methods, the goal of ERT is “...to provide temporary access to instruction and instructional supports in a manner that is quick to set up and is reliably available during an emergency or crisis” (Hodges et al., 2020, “Emergency Remote Teaching” section). To make swift transitions in instructional design, faculty must have support from offices that specialize in pedagogical and technological applications.

INSTITUTIONAL INFRASTRUCTURE SUPPORTING EMERGENCY REMOTE TEACHING

Colleges and universities have an array of institutional resources to support distance learning including technology departments, librarians, university teaching centers, and instructional design offices—an infrastructure that was invaluable to preserving education during the pandemic-precipitated shift to ERT (Skallerup Bessette et al., 2020). Instructional design centers in particular serve as a resource for faculty, staff, and students who use technolo-

gy for teaching and learning. These centers provide faculty professional development in designing and delivering online courses, introduce them to new teaching technologies, and ensure that online and hybrid courses maintain high standards.

Instructional design centers, which vary in title, size, and structure across campuses, were critical in facilitating the shift to ERT. At the university where the present study was conducted, the instructional design office, called the Digital Education Collaborative (DEC), has a small staff of two instructional designers, two instructional technology specialists, and eleven instructional technology collaborators (ITCs). The ITCs are student workers who provide one-on-one support to faculty, staff, and students regarding their use of instructional technology. Prior to COVID-19, ITCs provided much of the basic level support to users over the phone, in-person walk-ins, and in-classroom appointments. However, when the university transitioned to remote instruction in the spring of 2020, the professional staff in the DEC assumed all ITC responsibilities because student workers were no longer on campus and needed to focus on their academic work. Despite the decrease in staffing and vast changes in support structures, the DEC expanded their hours of operation to meet the increased demands on the office when classes were moved online. Additionally, the DEC rapidly designed and hosted faculty trainings for Canvas and Zoom, created videos to teach faculty about a variety of technologies, and continued to offer one-on-one support for faculty, staff, and students over the phone and through e-mail.

The pandemic had the potential to completely halt learning in colleges and universities. However, as the findings from this study indicate, faculty quickly assessed the pedagogical challenges they were facing and resources they needed to deliver their courses online and used the expertise offered through instructional design services to continue teaching in the midst of the unprecedented crisis.

DATA AND METHODS

The data examined in this study were gathered from two surveys distributed five weeks apart to faculty at a small, regional state university in the spring of 2020. The surveys examined how faculty experienced moving their courses online mid-semester as a result of the COVID-19 pandemic. On March 11, shortly after returning from Spring Break, faculty and students were notified by the university president that in-person classes would be temporarily suspended and moved online to protect the health of

the campus community. Nine days later, the president announced that classes would remain fully online for the remainder of the semester. The first survey was sent to faculty the day after they learned that in-person classes would not resume to capture their experiences in the initial transition to ERT. Faculty were sent a second survey on the last Friday of classes to measure their perceptions and experiences at the end of the semester of the sudden shift to online instruction.

Both online surveys were distributed to a non-random, convenience sample of 130 faculty across the university, representing every department in all three colleges on campus. Faculty participation in the survey was solicited through e-mails, yielding 60 responses (46.1%) to the first survey and 54 responses (45.5%) to the second survey. Each survey asked open- and closed- ended questions regarding perceptions of the decision to move classes online, changes they made to their classes and why, and resources they needed and utilized in transitioning to ERT. Faculty also were asked about what they believed were students' most serious concerns in the transition to online course delivery.

Closed-ended survey questions were analyzed using descriptive statistics, comparing faculty responses in Time 1 and Time 2. Table 1 shows the demographic composition of the sample. An open-coded approach (Charmaz, 2006; Esterberg, 2002), in which statements and themes in respondents' writing are identified, was used to code open-ended responses. Of faculty who completed each survey, 95% of faculty answered at least one open-ended question in Time 1, and 96% answered an open-ended question in Time 2.

FINDINGS

The findings suggest faculty decisions about how to modify their courses were designed to meet the perceived needs of students, supported by multiple resources, and allowed learning—albeit somewhat compromised—to continue. In adapting their courses for online delivery, faculty made changes that they believed best accommodated students' needs and simultaneously preserved the integrity of their course content. Faculty were resourceful in utilizing a variety of resources, both technological and professional, to facilitate their instruction. At the end of the semester, faculty acknowledged that the transition to ERT was difficult and disrupted student learning, but ultimately was manageable and more desirable than canceling classes altogether.

Adapting Courses

During the transition to ERT, faculty adapted their courses for online instruction based primarily on two factors: perceived student needs and pedagogical considerations. In both surveys, faculty were asked what they believed were students' top concerns in the move to remote learning. As indicated in Table 2, faculty perceived balancing work, school, and family responsibilities as students' top concern in both Time 1 (25.5%) and Time 2 (57.4%). In the initial transition to ERT when planning changes to their courses (Time 1), faculty also perceived changes to course material (18.6%), missing important campus events (16.9%), and restricted one-on-one time with instructors (13.6%) as students' primary concerns. Limited internet access and communication hurdles were identified as primary student concerns to a lesser degree.

Faculty perceptions of students' challenges in this crisis situation affected the decisions they made in the transition to ERT. One of the first decisions they made was whether to deliver course content synchronously, asynchronously, or a combination of both methods. Regardless of the choice they made, in open-ended survey responses faculty described how their perceptions of students' needs shaped their pedagogical decisions: [I'm teaching] mostly asynchronous to allow students to schedule around the many demands and unique situations—but I do advise them that this takes discipline, planning and scheduling; some things don't work as well asynchronously... so some synchronous class meetings are needed for my classes. (Faculty 057, Time 1)

Several of my students have stated that they have family obligations (such as looking after younger siblings and/or grandparents). I like to give them the time they need to manage their time to their needs. They may not be able to meet with me at 10am as they would on campus (due to internet or family) so I give them an assignment and a due date and trust them to get it done as their other classes/family/internet allow. (F051, Time 1)

In addition to accommodating perceived student needs, pedagogical concerns were also a motivating factor behind the decisions made during ERT. As faculty prepared to transition their courses online, they considered the original learning objectives of the course and the norms that were established in their face-to-face classroom settings. Faculty indicated the importance, especially in prerequisite courses, of maintaining academic rigor to ensure students were meeting the necessary learning objectives to be successful in future courses. Additionally,

faculty made changes to their courses based on the nature of the discipline, class size, and whether the course was lecture-based or had an experiential component, for majors or non-majors, undergraduate or graduate, or entry-level or upper-level. For example, I'm using both [synchronous and asynchronous]. Synchronous for the upper-level seminar (because it lets us continue very fruitful classtime discussions and even hold onto a slight sense of normalcy); asynchronous for all lower-level surveys (because the numbers of students involved is too large). (F035, Time 1)

I teach Spanish so I have to have them speaking and Zoom and synchronous is working. I could do it asynchronously but I would need to create MANY more activities so they could listen/watch videos in Spanish, and so they could record themselves and interact with Spanish. Not practical for me. I am not able to spend the time to create all of the functionality that requires on the spot with no lead time. (F042, Time 1)

Based on these perceived student needs and a host of pedagogical factors, 48.1% of the faculty surveyed in Time 2 reported using asynchronous classes, 9.3% used synchronous classes, and 42.6% of the faculty used a combination of both.

Institutional Resources Faculty Needed and Utilized

Faculty were asked on both surveys what tools were most essential in helping them teach effectively online. As indicated in Table 3, technology and technological support made teaching possible during the pandemic. Access to the internet, computer hardware (such as laptops and webcams), and computer software, which aided in recording videos and video conferencing with students, were among the tools faculty deemed essential for ERT. A clear majority of the faculty surveyed also indicated that support from the Information Technology (IT) department and the DEC were critical in the transition.

Faculty were resourceful in acquiring different technologies to facilitate teaching in their disciplines. In an attempt to preserve continuity and content, faculty sought out technologies that would allow students to participate in online discussions with their peers, complete virtual labs and simulations, and streamline communication between faculty and students. The resources faculty respondents most often mentioned using were Canvas for organizing course materials, Panopto for recording video lectures, and Zoom for video conferencing with students. However, the educational technology available

to facilitate teaching is rich and robust, giving faculty many choices for how to deliver course content. Faculty reported using a wide variety of technologies during ERT including Camtasia, Face Time, Flipgrid, Skype, Slack, WebEx, Google Docs, and textbook resources.

Beyond the technology itself, faculty overwhelmingly mentioned the instructional design and technology support from DEC as of the utmost importance in helping them transition their teaching online. When asked to describe what helped them the most in moving classes online mid-semester, faculty responded with comments such as: "The folks from the DEC have talked me down from the ledge on multiple occasions. They have been terrific." (Faculty 014, Time 1); "The folks from DEC have been AWESOME. I have them on speed-dial!" (Faculty 003, Time 2); and "[T]he DEC has responded quickly in having many trainings and working to address new additions to Canvas and other technology needs" (F040, Time 1). Internal data collected by the DEC show that at the end of the fall semester of 2019, 68% of the faculty at the university used the Canvas learning management system (LMS). By the end of the spring semester of 2020, in large part due to training and assistance provided by DEC, approximately 95% of the faculty at the university were using Canvas.

Faculty also acknowledged that previous training and on-line teaching experience facilitated the transition to ERT. Prior to the outbreak of COVID-19, faculty were required to complete an eight-week training course hosted by the DEC to be eligible to teach online and hybrid courses at the university. Time 1 survey data indicate that 82% of the respondents had taught at least one online class before the transition to ERT. Faculty consistently acknowledged that the knowledge they gained from the DEC training course, and extensive use of Canvas in their face-to-face course made the transition to ERT much more manageable, as the statements below illustrate:

[I was aided by] the DEC and their continued support over the years of training and assistance they have provided. I'm so appreciative of them and I wish the professional development that they provide regularly was incentivized better so that more faculty were better prepared for inclusive teaching techniques. (Faculty 057, Time 1)

I use Canvas so extensively that the change wasn't too disruptive. I have had the [DEC online training] three times, which helped tremendously. My PowerPoints, quizzes, and assignments have all been posted since the beginning of the semester, so I was quite prepared to go all online. (F020, Time 1)

Faculty also explained that their previous experience with online teaching was invaluable in easing the shift to ERT.

As one respondent stated, “I’ve never been more thankful for my previous experience with teaching online classes—that has definitely helped the most with avoiding a steep learning curve!” (Faculty 058, Time 1). The experiences described by faculty indicate that instructional design support is an invaluable institutional resource to facilitate instruction during a crisis.

Difficult but Doable

As a part of the second survey, faculty were asked to reflect on their experiences in transitioning their courses online mid-semester. The responses emphasized the immense challenge of ERT. The increased workload and limited time to prepare created stress for faculty who were already feeling the pressure to meet student needs and uphold academic rigor. In response to the transition online, Faculty 003 lamented, “I hate it. The students hate it, but we are doing what we must to deal with this.... It has been frustrating and exhausting.” Other faculty, while acknowledging the difficulty of ERT, remarked on the satisfaction they had for the work their students were able to accomplish despite the emergency circumstances. For example, Faculty 007 stated:

It was difficult, but I managed it. I think I was able to deliver actual content to my students (though not as much as during a regular semester). The students, by and large, have been really good and have kept a positive attitude. I feel like we are all in it together.

Another resounding theme of the faculty reflections was the importance of the work completed during the spring semester of 2020. Faculty were concerned about their students’ ability to learn in these unprecedented circumstances, but however time-consuming, stressful, and difficult ERT was for the faculty, the goal of providing a rigorous and equitable learning experience for students remained a top priority. Faculty learned new technologies, modified assessments and lab experiences, and created course content at record speeds to achieve course outcomes and meet student needs. Faculty 036 described the spring semester of 2020 in the following way: “The suckiest thing I’ve ever had to do, professionally. Also, and unquestionably, the most important.”

Lessons Learned

Although crises can disrupt institutions, they also provide opportunities for growth. As Boin’ & t’Hart (cited in Voss and Lorenz, 2016, p. 47) explain, a crisis can be a “‘window of opportunity,’ that holds out the prospect

of making the changes necessary to avoid future traumas....” The COVID-19 pandemic provides an opportunity for higher education to identify procedures that can be established to allow for a smooth transition to online instruction in future emergent situations. Although based on a convenience sample at a small university, the lessons learned from the present study suggest practices that institutions, instructional design centers, and faculty can implement to facilitate sudden transitions to online instruction.

Institutions must prioritize instructional design centers as a critical part of their infrastructure. Funding must be provided to ensure instructional design support services are staffed with a robust team of well-trained professionals. As the findings of this study make clear, faculty rely on the advice, training, and assistance from instructional design and technology specialists to transition courses online, particularly during a crisis. Additionally, institutional policies should guarantee that all faculty are adequately trained in online technologies and best practices. Incorporating online instructional workshops into new-faculty orientation is necessary to provide all incoming instructors with training in the campus LMS and technologies that facilitate teaching in various disciplines. Training in online pedagogy and technologies should be periodically renewed by requiring and providing incentives for continuing faculty to participate in faculty development in digital instruction.

Instructional design and support centers that rely heavily on student workers should develop contingency plans for workload distribution in the event of a crisis that closes the campus. To keep the office running effectively, support centers should replicate models of in-person support by leveraging video conferencing platforms to deliver services remotely. Contingency plans also should specify which professional staff members will handle triage cases (Level 1), offer individualized instructional consults (Level 2), and design professional development during ERT (Level 3).

In the COVID-19 pandemic, faculty modified instructional delivery to simultaneously respond to what they believed were students’ circumstances and protect the integrity of their courses. Faculty demonstrated their resourcefulness in identifying and incorporating new technologies to facilitate student learning. However, the transition to ERT was difficult, frustrating, and exhausting. To best prepare for future crises, faculty should become comfortable with instructional technologies that help students master learning objectives in their discipline and incorporate

them, as often as possible, into face-to-face instruction. By establishing an online presence for their courses from the beginning of the semester, faculty will have materials more readily available and students will be accustomed accessing information remotely should a crisis arise. As the experiences of faculty in this study suggest, the transition to ERT was easier and less stressful when online learning materials already were prepared and integrated into existing courses.

Crises are unpredictable. However, institutional infrastructure, instructional support services, and pedagogical preparation can minimize the disruption crises create in higher education.

Table 1. Descriptive Statistics of Sample (Time 1 and Time 2)

| | Time 1 | Time 2 |
|-----------------------------------|---------------|---------------|
| Gender | | |
| <i>Female</i> | 55.9% | 47.1% |
| <i>Male</i> | 30.5% | 33.3% |
| <i>Prefer not to answer/Other</i> | 13.6% | 19.6% |
| Race | | |
| <i>White/Caucasian</i> | 78.0% | 76.5% |
| <i>Black/African American</i> | 1.7% | 2.0% |
| <i>Latino/Latina</i> | 1.7% | 0.0% |
| <i>Asian/Asian American</i> | 0.0% | 0.0% |
| <i>Prefer not to answer/Other</i> | 18.6% | 21.6% |
| Teaching Status | | |
| <i>Tenured</i> | 76.7% | 66.7% |
| <i>Tenure-Track</i> | 20.0% | 25.5% |
| <i>Non Tenure-Track</i> | 3.3% | 7.8% |
| | | |
| N | 60 | 54 |

Table 2. Faculty Perception of Student Concerns (Time 1 and Time 2)

| | Time 1 | Time 2 |
|--|---------------|---------------|
| Balancing work/school/family | 25.5% | 57.4% |
| Changes to course material | 18.6% | 1.9% |
| Not having enough one-on-one time with faculty | 13.6% | 13.0% |
| Communication transparency | 5.1% | 9.3% |
| Missing important events on campus | 16.9% | 0.0% |
| Access to the internet | 5.1% | 7.4% |
| Other | 15.2% | 11% |

Table 3. Most Essential Tools for Faculty (Time 1 and Time 2)

| | Time 1 | Time 2 |
|--|---------------|---------------|
| Support from the IT and DEC departments | 73.3% | 64.2% |
| Workshops offered on campus | 31.7% | 35.8% |
| Online materials from an assigned textbook | 20.0% | 34.0% |
| Online tutorials available through outside sources | 40.0% | 30.2% |
| Access to the internet | 96.7% | 94.3% |
| Computer hardware | 88.3% | 79.2% |
| Computer software | 85.0% | 81.1% |

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College Students' Response to the Release of Incarcerated Populations during COVID-19: A Qualitative Pilot Study

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ABSTRACT This qualitative pilot study explores responses from college students regarding the release of incarcerated populations during COVID-19, utilizing a sample of students enrolled at a large-public university in central Virginia. Results revealed three themes: (1) favor towards releasing individuals incarcerated for nonviolent versus violent offenses, (2) view of correctional facilities as safety nets for incarcerated populations, and (3) belief in the possibility of re-offending due to increased strain. Preliminary findings indicate that while students were largely supportive of the release of certain offenders (i.e., nonviolent), they believed that there would be potential consequences such as increases in COVID-19 cases, and re-offending. Findings suggest that students support facilities releasing individuals most vulnerable to contracting the virus. Additionally, students believe that facilities should provide adequate resources to aid newly released individuals in successful community reintegration during this unprecedented time.

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INTRODUCTION

According to April 2020, data from The Marshall Project, there were 9,437 cases of COVID-19 reported among prisoners in the United States (Park et al., 2020). In June, this number increased, reflecting a total of 46,249 cases, with 465 infections per 10,000 prisoners. With 1,328 cases, the Commonwealth of Virginia ranked among the top ten states (The Marshall Project, 2020). Furthermore, on June 17, seven of America's eight largest coronavirus outbreaks were in jails or prisons (McCarthy, 2020). By early July, of the top 10 outbreaks in the country, nine were in correctional facilities (The New York Times, 2020).

Many states have taken precautions to prevent the spread of the coronavirus (Boman & Gallupe, 2020) and increased attention has focused on precautions implemented by correctional facilities both nationally and internationally, to ensure the safety of incarcerated populations (Cingolani et al., 2020; Miller & Blumstein, 2020; Prison Policy Initiative, 2020). One of the implementations includes the enactment of early release policies in which some individuals are released from facilities in efforts to promote social distancing amongst detained populations (Prison Policy Initiative, 2020; Reinhart & Chen, 2020), which has arguably drawn national concern over public safety (Lyons, 2020).

Many concerns associated with COVID-19 are largely due to issues surrounding overcrowding (Abraham et al.,

2020; Cingolani et al., 2020; James & Foster, 2020), and an inability to social distance as recommended by the Centers for Disease Control and Prevention (CDC) (Hawks et al., 2020; Kinner et al., 2020; Rubin, 2020). Research affirms that incarcerated populations stand at an elevated risk of contracting the coronavirus (Seal, 2020; Pyrooz et al., 2020; Kinner et al., 2020), due in part to having fewer protective factors to guard against infection, and inadequate healthcare as compared to services offered in community settings (Kinner et al., 2020). Yet, there has only been about a 5% reduction in the prison population, leaving many facilities with decisions to make in order to ensure safety (Widra & Hayre, 2020).

The pandemic has impacted nearly all U.S. institutions, making them more prone to systemic vulnerabilities and disparities (Abraham et al., 2020; Lyons, 2020). The current study explores students' responses to the early release of incarcerated populations in U.S. correctional facilities. As the coronavirus is causing many institutions in the United States to moderate their daily operations, this research has three aims: to discover student views on the early release of offenders in light of social distancing recommendations; to identify students' attitudes on potential issues related to multiple COVID-19 shutdowns/lockdowns and criminal/deviant behavior and to solicit solutions from students about COVID-19 and incarcerated populations.

LITERATURE REVIEW

Correctional Populations and Health

U.S. correctional facilities have long been criticized for having poor hygiene and sanitation (Abraham et al., 2020; Widra & Hayre, 2020), and share this distinction with prisons worldwide (Tkachuk & Walmsley, 2001). A report entitled *Interim Guidance on Developing A COVID-19 Case Investigation & Contact Tracing Plan* by the CDC reflects that jails, prisons, and immigrant confinement centers have reported coronavirus outbreaks (CDC, 2020a). To abide by the social distancing guidelines set by the CDC, jails and prisons within the United States have taken precautions to handle the spread of the coronavirus (James & Foster, 2020; Lyons, 2020; Marcum, 2020; Prison Policy Initiative, 2020). The CDC report has provided guidelines on preventing and controlling COVID-19 in correctional institutions.

Prisoners have often been instructed to make face masks, with little concern over the health of correctional populations (Alonso & Levenson, 2020; Blakinger, 2020). In exploring responses to COVID-19 from federal and state correctional facilities, Marcum (2020) provided data indicating that inmates from many states had contracted the virus with some cases resulting in inmate deaths. The CDC recommends that congregate care facilities, including jails and prisons, assign infection control personnel to evaluate likely exposure of staff, residents, and patients at the facility and recommend infection control processes, including contact tracing (CDC, 2020a).

In the CDC's Interim Guidance, health departments report that investigating COVID-19 in jails can be very challenging due to crowded conditions and rapid turnover among the inmates. In addition to standing at a high risk of contracting the virus, incarcerated populations are least likely to overcome the illness and regain full health (Vose et al., 2020). In examining a sample of 31 high-security male prisoners, Pyrooz et al. (2020) findings indicate that prisoners were aware of their high risk of contracting the coronavirus, which they believed would be due to its transmission from correctional officers. While the prisoners perceived correctional staff to be serious about the prevention of an outbreak, they had low confidence that this could be achieved within the correctional setting (Pyrooz et al., 2020). Regarding the health of incarcerated populations during the pandemic, the question becomes when, not if an outbreak will occur within these facilities (Vera Institute of Justice, 2020). Carter (2020) states that correctional officers may be at an increased risk of being carriers of COVID-19 due to their mobility to and from

correctional facilities within the prison community.

Re-entry during COVID-19

While much research focuses on incarcerated individuals, literature remains scarce regarding populations recently released in efforts to increase social distancing in correctional facilities. Referring to the release of offenders during COVID-19 as "Mass-Decarceration," Abraham et al. (2020) explore how this may be vital in saving lives considering the current state of corrections. Evidence by Stickle & Felson (2020) suggests that one of the effects of COVID-19 is crime rates, which appear to have fallen drastically in many U.S. communities. Researchers argue that the legal stay-at-home orders may be a significant contributor to the decrease in crime rates since the COVID-19 pandemic, by shifting some routine activities of individuals (Miller & Blumstein, 2020; Stickle & Felson, 2020). However, Felson et al. (2020) posit that this may be the case for some crime types in comparison to others. According to Piquero et al. (2020), the stay-at-home/shelter-in-place lockdown style orders could result in unintended consequences leading to the abuse of partners, elders, or children.

Concern remains for incarcerated populations who may be re-entering society with limited resources to make a successful transition (Abraham et al., 2020; Cook & Haynes, 2020; Ortiz & Jackey, 2019). Regarding re-entry, Vose et al. (2020) presented the necessity for the risk-need-responsivity model to identify inmates who pose the greatest threat to society in efforts to release incarcerated individuals without jeopardizing public safety. Other research has focused on life after incarceration for those persons released during the pandemic. In their examination of imprisonment pains and re-entry strains on the perceived likelihood of re-offending, Cook and Haynes (2020) found that re-entry strains were most likely to contribute to one re-offending, due to low community capital and inability to adjust to life in the community.

It has been argued that much of the inequality seen during the pandemic stems from racial capitalism. Such inequality often shapes harmful social conditions for individuals with low-income and people of color, leading to poor health outcomes, increased multiple risk factors, limited access to resources, and replicated historical patterns (Laster Pirtle, 2020). Many individuals released during this time are returning to communities with severe high unemployment rates (Abraham et al., 2020; Cook & Haynes, 2020; Ortiz & Jackey, 2019). In examining the number of inmates homeless before incarceration, Marcum (2020) found that the release of incarcerated

populations could lead to adverse health outcomes due to limited housing access during the pandemic.

Since the pandemic, researchers have attempted to investigate “what works” to control the spread of the virus. Additional coordination will be necessary to support people discharged from prisons, jails, and youth detention centers (Abraham et al., 2020; Cook & Haynes, 2020; Marcum, 2020). Released inmates will most likely need social support to obtain and maintain adequate housing, food, and medical care throughout their self-isolation (U.S. Department of Health and Human Services, 2020).

THE CURRENT STUDY

A review of the literature revealed mixed evidence in terms of the pros and cons associated with the early release of incarcerated populations during the pandemic. While one study explored the perceptions of currently incarcerated people (e.g., Pyrooz et al., 2020), the existing literature on the impact of COVID-19 has yet to examine public perceptions of policies implemented by correctional facilities to prevent further spread of the disease. Additionally, no empirical study has analyzed related policies through the lens of re-entry. The present study seeks to inform this gap in the literature. More specifically, we look at early release policies implemented by correctional facilities, the mandatory stay-at-home-orders implemented by states across the U.S., as well as their perceived impact on the individuals being released, society, and the criminal justice system.

METHODOLOGY

The qualitative methodology, as described by Creswell & Guetterman (2019), was applied to achieve this study’s objectives. Maxwell (2013) posits that a primary element of qualitative studies is that research questions are designed to explore a central phenomenon in a particular context in which the researcher seeks to explain, describe, and interpret the phenomenon. Guided by discussion forums and the following research questions, this study explored how students who have experienced taking a criminal justice course perceived practical issues in the field

Research Questions:

1. What are students’ attitudes toward the early release of incarcerated individuals in efforts to promote social distancing?
2. From the students’ view what issues, if any, do

shutdowns and lockdowns due to COVID-19 present for criminal or deviant behavior to occur?

3. What solutions do students have to address COVID-19 among jails and prisons?

A convenience sample of students from a large public institution in central Virginia was utilized for this study. The students came from an introductory-level criminal justice course in which they were enrolled during the spring 2020 semester. Historically, students have participated in criminological research, primarily due to accessibility (Payne & Chappell, 2008), with criminal justice students having significantly less bias in their views of the criminal justice system in comparison to non-criminal justice students and members of the general public (Miller, Tewksbury, et al., 2004; Tsoudis, 2000). Before the discussion forum, students had covered textbook chapters on the criminal justice system about policing, courts, and corrections. They were expected to use their classroom knowledge and theoretical understanding to interpret the events that have taken place since the emergence of the COVID-19 pandemic.

After gaining approval from the university’s Institutional Review Board, primary data were collected as part of a submitted class assignment given the first week of April 2020. Students’ participation was voluntary. In the discussion forum, students were free to answer questions in their own words and were not assigned any limitations as to how they could answer. During the deliberation, students were presented with four discussion questions that aimed to answer the broader research questions.

DQ1: Do you agree with the way incarcerated populations are currently being handled in our correctional system to promote social distancing? Why or why not?

DQ2: Do you believe jail inmates should be released as a means to prevent this outbreak from occurring in facilities? Why or why not?

DQ3: What other possible solutions do you have to address this national concern among jails and prisons?

DQ4: What potential issues, if any, do the multiple shutdowns and lockdowns due to the COVID-19 pandemic present for criminal or deviant behavior to occur and for correctional facilities?

In this forum, participants not only responded initially to the prompts but also responded to each other in a manner that displayed respect for peers’ positions. There were 22 responses from 25 students who had access to the prompts. In addition to responding to the prompt, each participating student was required to respond to at

least three classmates. Thematic coding was used, which allowed both authors to extract themes from text. Thematic analysis, as outlined in Braun and Clarke (2006), was used to analyze responses to the questions asked in the forum.

FINDINGS AND DISCUSSION

Twenty-two students participated in the discussion forum. While most were undergraduate students in Criminal Justice, some participants came from various social science undergraduate programs, including Human Services, Sociology, Cybercrime, and Psychology. Of the sample, 14 were identified as freshmen, six as sophomores, and two as juniors. As mentioned previously, each participating student was expected to answer the four questions as an initial post and respond to three of their peers. After the data collection period concluded, responses were thematically analyzed, and three themes emerged: (1) a favor toward the release of individuals incarcerated for nonviolent versus violent offenses, (2) correctional facilities serving as a safety net for incarcerated populations, and (3) the possibility of re-offending due to increased strains in society. Each theme is explored in detail below from the students' view.

Release of Nonviolent Versus Violent Offenders

Since the COVID-19 pandemic correctional facilities across the United States, particularly, jails, have made efforts to reduce the number of persons incarcerated to achieve social distancing (Widra & Wagner, 2020). When answering the question dealing with their feelings regarding the decision of correctional facilities to reduce the number of incarcerated people, a majority of students agreed that they were satisfied. One student's response summarized the views of the majority:

I completely agree with the way correctional facilities are reacting to the COVID-19 pandemic, it is better to be safe than sorry. If one person were to get the virus, it is a great chance that they will spread it all around, creating a catastrophe in the system. I'm actually glad they are taking precautions as far as releasing nonviolent offenders and encouraging visitors to not show up. The correctional system is actually doing something to protect the inmates, and to me this is amazing, and I support it.

Although data reflect that violent offenders are the least likely to be rearrested (Wagner & Sawyer, 2020), many students were more likely to support the release of nonviolent offenders than violent offenders. The majority of

participants favored the release of nonviolent offenders and viewed this as being beneficial to incarcerated violent offenders regarding social distancing. One student stated:

I believe that if a person has done a serious crime, then he/she should do the time no matter the circumstances. I also believe people with minor offenses should be released for the safety of the people in and outside of jail.

As the conversation continued, the students explored how the release of violent offenders could be viewed as a threat to community members' safety. At the time of data collection, students felt that facilities were doing a good job by releasing nonviolent offenders who were, according to their responses, less threatening to members of society. One student wrote:

The correctional system is trying to promote social distancing, and they are only releasing the nonviolent, low-level offenders and some others who have chronic health problems. With that, the jails obviously are not releasing just anyone; as they have taken into consideration whether the inmates will be a threat to the community. I agree that reducing the inmate population is certainly a great course of action in managing outbreaks in the jails.

When taking into consideration the actions of many states to shut down and set curfews for residents, some students felt as if this could keep crime and criminal behavior under control. One student explained:

Releasing inmates who pose no serious threat and committed small offenses [isn't] going to do anything wild, especially since everything is closed and everyone is trying to stay home.

Student responses, to this point, were consistent with most of the literature on COVID-19 and the routine activities of individuals due to the stay-at-home orders. However, responses became mixed on whether students felt that newly released individuals would be inclined to follow the rules set by the orders. By places being closed, this particular student felt this would aid in the number of individuals that would abide by the orders.

Standing in support of releasing nonviolent offenders, one student noted dissatisfaction in how some facilities were selecting who would be released. While a majority of students supported the release of nonviolent offenders, one student brought attention to how all states may

not be on the same page regarding the release of offenders. As stated: I could agree on the nonviolent inmates if that [was] who they were releasing, but sadly it's not. In New York, they've released four child molesters, three of which were classified as highly likely to re-offend.

Victim services agencies, in particular, have been impacted by COVID-19, especially now during a time where abuse and neglect are expectantly increasing (Posick et al., 2020). Due to some states releasing both types of offenders, the comment above suggests that student support of the early release policies was conditional. While students were more likely to support the release of nonviolent offenders, they were less likely to offer this same support when discussing violent offenders, despite evidence suggesting that nonviolent offenders are more likely to get rearrested when compared to violent offenders (Sawyer & Wagner, 2020). It became apparent that the stigmatization attached to violent offenders, such as being seen as a threat to others and more likely to re-offend, were the causes of the differential levels of support.

Correctional Facilities as Safety Nets

Although issues such as overcrowding hinder facilities from truly achieving social distancing, another theme that was discovered involved correctional facilities being seen as safety nets for incarcerated populations. Students holistically felt that although stay-at-home orders were being implemented, they would not entirely prevent one from contracting the virus. Although students were aware of the possibility of outbreaks occurring in facilities and supported the release of nonviolent offenders, participants did not anticipate substantial health and wellness benefits for the newly released. From a health and wellness perspective, one student replied:

I just don't see how this can be a good thing. All the jails are doing is sending more people into the community to get infected, even if they were not infected when released. If they are released, just because they were not considered to be sick or infected, the jail is ignoring the fact that they could still contract the virus when sent into the community with everyone else. They are safer contained in the jail than they are free in the infected community.

In examining how arrest and pretrial detention aids in disseminating the virus, Reinhart and Chen (2020) found that jail cycling was a significant predictor of the spread of COVID-19, accounting for 55% of the variance in Chicago and 37% of the variance in Illinois. Students supporting this perspective viewed correctional facilities as safety nets for

already detained persons while acknowledging how new arrests and pretrial detention could place people at risk of the virus. As put by another student:

Putting more people into the population to go out and be around more people is going to increase the number of cases we are seeing. Whereas in the jails and prisons, most interactions with others are regulated and monitored.

While many students supported the release of nonviolent offenders, they did not believe this population would necessarily be placed in a better condition after release. They felt that the correctional facilities during this time also served as a safety net for incarcerated populations.

Once health was factored into the conversation, students were more favorable of incarcerated people staying put. As one student put it:

Releasing the inmates currently locked up would only increase the amount of people getting infected and make matters worse for everyone at this time.

From the students' view, as more people are released back to communities, the more likely COVID-19 would infect others. When comparing their recommendation to the stay-at-home order implemented by several states, one student in particular argued:

The best way to ride through this pandemic is for everyone to stay put... While prisons and jails are obviously not well suited for this, they should follow the stay-at-home order in the ways that they can. Individuals released from prison aren't likely to be very concerned with staying at home and away from others. Overall, there should be minimal interaction with the outside world so that there is less chance of infection.

Overall, some students did not feel as though people who were newly released would be inclined to stay put during the pandemic. Thus, for incarcerated populations who would not be concerned with adhering to the new standards, participants felt that staying put at their respective correctional facility was best for the sake of their health and the health of others.

Strain and Possibility of Re-offending

As an introductory-level course, students were provided a basic understanding of criminological theory. In speaking on various issues that the pandemic could present for formerly incarcerated individuals and correctional facilities,

students responded from the theoretical perspectives of conflict, capitalism, and strain. From the students' view, in its current state, society is not set up to accommodate newly released individuals and, in fact, places this group in positions to re-offend due to limited access to necessities. As explained:

As the COVID-19 pandemic develops, we see so much conflict throughout society. People are being laid off but still required to pay bills and rent. People are fighting over supplies, and people are getting mad at others for not properly social distancing.

The pandemic requires people to get used to a new way of doing things. From the students' view, this presents conflicts within society. Within the context of potential conflicts, particularly for people who may not have adequate resources or access to navigate the pandemic, this student continued:

This pandemic has exposed many things that are wrong with our capitalistic society... how the rich can get tested for no reason, but lower-income communities can't get tested when they've been exposed to someone with the virus and show symptoms... Another aspect of this puzzle is crime. Many lockdowns and shutdowns have created this manic state of stress that everyone is in because some people don't know where their next meal is coming or their next month's rent or their supplies... This is a problem.

As learned, there are multiple ways in which individuals cope with strain. However, in the case where basic necessities have not yet been obtained, individuals may be more likely to commit crimes. Due to the increased societal strain experienced, other students felt as if the release of offenders would contribute to re-offending. As stated:

I think what is not in anyone's best interest is the possibility of re-offending. While it is not the most common and not something that every inmate would do, there is obviously risk in releasing offenders back into the public early. Given the current uncertainty of public health and the declining economic climate we are currently in, I think it could cause individuals to re-offend.

Relevant to the student views on the possibility of recidivism, Pyrooz et al. (2020) reported that programming activities in some facilities had been disrupted during the pandemic, including counseling and educational programming. As reflected in earlier comments, students spoke about social stratification and how inequality may be present among lower income individuals, thus causing

offending. It is cited that there are many structural issues associated with the prisoner re-entry industry in the U.S., which deliberately makes it difficult for newly released individuals to establish themselves as productive citizens. Contributing factors include a lack of employment and meaningful programming in corrections, restrictive supervision conditions, and a punitive fee-based re-entry system—all of which may deter individuals from living law-abiding lives (Ortiz & Jackey, 2019). In relating to the current state of the U.S., one student stated:

This directly relates to the strain theory because as more people within society, there has become more pressure and even more inequality by expecting so much more from lower-income people but giving them less than they deserve. This social inequality pushes people to commit more crimes.

The General Strain Theory is often used to explain crime causation and is seen to be a common explanation to show how unequal distribution causes some people to engage in illegal behavior as a coping mechanism (Cook & Haynes, 2020). Using the strain perspective, the student above explained how social inequality contributes to crime. Students believed that individuals would be more likely to re-offend, leading to an increase in nonviolent crimes, such as property offenses. Going further into the type of crime most likely to be committed, the student continued:

I believe that more property crimes will be committed either during or after this pandemic as a result of lost jobs and income. It will be extremely strenuous for our economy to bounce back and extremely hard for people who own small businesses or have lost their job to come back. This extra strain will cause people to look for their needs through crime.

From the perspective of this student, we see that the conversation now explored the types of crimes in which people in society would be more likely to commit due to conflict, capitalism, and strain. Regarding police service calls during the early months of COVID-19, findings indicated that while there was a decrease in calls related to traffic violations, crime and order maintenance calls remained large (Ashby, 2020), with offenses such as intimate partner violence, serious battery, and homicide remaining constant or increasing (Boman, & Gallupe, 2020). Students felt that property crimes would most likely occur in individuals' quests to foster a sense of income for some individuals. The students did not view newly released individuals as immune from dealing with these issues.

Along with voicing their thoughts on how correctional facilities manage incarcerated populations with special needs, students provided recommendations for correctional facilities to move forward. Their recommendations included the implementation of clearance procedures for staff, providing face masks and more soap for the incarcerated population, and increased monitoring for the interactive activities that correctional facilities provide for the incarcerated. This included having groups of offenders interact at a time while adhering to social distancing guidelines. Students collectively felt that as more individuals are sent to jail and prisons, they should be separated from inmates who already reside at the facility until it is confirmed that they do not carry the COVID-19 virus.

CONCLUSION

The results from this qualitative pilot study reflect how students from a large public university perceived the early release of incarcerated individuals. Furthermore, this study is among the first empirical assessment on responses to the release of incarcerated populations during COVID-19. In this article, we explored what students perceived to be in the best interests of the incarcerated population and society, as well as their critique of societal structures, which some students believe are incongruent with the purpose of punishment. From the current literature and student responses, we provide recommendations for facilities to assist with the management of incarcerated populations during the novel coronavirus pandemic.

Due to a disorganized national infection control protocol, penal institutions' responses to the COVID-19 pandemic have differed significantly nationwide. There would be a great benefit in a nationally coordinated effort to prevent and mitigate the disease within facilities, including frequent, reliable testing upon entry, during, and upon release. Considering the vast number of cases and contacts, sites need to prioritize case investigation and contact tracing activities. Prioritization should be based on the vulnerability of the incarcerated population, with particular attention paid to confined spaces and securing rapid test results. Additionally, it would benefit policy-makers to use qualitative data, in addition to quantitative data, regarding the impact of COVID-19 on jail and prison inmates, staff, and society. Qualitative data can bring rich, in-depth, context, and understanding of the existing trends concerning the impact of the virus on correctional facilities.

While this pandemic presents many adverse outcomes for incarcerated populations, it causes the U.S. to exam-

ine the ways correctional populations are managed. The results shed light on existing incarceration problems in the U.S., and the re-entry barriers often faced by formerly incarcerated individuals. This leaves many predisposed to re-offend. We recommend that facilities continue to offer specialized correctional programs while adhering to social distancing guidelines, which may be vital to offenders being released. In efforts to provide adequate resources to released individuals, we recommend that facilities also collaborate with re-entry programs and resources, which may benefit individuals released during the age of COVID-19.

As with any study, our findings come with limitations. The very nature of qualitative research means that the responses may not represent all college students. The results were analyzed using students enrolled in an introductory-level course. That being stated, this work may have benefited from obtaining insights from students who have completed more advanced classes. Due to CDC social distancing guidelines, actual focus groups could not be convened. Consequently, the virtual discussion forum was used where conversations were facilitated by students rather than the instructor. Despite these limitations, we do see our findings as beneficial and useful in terms of future research, correctional policy, and practice.

Results show that there is more work to be done in terms of restorative justice, especially when focused on repairing the relationship between the community and people incarcerated for violent offenses. It was clear that the research participants were least likely to offer the same empathy toward violent offenders as nonviolent and viewed violent offenders as a threat to communal safety regardless of time served. From this study, we believe that future research should focus on life after incarceration and how stigmatization and COVID-19 exacerbate related risk factors, thus positioning newly released individuals to recidivate, which increases the possibility of contracting the virus. Preliminary data show that significant work remains within facilities and that the COVID-19 pandemic highlights critical issues in corrections.

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Students' perceptions and experiences of learning during the coronavirus pandemic

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ABSTRACT This paper examines how students experienced the unexpected shift to online learning during the coronavirus pandemic during the spring of 2020. Two surveys were sent six weeks apart from one another to a sample of students at a small, Southeastern, public university to gauge their responses and experiences with the shift to online learning. Closed-ended responses demonstrate the majority of students agreed with moving classes online and were mostly concerned with balancing work, school, and family life and educational changes made to online learning. Open-ended responses indicated three major themes from student experiences: unrest in personal life, concern for immediate and long-term impacts on education, and critiques on how the university handled the transition to online learning.

Key words Coronavirus, pandemic, students, learning, online

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INTRODUCTION

Students at colleges and universities across the United States experienced an unexpected shift to online learning during the coronavirus pandemic of spring 2020. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic (World Health Organization, 2020). Forced to decide how to protect health and learning, most institutions of higher education responded by rapidly closing campuses and moving instruction online. With little warning, students had to move out of campus housing—often leaving many of their belongings behind—and transition suddenly and unexpectedly from face-to-face instruction to remote learning. The purpose of this study is to explore the personal and academic challenges students at a small, Southeastern university experienced as the institution implemented various changes in the early stages of responding to the coronavirus pandemic.

What many students in higher education experienced during the spring of 2020 is best described as emergency remote teaching (ERT). Whereas traditional online courses are institutionally planned, deliberately crafted by instructors, and chosen by the student, ERT is unplanned, hastily designed by instructors, and foisted upon students in the wake of an emergency or crisis (Hodges et al., 2020). In the present study, ERT occurred due to the global outbreak of COVID-19. However, other emergencies or crises, such as natural disasters, severe weather events, localized epidemics, or campus fires or shootings, could

prompt a university to enact ERT.

It is, therefore, important to understand what students experience during ERT in order for colleges and universities to design more effective policies to ease the transition from in-person to online learning. Utilizing role theory (Agnew, 1992; Goode, 1960; Merton, 1957), we explain how some students at the university in this study experienced the transition to ERT during an early stage in the coronavirus pandemic. In doing so, we demonstrate what students at other colleges and universities may encounter when moving suddenly and unexpectedly from in-person to online learning and offer suggestions to ease the transition. The findings from this study provide a cautionary tale for institutions of higher education when forced to implement ERT in response to a crisis.

BACKGROUND

Role theory provides a useful theoretical framework to understand how students experienced the transition to ERT. A basic tenet in role theory is that to understand individual action you must understand how intrinsic motivations are based upon socially constructed categories within a society (Goode, 1960). For example, “student” is a role created within an academic setting. Attached to any role is a set of behaviors that guide individual behavior and interactions with others. In performing the behaviors attached to a role, people come to create shared understandings of what others “should” or “should not” do

while occupying a role within society. Within a university setting, those occupying the role of “student” are expected to, among other behaviors, care for oneself, attend classes, complete assignments, and express deference when interacting with faculty members.

Another tenet in role theory is that an individual can occupy multiple roles or positions within society. According to Goode (1960), individuals who hold multiple roles can generally fulfill them and are expected to manage the numerous expectations associated with each role. Integral to this assumption is the idea that people want to do what they are “supposed to do” and behave in ways which comport with their various roles (Goode, 1960).

The challenge many students face when entering college is that they have to fulfill multiple roles (e.g., employee, friend, partner, teammate) in addition to their academic role, which can create competing and contradictory ways of behaving. Competing role demands, known as “role conflict,” occur when individuals struggle to manage the adverse obligations of two or more social roles (Goode, 1960; Merton, 1957). The result is that individuals experience varying amounts of strain between these roles and may experience negative emotional and psychological responses, such as stress, anxiety, depression, and decreased aptitude for learning (Agnew, 1992; Piquero & Sealock, 2000). As discussed below, the global pandemic coupled with the university’s response to the unfolding crisis suddenly and drastically altered the obligations and expectations of students, which resulted in an acute sense of role conflict between their academic, personal, and professional life.

DATA AND METHODS

Data for this paper were collected from two surveys administered during the spring of 2020 to undergraduate students at a public university located in the southeastern part of the United States. Each survey was designed to capture students’ perceptions and experiences with the transition to ERT at the beginning of this shift and then later towards the end of the semester¹. Using a combination of closed- and open-ended questions, each survey asked students for demographic information and their opinions on the university’s response to the pandemic.

The first survey (Time 1) was sent on March 20th, one day

¹ Faculty were also surveyed. For a further discussion of faculty data see Bidwell, Grether, and Pederson (forthcoming) and Bidwell, Boyle, and Boyle (2020)

after the university announced that all in-person classes were canceled and were being converted to an online format. The second survey (Time 2) was sent on April 25th, four days before the last day of the semester. Students were recruited through a convenience sampling strategy. Faculty who taught classes in sociology, anthropology, criminal justice studies, mathematics, computer science, education, and music were asked to distribute the link to the online surveys to students in their classes. The number of students receiving the survey links is unknown, but in total 397 students responded across both surveys (n=310 at Time 1 and n=87 at Time 2).

Closed-ended questions were analyzed by comparing descriptive statistics at the Time 1 and Time 2 surveys. We were unable to perform any inferential statistics because of how the data were collected. Specifically, we could not track if the same individuals responding in Time 1 were the same individuals who responded in Time 2. The demographic make-up of our sample is reported in Table 1.

Open-ended responses were analyzed using an open-coded approach (Charmaz, 2006; Esterberg, 2002). In the Time 1 survey 84.5% of students provided an open-ended response and 75.8% provided a response in the Time 2 survey. Qualitative data were initially coded to capture the themes within every open-ended response in each survey. After identifying three major themes from the first round of coding (discussed in further detail below), the coding process was repeated to identify minor themes that appeared within the broader themes.

RESULTS

Student concerns were primarily centered around balancing work, school, and family life and educational changes made to online learning. Table 2 displays student responses to the question, “What are you most concerned about in terms of moving classes to an online format?”

In both Time 1 and Time 2, students’ greatest concern was balancing work, school, and family life when moving classes from in-person to an online format. While a little over one-third of students (39%) cited this as their primary concern at Time 1, this increased to over half (55.8%) at Time 2². The second major concern for students was changes to course material. At Time 1, 17.5% of students cited changes to course material as something which they were most concerned about when moving classes online

² Not depicted in Table 2 is that students were also greatly concerned about a loved one contracting COVID-19. At Time 1, 41.7% of students expressed this as their greatest concern related to the coronavirus and this increased to 47.7% at Time 2.

and this increased to 19.5% in the Time 2 survey.

These data, however, do not capture the full experience of students in this sample. Our analysis of the open-ended responses indicate that students harbored anxiety, frustration, and anger towards university administration and their course instructors. Below, we highlight three major themes from responses to the open-ended questions: unrest in personal life, concern for immediate and long-term impacts on education, and criticism of how the university handled the transition to online learning.

Unrest in Personal Life

The university's decision to shift to ERT, close campus housing, and cancel all in-person events, created a variety of different circumstances for students. Some assumed more family responsibility, resumed their jobs (or had to find jobs) as essential employees, and continued taking classes in a new format. Others, coupled with additional and competing roles, were disappointed about missing friends and having planned social events canceled. In short, the university's response to the COVID-19 pandemic created unrest in students' personal lives. In roughly one-third of all open-ended responses students said they experienced some form of unrest in their personal life as classes moved to an online format. Specifically, students reported struggling to focus on their schoolwork and changes to their social life.

Struggling to Focus

The move to online classes clearly affected students' ability to focus on their classwork. Specifically, respondents discussed difficulties balancing competing occupational, familial, and academic obligations after moving off-campus, which interfered with their ability to focus on their schoolwork. For instance:

For a student taking the average 15 credits, they are spending hours a day working on class work when they need to balance a social life as well. Some people might even have to work at a job to help support a family as well and simply don't have time. (Time 1, Student 89)

The open-ended responses further indicated that students were not prepared for their numerous roles to suddenly conflict and overlap as a result of the shift to online classes. The struggle to "balance" their social and academic life reflects the strain caused from the competing demands of their multiple roles (e.g., student, family member, employee). For many students, the competing

expectations of multiple roles within their personal lives was impacted by the difficulties they experienced when attempting to change their daily routine. For instance:

It is pretty overwhelming and is an unexpected lifestyle and routine change that most students will have to embrace. A lifestyle living at home and away on campus are different in regards to how we get our studies done. Living at home and balancing academics with family and employment affairs is excessive. (Time 1, Student 236)

Many students clearly experienced difficulty adjusting to online learning in their home environment while trying to uphold obligations within their personal lives.

Changes to Social Life

The impact of moving to ERT on their social lives was another concern for many students. This could partly explain why student concerns about balancing work, school, and family life increased from 39.3% in the Time 1 survey to 55.8% in the Time 2 survey. In their open-ended responses, students noted that they missed face-to-face interaction with their classmates and professors. For instance, "This pandemic is making me miss out on seeing many of my friends" (Time 2, Student 28), and "I am sad considering I won't see my favorite teachers and classmates again, but I understand it's for everyone's safety" (Time 1, Student 79).

Many students also indicated that they were troubled by the cancellation and rescheduling of various planned social events such as commencement. For example, "It is a difficult and depressing transition to moving to a fully online format in the middle of the semester with so many important upcoming events that have now been cancelled or 'delayed'" (Time 1, Student 95). Students clearly struggled to maintain their social relationships as classes moved online and in-person events were cancelled or postponed.

Effect on Education

Competing role demands combined with changes faculty made to course syllabi left students worried about the effect on their education. The most prominent concerns surrounding the shift to ERT were the quality of online learning and how their grades and learning opportunities would be affected.

Quality of Online Learning

Students perceived their online learning experience as inferior to in-person classroom learning and believed online learning would negatively affect their grade. Lack of experience with online classes and being forced to “teach themselves” were some common reasons cited for why they disliked online learning. For example, “It will be more challenging to learn the material online than in an in-person class. As someone who has never done online classes I feel I won’t be able to adapt and my grades can suffer because of it” (Time 1, Student 212). Another was that students felt like they had to now “teach themselves” as the following quote illustrates:

Professors expect us to read all these things and teach ourselves. And speaking personally I will probably end up getting lower grades than [sic] I would have if we didn’t switch to online because I don’t retain information when I read to myself or teach myself [sic] I need to visually learn from someone else. (Time 1, Student 156)

The comments from Student 212 and 156 reflect how students may have perceived a change in their role as a “student” after the university decided to move to ERT. Rather than being tasked with just learning course material, students may have interpreted the university and course instructors as creating an additional expectation to their role as student – teaching. For students, this change in expectations clashed not only with how they have come to understand what it means to be a student, but what it also means to be a “college professor” and enrolled at a “university.” This point is further illustrated in the following comment made when classes initially moved online:

It is beyond stressful. We did not sign up for this when registering for classes. If I had known that we would be switching to online classes, I would not have taken some of the courses I am now. I took them because I knew they would be challenging, but I had a good relationship with the professors. I have only taken one online course for a reason. The fact that we have spent so much money on classes, meal plans, and housing just to not be able to use them anymore is frustrating to say the least. (Time 1, Student 71)

Students also described lack of access to on-campus academic tools, having to complete more work than they would in a classroom setting, and inconsistent direction from instructors as other reasons why the quality of online learning was worse than classroom learning.

Grades and Educational Opportunities

Students also believed the shift to ERT would affect their course grades and educational opportunities (such as internships). Students explained they were concerned about their grades dropping, failing their courses, or having more assigned work in their classes after switching to online learning. For instance, in Time 1, Student 230 stated, “I do not do well during online classes so therefore I’m worried my grades will decrease dramatically” and Student 199 said:

The switch to an online course format is very challenging. I have already noticed a decrease in my grades and am afraid my gpa will suffer from this.... My workload has already increased greatly, this is very difficult to manage when taking multiple classes and having to teach myself. (Time 1, Student 199)

Students also described how the public health crisis disrupted their educational opportunities, particularly how they were going to miss out on crucial hands-on experiences – like internships. Student 37 stated, “I am not able to complete my internship in the summer because of the coronavirus. I was very excited about [the internship] and it was going to help me start a career” (Time 2). In lieu of canceled internships, students planned to take classes, but remained disappointed as the following response demonstrates:

I was supposed to do an internship this summer, but instead I am taking an online summer class as an alternative. I am sad because I am not sure what I want to do after I graduate next May & I felt like this would have been a good opportunity to learn & gain first-hand experience in what I might want to do. (Time 2, Student 4)

Critiquing University Response

The majority of students believed that classes should have been moved to an online format. Table 3 shows how students at Time 1 and Time 2 responded to the question, “Do you think classes should have been moved to an online format?”

Even though only 41.4% of students believed classes should have been moved online at Time 1, this percentage increased to 55.2% at Time 2. At the same time, the number of students indicating “maybe” and “no” declined from Time 1 to Time 2. Additionally, 58 total students across both surveys provided an open-ended response expressing that they understood and accepted the university’s decision to move classes online.

Although students generally believed the move to online courses was the right decision, they were critical of how the university handled the transition to online learning. While many acknowledged that in-person classes were no longer safe and moving online was unavoidable, they simultaneously expressed anxiety, frustration, and sometimes contempt towards university administration and faculty for how they handled the transition to online learning. The three major critiques students levied against the university were not allowing an adjustment period for online learning, academic policies, and increasing student obligations.

No Adjustment Period to Online Learning

Many students were fervent in their belief that the university should have created a period of time for students and faculty (and even staff in some instances) to adjust to online classes. To put this critique into context, from March 2nd to 6th students were on spring break. Classes resumed on March 11th and over the next eight days students received three official announcements regarding online classes – each detailing a different time-frame for how long classes would remain online. During these eight days students also received innumerable emails and campus updates regarding: a presumptive positive case of COVID-19 on-campus, changes to food service hours, financial aid, refunds, academic advising for the summer and fall terms, on-campus housing, changes to individual classes (or in some cases no updates at all), and a host of other issues regarding campus life (e.g., rescheduling graduation). When the university officially announced on March 19th that the remainder of the spring semester would be held online, there was no temporary cancellation of classes to allow for a transition to online learning.

The experience of transitioning to ERT for students was sudden and fraught with anxiety, frustration, and anger. One student perceived that, “faculty were not fully prepared for the transition to online classes,” because their instructors, “scrambled to adjust classes to make sure that course objectives were still achievable” (Time 1, Student 245). This student went on to argue that the university, “should have had policies in place that could have made this transition simpler and easier not only for the students but for the staff as well” (Time 1, Student 245). Others linked faculty and staff not having, “enough time to properly plan and adjust accordingly” to their poor academic performance and the cause of, “more stress and anxiety for the student body throughout the semester... if there had been a little more time and preparations, everyone involved in this situation would have been better

off for it” (Time 1, Student 255). This sentiment was emphasized numerous times and in more forceful language:

This was disorganized and stressful beyond reason... Teachers were not given time to create their online classes, it was the worst transition. Some [students are] still at [university] [and are] trying to get home, some [are] forced home, and classes [were] never cancelled... They should have gotten at least a few days, all of us should have, to have time to pack, move, and prepare for online. I took 3 weeks to adjust if not longer because of it and I still hate online format. (Time 2, Student 22)

While there was inconsistency in how much time students wanted to adjust to online classes, these examples illustrate two consistent critiques of the university. First, many students were unhappy they did not have a window in which to move from in-person to online learning. Second, many linked their negative emotions and experiences regarding online classes to the university not providing a buffer period for them to prepare mentally and logistically for a full course-load online. Indeed, when considering this criticism through the lens of role theory, having such a time period could provide students some time to recalibrate what is being expected of them as a “student” in the online learning environment and adjust their behavior accordingly.

Academic Policies

Students also were critical of the university’s academic policies. The grading policy in particular sparked students’ ire. Many students wanted a “pass/fail” option, rather than a traditional grading system. This critique was deeply connected to unrest in their personal life, concern about the impact online learning would have for their education, and the university not allowing for a transition period from in-person to online learning. For instance, one student described the transition to ERT as “chaotic” and ultimately damaging to their grades, “since I don’t get to have IN-PERSON lessons which is better for my learning style. That is why I feel like [the university] should make it a pass/fail semester” (Time 1, Student 226). To the university’s credit they amended their grading policy. Students were able to opt into a modified version of a “pass/fail” grading system or could choose to be graded in the traditional way. Despite making this adjustment, however, students continued to critique academic policy.

The second policy, or lack thereof, which students derided was the university not having a standardized approach

to dealing with the transition to online classes. Although not a major focus in the Time 1 survey, this criticism was quite noticeable at Time 2. For example, while accepting that classes needed to be moved online one student wrote, “It was in no way beneficial to my learning. Each of my professors is following a different format and it can be very difficult to keep up with” (Time 2, Student 24). Comments like this reveal that students were bearing the disruption of sudden instructional changes from course instructors. Students repeatedly commented on how the varied adjustments made by their instructors contributed to unrest in their personal life and increased the difficulty in fulfilling a primary role as a “student” – academic success. For instance:

I think that some professors did a great job at making their course manageable for their students and being in constant communication. Other professors did not change the amount of work or their expectations so it made it extremely difficult to succeed in their course. I understand the decision to make classes online but I think there should have been guideline rules for professors because I know its [sic] new territory for everyone but the professors that were not adapting to the new way made it that much harder. (Time 2, Student 60)

The diverse approaches faculty took to move classes online contributed to the difficulty many students experienced when transitioning to online classes. While instructors did make careful and intentional choices in how they adjusted their courses (see Bidwell, Boyle, & Boyle, 2020; Bidwell, Grether, & Pederson (forthcoming)), these changes unintentionally created difficulties for students when moving from in-person to online courses.

Increasing Student Obligations

Coupled with the aforementioned themes, many students discussed how managing their personal life circumstances (i.e., caring for loved ones, finding a job to help with their family’s finances) increased the amount of obligations attached to the various roles they occupied. In other words, students were experiencing an acute sense of role conflict. They interpreted the university as only increasing the obligations associated with being a “student,” because the university did not create a grace period to adjust to online learning, were slow to change some academic policies, and inundated them with emails and updates regarding changes being made due to the coronavirus. Moreover, students perceived the university as not being sympathetic to the other roles, and fluctuating expectations attached to each role, which they were also having to manage.

The following responses clearly capture that students felt the university was increasing the amount of obligations attached to their role as a student which, in turn, conflicted with their other roles. “I feel like [we’re] having a lot thrown at us and expected to just keep up completely. When we go home some of us have to help support our families and can’t keep up as well as others” (Time 1, Student 278) is how one student experienced a conflict in their roles as a “student” and “family member.” Another was blunt and biting in their critique of the university: Issue a 1-week extension on all assignments. Extend the semester by a week. Some type of official extension policy. You’ve asked/forced thousands of people to suddenly relocate without providing any extra time for assignments *in the middle of a pandemic.* If [the university] stubbornly sticks to previous due dates in the face of such drastic and sudden change it will look bad when the inevitable mental health issues arise in the student population... To sum up [the university]’s current response, it’s been a few emails essentially saying: “there’s a pandemic, all classes are now online, please move home, make sure to have all assignments turned in by the due date.” To be blunt: this is bullshit. I expected better. (Time 1, Student 219)

Students 278 and 219 capture the worry, frustration, and anger felt by many students as to how the university responded to moving classes online in response to the COVID-19 pandemic. While university administration officials were likely making the best decisions they could given the uncertainty and unprecedented events which occurred during the spring of 2020, their decisions were not received well by many students in this survey.

DISCUSSION AND CONCLUSION

This paper examined how a sample of students experienced and responded to the unexpected shift to online learning during the COVID-19 pandemic during the spring of 2020. Findings from this study are limited because we relied upon a convenience sample – which means our results are not generalizable to the rest of the student population at this university. Using two surveys that were sent six weeks apart from one another, we find that students understood the decision to move online and were mostly concerned with balancing work, school, and family life and educational changes made to online learning. Students also experienced the transition to online learning in three distinct ways: unrest in their personal life, concerns about immediate and long-term impacts on their education, and an inadequate response from the university in handling the transition to online learning.

Based upon these findings we offer three suggestions for universities having to shift to ERT.

First, university administrators and faculty need to be clear about what is expected of students during and after the transition to online classes. The findings suggest that students were not prepared for the role conflict they experienced when transitioning to online classes. Moreover, faculty and administrators may not have fully appreciated how changes they made during the transition to ERT unintentionally created an acute sense of role conflict for students. The initial “student” role for those in this study did not incorporate the obligations of managing multiple online courses and most certainly did not include the responsibilities of transitioning from an in-person to online course format in the middle of the semester – while also managing family and work roles with very little notice.

Second, students need to have a voice in crafting academic policies during times of ERT. University administrators and faculty across the world, and certainly those at the university in this study, faced unprecedented challenges and circumstances due to the COVID-19 pandemic. It is unlikely, however, they integrated students into the decisions regarding the continuity of campus life and course instruction while transitioning to ERT. Having student representation in the decision-making process for ERT-related policy changes would help to address the institutional and interpersonal challenges that students would likely encounter when moving from in-person to fully online classes mid-semester.

Finally, universities should create a grace period for students and instructors (and even staff and administrators) to adjust from in-person to online learning during an emergency period. Instructors could more carefully adjust their classes, which were originally designed to be in-person, and university administrators would have more time to assess and address the many campus-related logistical issues (e.g., issuing refunds, moving students off campus). Most importantly, however, this grace period would enable students, and other university actors, to adjust to the expectations of the multiple roles they occupy and to mitigate any perceived or encountered obstacles during this transition period.

Table 1

Sample Description of Students at Time 1 and Time 2 Surveys

| | Time 1 | Time 2 |
|-------------------------------------|--------|--------|
| <i>Gender</i> | | |
| Female | 76.9% | 83.9% |
| Male | 21.8% | 14.9% |
| Prefer not to answer/Other | 1.2% | 1.1% |
| <i>Race</i> | | |
| White/Caucasian | 84.1% | 79.3% |
| Black/African American | 12.0% | 13.8% |
| Latino/Latina | 3.6% | 3.4% |
| Asian/Asian American | 1.3% | 2.3% |
| Prefer not to answer/Other | 2.9% | 4.6% |
| <i>Class Status (Students only)</i> | | |
| First-year | 23.9% | 26.4% |
| Sophomore | 25.6% | 23.0% |
| Junior | 33.3% | 34.5% |
| Senior | 17.2% | 16.1% |
| N | 310 | 87 |

Note: Total percent is more than 100 for race because students were instructed to “select all that apply”

Table 2

Greatest Concerns among Students

| | Time 1 | Time 2 |
|--|--------|--------|
| <i>What are you most concerned about in terms of moving classes to an online format?</i> | | |
| Balancing work/school/family | 39.3% | 55.8% |
| Changes to course material | 17.5% | 19.5% |
| Not having enough one-on-one time with faculty | 12.7% | 5.7% |
| Communication transparency | 12.3% | 3.4% |
| Access to the internet | 6.8% | 2.3% |
| Missing important events on campus | 5.5% | 10.3% |
| Other | 5.9% | 3% |
| N | 309 | 87 |

Note: **In the Time 1 survey 1 student did not provide a response to this question.**

*

TABLE 3**STUDENT OPINION ON MOVING CLASSES ONLINE**

| | TIME 1 | TIME 2 |
|---|--------|--------|
| <i>DO YOU THINK CLASSES SHOULD HAVE BEEN MOVED TO AN ONLINE FORMAT?</i> | | |
| YES | 41.4% | 55.2% |
| NO | 25.4% | 14.9% |
| MAYBE | 33.2% | 29.9% |
| N | 307 | 87 |

NOTE: In the Time 1 survey 3 students did not provide a response to this question.

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Navigating the Effects of Covid-19 at a Southeastern American HBCU

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ABSTRACT The Covid-19 pandemic has created a range of problems and concerns for college students both nationally and internationally. Rates of depression have increased along with an increase in financial pressures. Many first-generation college students have difficulties gaining access to the resources that increase academic success. As a result of these issues, instructors are examining their instructional practices to ensure that they are supporting their students' needs. The purpose of this article is to illustrate how the authors used the five high-touch personal needs and the Constructivist Emotionally-Orientated Model of Web-Based Instruction (CEO) to reflect on current practices and prepare for the upcoming academic year.

Keywords: Online education, Covid-19, Constructivist Emotionally Orientated Model, High-Touch Personal Needs

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INTRODUCTION

Pandemics are not a new phenomenon (Cheng, Lau, Woo, & Yuen, 2007), but the effects of a massive and rapidly spreading disease such as Coronavirus (COVID-19) on the modern economy remains unknown. With the rapidly increasing incidences of COVID-19 worldwide, institutions of higher education (IHEs) have been forced to respond quickly to new challenges presented (Klapkiv & Dluhopolska, 2020). Because of the pandemic, enforced social distancing has threatened the quality, and disrupted the routine work of education as a whole. Although the use of distance education is not new to our university, it has, in the past, been complementary to face to face instruction.

The new normal of this pandemic requires a systematic knowledge of delivering online instruction, remote communication with students and administration, and many other challenges that may not have been revealed. Some IHEs may not be ready for these institutional challenges. Many reasons exist such as the age of faculty, the reluctance to learn new things with students, and master modern technologies because of uncertainty in the future; and low salaries (Shostak, 2019).

The purpose of this article is to reflect upon our current resources and instructional practices as we continue to move forward during this pandemic. The authors will utilize the Five Personal High Touch Needs and the Constructivist, Emotionally-oriented Model of Web-Based Instruction

(CEO) as a framework for reflection, discussion, and analysis of our current practices. The Department of Teaching & Learning (DTL) is housed in a College of Education at a Historically Black College & University (HBCU) located in the southeastern portion of the United States of America. The DTL offers a myriad of programs approved by the State's Board of Education, with recognition from Council for the Accreditation of Educator Preparation (CAEP). The undergraduate and graduate curricula both lead to teacher licensure by the Department of Education. In addition, the department offers a non-endorsed undergraduate program that is designed to develop professionals to work in community-based settings that focus on children and youth, adults, and the elderly

The mission of HBCUs provided us another reason to reflect on our practices as we move forward through this pandemic. Although we serve a diverse group of students, HBCUs were established to mediate and support the achievements of Black students. These institutions have had a long history of providing Black students with learning environments that affirm their talents and potential (Gasman et al., 2017). The next section will provide an overview of the challenges that are typically faced at this HBCU and others and why students choose to attend.

THE ROLE AND CHALLENGES OF HBCUS IN EDUCATION

HBCUs are a uniquely American institution. The Higher

Education Act of 1965, as amended, defines an HBCU as any historically black college or university that was established and accredited (or making progress toward accreditation) prior to 1964, and whose principal mission was, and is, the education of black Americans (Arroyo & Gasman, 2014). HBCUs emerged after the Civil War and were established to educate African-American students who were prohibited from attending other institutions of higher learning (Nichols, 2004).

Although the percentages of bachelor's and master's degrees conferred to Black students by HBCUs have decreased through the years, (NCES, 2020), these institutions continue to play a strong role in the development of young people. Students choose to attend HBCUs because of the opportunities to develop their racial identity and self-development. They also want to live in a community of students who are Black and feel they will belong to a welcoming environment that provides social, historical, and emotional benefits (Van Camp et al., 2009). HBCUs provide a nurturing faculty and staff who embrace each student's experiences and well-being, and are willing to have meaningful interactions and relationships with students. This environment provides a climate where students are less likely to deal with negative stereotypes and situations that undermine student's achievements (Gasman et al., 2017).

Despite being a part of the educational landscape for several years, HBCUs are misunderstood and have several myths about their quality. Many view them as lacking quality education and degree offering and not providing adequate resources for student support. They are also viewed as having limited student diversity and not preparing students for success. (NCES, 2020). According to NCES (2020), in 2018, 24% of non-Black students were enrolled at HBCUs. A Gallup study revealed that black graduates of HBCUs felt their college/university experience prepared them to thrive and grow in their finances and personal well-being (Seymour & Ray, 2015).

Although HBCUs may have been viewed by some as inferior in higher education, they have consistently shown that they are indispensable members of the American higher education system. Despite their success in the education of African-American people, these institutions continue to face many challenges today. Since their inception HBCUs have grappled with students who are underprepared, inconsistent management, dwindling financial resources; low endowments; competition for students and faculty members; an alumni base without high levels of wealth; and students from low-income families who may be unable to pay ever increasing tuition rates (Nichols, 2004).

The mission and purpose of teacher preparation programs located in HBCUs are very much the same as those of majority institutions which is, to prepare quality teachers and leaders who are effective in fostering student learning and achievement (Dilworth, 2012). However, what distinguishes HBCUs from other institutions is the condition of their founding during a period of U. S. history when the nation—the South in particular—was antagonistic toward the education of African Americans.

CONTINUOUS IMPROVEMENT

Prior to the onset of COVID-19, administration and faculty in our college began working collaboratively with both the American Association of Colleges for Teacher Education's Special Education Networked Improvement Committee (AACTE NIC) to reduce the shortage of special education teachers; and BranchEd Alliance, a non-profit organization dedicated to strengthening, growing, and amplifying the impact of educator preparation at Minority Serving Institutions to identify what is working well and to strengthen program weaknesses to drive continuous quality improvement and ensure program sustainability.

As part of our improvement process, the DTL recognized the need to provide online options for working adults seeking licensure in teaching through upgrades to our graduate program in special education. Program credit hours were reduced from 48 to 36 credits, synchronous, asynchronous and hybrid courses were created to support full time teachers in obtaining licensure. In addition, Bachelors of Science in Education (BS. Ed) majors were developed in Special Education, Elementary Education and Middle School Education. Also, our university began its push towards training faculty in online teaching through workshops and training sponsored by the Office of Distance Education.

With the advent of COVID 19, the DTL was primarily prepared to teach online due to faculty participation in university sponsored workshops and trainings. However, the undergraduate programs were designed to be taught face to face, which led to a need to help prepare our students to move to an online environment without advanced notice. Students were asked to leave their dormitories with three days' notice and asked to continue classes, leaving many confused and potentially traumatized. Graduating seniors were left with questions regarding their ability to successfully complete their degrees. These events were also problematic for faculty due to the fact that we are a 'high touch' program, heavily invested in the well-being of our students

THE FIVE PERSONAL HIGH-TOUCH NEEDS

Kobasa et al., (1982) identified the five “high-touch” personal needs or learning dispositions, i.e., challenge, commitment, control, creativity, and caring as key factors in contributing to individual and organizational successes in coping with cognitive and emotional changes. These “high-touch” needs have also been identified as critical to the successful short-term acquisition and long-term sustainability of newly learned knowledge and skills and/or behavioral changes (Hall & Hord, 2006).

The first personal high-touch need, challenge, refers to how students value learning the new skills and knowledge. The need for can be met by providing students with opportunities to reflect, question, and evaluate course materials. Challenging activities enrich and extend students’ academic abilities, allowing them to “stretch” their limits, and are great motivators because they reinforce student engagement and interest; and foster student growth and the ability to adapt to new environments. To meet the need for challenge, we implemented research-based problem-solving strategies such as case studies, role-playing, reflective and collaborative assignments. These strategies require students to define a problem, plan, require, and reflect (Polka et al., 2014; Ornelles et al., 2019). Discussion boards, forums, journals and blogs were used to employ problem solving strategies

The second personal high-touch need, commitment, refers to the students’ desire for personal connections and experiences in the learning process. Supporting the high-touch area of commitment must involve creating active and collaborative activities that foster learning. To achieve this, instructors should consider themselves as mentors to their students. This role goes beyond teaching the course materials because it includes providing guidance on academic and professional goals. Responsibilities include: providing instructional support to students by answering questions on assignments, helping students complete their work, assessing their work, and helping students find support in technical services or student support services (Martin et al., 2019; Polka et al., 2014). To support this need, we drew upon Darby (2020)’s work e.g., we made personal connections with students by creating introductory videos welcoming them to the respective programs; intentionally communicated with students; and demonstrated flexibility in assignments and due dates

The learner’s need to influence how knowledge is acquired describes the third high-touch personal need for control. Student interest, dispositions, and attitudes are factors in

this area. To help learners develop control, or autonomy, over their learning, instructors need to develop courses with good design, structure, and consistency. Features of good course design include clearly stated expectations, course goals, assignments, and instructor availability. Course design increases student emotional interest and is a strong predictor for student engagement and learning. Students engage in courses that have materials, activities, and outcomes that are aligned with their personal and professional interest. (Ornelles et al., 2019; Polka et al., 2014).

In our efforts to support this need, we structured courses to provide easy access to course information, lecture notes, and class-related resources, e.g. PowerPoint presentations, journal articles, and materials through the use of Blackboard Learn, our university-wide Learning Management System (LMS).

Blackboard Learn provided a consistent way for students to retrieve and store information, thereby allowing students control over the learning materials needed for course success, supporting student satisfaction and promoting positive learning outcomes (Dhilla, 2017). Further, we ensured that instructor contact information, links to institutional services, and accommodations for students with disabilities were outlined in our syllabi, along with other valuable information that showed how the assessments are connected to course goals. (Baldwin & Ching, 2019).

The fourth personal high-touch need for creativity describes how the learner adapts new knowledge and skills into diverse applications and strategies, and how a learner applies multiple new strategies to formulate or revise a problem. Creativity is an ability to think in new and different ways by modifying an original idea into something unique (Polka et al., 2014; Yalcinalp & Avci, 2019). Creativity has some overlap with the high-touch need of challenge. Both areas utilize problem solving skills and techniques. However, creativity is a critical skill that requires an individual to review a situation from a different perspective and see new opportunities. In an online environment, learners need creative strategies to engage in learning. Effective online teaching goes beyond lecturing, as learners require creative and multiple approaches to engage in course materials. To support this need we implemented digital tools such as, podcasts, videos, infographics, chat, phone (Google Voice), and video conferencing (Montelongo, 2019).

The fifth high-touch personal need, caring, addresses the students’ need to experience a nurturing family atmosphere (Polka et al., 2014). Methods for creating this type of environment include using effective feedback and culturally rel-

evant strategies. Feedback provides students' information on their strengths, provides suggestions for improvement, and is proactive communication that cultivates mutual trust and respect with students (Duesbery et al., 2019). In order to be effective, feedback to students should be clear, timely, personalized, and relate to the context of a course. Frequent feedback provides student self-efficacy which impacts their motivation and level of engagement (Dhillia, 2017; Leibold & Schwarz, 2015).

We will continue our efforts to provide effective feedback but will incorporate video and audio messages for student feedback in order to add a personal touch to feedback (Steele & Holbeck, 2018). We will also continue to gather student feedback after course completion via course evaluations and disposition surveys. Student feedback gathered after the course extends beyond the instructor's instructional delivery, and can bring light to any technical issues experienced. We are in agreement with Duesbery et al. (2019) who found that faculty viewed open and honest feedback from students as helpful, used it to make course adjustments for future classes, and created an atmosphere of respect.

Creating a caring learning environment also requires instructors to know how to communicate with all learners. Culturally relevant teaching (CRT) strategies are centered on how we connect with students from diverse backgrounds (Montelongo, 2019). CRT reflects pedagogical practices that range along a continuum, and recognizes the existence of, and differences between low-context and high-context learning. Low-context learning relies on written words while high-context learning relies on both verbal and non-verbal techniques to guide communication. High-context communication strategies tend to promote a more democratic and engaging environment. Online instructors need to have an awareness of both learning styles. We will continue to implement high context approaches suggested by Montelongo (2019) e.g., video introductions and synchronous meetings, and explore others such as; video grade feedback to support student success.

CONCEPTUAL FRAMEWORK

The Vision of the Conceptual Framework of the College of Education is to 'Produce Reflective Practitioners that create Educational Justice for All'. Reflective Practitioners examine all aspects of teaching and learning using essential dispositions to create positive, unbiased learning environments and educational justice for all. The Mission is to promote quality programs, using current research and technology-based learning to prepare effective reflective

practitioners that are competent, caring and culturally-responsive. The five personal high-touch needs can be readily incorporated into our conceptual framework as a means to navigate the effects of this pandemic (see Table 1). Table 1 outlines the connections between our Conceptual Framework, the CEO Model and strategies that we currently use to support the five personal high-touch needs of challenge, commitment, control, creativity, and caring. These five areas provide a framework for planning and preparing for the upcoming academic year as we move towards a primarily online learning environment.

THE CEO MODEL

The Constructivist, Emotionally-Oriented Model of Web-Based Instruction (CEO) Model developed by MacFadden et al, (2005), is based on a constructivist approach to online learning that places an emphasis on the emotional dimensions in teaching, and on utilizing these dimensions in learning. The model is learner-centered with less focus on detailed content and more emphasis on assisting the learner to formulate and reformulate ideas and meanings. Within a context of safety and trust, learners are challenged to analyze and fully develop their positions.

With an eye toward moving our undergraduate programs online, we recognize that these changes will evoke a range of both positive and negative emotions and that we will need to design our programs to address this mix of emotions, and manage them in ways that will allow for constructive learning outcomes. MacFadden et al. offer the following three-stage process for managing these emotions, (a) establishing safety, (b) providing challenges to participants' existing thought, and (c) providing new knowledge and facilitating new ways of thinking. In their study, safety was established by developing non-blaming supportive "ground rules" and having participants review them at the beginning of the course. Rules were constructed to foster free communication and ensure safety, and communication was monitored to ensure compliance and safety.

Challenging participants' thinking occurred in a non-threatening manner. Exercises and processes that allowed participants to step outside their existing ways of thinking were introduced. These exercises were designed to critique one's own thinking on a private, individual level and participants were given the option of publicly debating the personal challenges that the course evoked. Finally, whenever disequilibrium occurred the authors introduced new information and models to provide alternative knowledge and ways of viewing the world.

Incorporating the CEO Model into Current Practices

Based on the model of learning stages presented above, MacFadden et al. developed a web-based course with an emphasis on learner emotions, and incorporated the following eight structural components: (a) rules about communication and netiquette, (b) autobiographical area, (c) assignments, (d) interpersonal support, (e) a special group area, (f) individual and shared group assignments, (g) feedback mechanism, and (h) course content. Upon reviewing this model, we scrambled to incorporate the structural components into our courses in the middle of the spring semester. Rules about communication and netiquette were included in our syllabi and discussed on the first day of online classes in order to enhance empathy and positive emotions; and decrease potential negative emotions such as, fear, envy, and anger. An autobiographical area was created in the course for informal biographies and pictures in order to facilitate interpersonal connection and empathy amongst students. Although we did not include an area for faculty autobiographies during the spring semester, we are in the process of incorporating them in the fall in order to create a sense of connection among faculty and learners.

In our rush to put our courses online we discussed, but did not dedicate the first assignment to mastering, the required technology; navigating within the course; sending and receiving emails; viewing online content; and web access. We have added this component to our fall courses with the hope of reducing the frustration that can occur when learners are exposed to new technology. We will continue to include individual and shared group assignments, provide timely and specific feedback, and deliver course content through a variety of media including PowerPoint with real audio, text-, and web-based information. In addition, case examples, humor, cartoons, and fun exercises will be incorporated into the delivery of course content to reduce fear and increase positive emotions.

We will continue to provide direct and timely support in order to minimize fear, anger, and envy and maximize empathy and positive emotions. However, due to limited resources, we were and are unable to provide substantial interpersonal support, but readily refer students to the IT department for technology related issues. Finally, due to small class sizes and our high touch approach, we did not create a special group area within the course website for each small group where learners communicated with each other. However, individual groups were encouraged to communicate with one another during and outside of group assignments.

CONCLUSION

The components of the above frameworks helped us to reflect on and plan for the upcoming school year especially in light of the pandemic. As a result of the pandemic, college students are experiencing higher rates of depression and have increased stresses related to financial concerns. Many have difficulty accessing mental health care (Redden, 2020). First-generation college students also experience other difficulties. The pandemic has increased our awareness of the digital divide, i.e. unequal access to computers and the internet due to geographic or socioeconomic barriers, that many of our college students face. Many of them do not have the resources and tools at home to work effectively on course work and assignments. These students rely on cell phones and working in parking lots that have Wi-Fi access. Prior to the pandemic, schools, libraries, and other public resources were typically used to bridge this gap, but are now closed or limited to stop the spread of the virus (Dennon, 2020). These students also tend to have other family obligations such as taking care of younger siblings and/or sick family members (Garces-Jimenez, 2020).

The five high-touch personal need areas and the CEO model help us see more clearly how to support our students as they navigate the “new normal”. As an HBCU, we may not have access to the same resources as other universities such as, high level technology support, but we can use the components of the online model available to us, e.g. rules about netiquette, collaborative assignments, incorporating faculty autobiographies in the autobiography section of the course, timely and specific feedback, special group areas, humor and fun activities to reduce fear and anger and increase feelings of safety and control. We will continue to evolve as we embark on this new journey and remain dedicated to the success of our students.

Table 1*Alignment of Conceptual Framework to Personal Needs and CEO Model*

| Conceptual Framework | High Touch Personal Needs | CEO Model | Strategies |
|------------------------------|----------------------------------|---------------------|---|
| Competent | Challenge | Challenge | Key Assessments, problem-based learning, case study analysis |
| Reflective | Commitment | Safety | Discussion boards, blogs, journals |
| Effective | Control | Safety | Group work, learning communities, good course design, technology support |
| Culturally Responsive | Creativity | New Thinking | Project based learning, high-context techniques |
| Caring | Caring | Safety | Hybrid courses, advising, timely and effective feedback |

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