

Adrianna Williams

My internship with the Duke-Margolis Center for Health Policy was unlike any other because my desire to be a socially responsible doctor propelled me to learn as much as I could. As a Black woman and aspiring doctor dedicated to addressing health disparities and inequities in my medical career, it is my obligation—my responsibility—to understand the complexities of health policy and our healthcare system. However, my work in medicine doesn't stop with me understanding health policy. After all, *what is the real value of our healthcare system if it is only comprehensible to those who work in it?* Working at the Duke-Margolis Center for Health Policy in the midst of this global pandemic emphasized two key reasons why healthcare legislation and health policy research must be understood by people outside of the healthcare field in addition to those in it.

First, making COVID-19 legislation and research easy to understand and accessible can significantly reduce the prevalence *and* incidence of the virus. Outside of the Duke Margolis Center, organizations such as the [Centers for Disease Control and Prevention \(CDC\)](#) and the [World Health Organization \(WHO\)](#) have transformed research on the importance of face coverings into [creative, accessible, and easy to understand documents/graphics people can share with others](#). I was excited to transform COVID-19 research within Duke-Margolis with one of my projects. Specifically, I assisted with the design and assembly of a Duke-Margolis ebook, [Respond and Reform: Reflections on COVID-19](#), written by our Margolis Scholars in Health Policy and Management. Through discussing COVID-19 from specific, relatable angles and presenting the reflections in a clean and professional manner, said ebook has the potential to inform the general public about COVID-19 in ways they wouldn't receive from published research. However, creating content is not enough either.

Simply put, we have to also present that content to people *where they are*. Our communication and research dissemination, in fact, is rendered highly ineffective if we do not capitalize on the most popular online locations of our viewers and followers. In other words, meeting our viewers where they are across a variety of platforms is an essential piece to the reduction of COVID-19. My biggest project for the summer is assessing how well the Duke-Margolis Center for Health Policy reached different groups of people with our information on COVID-19. In short, I found that our center can improve on our appeals to audiences between the ages of 18 and 34, especially since they are one group highly at-risk of COVID-19 right now. Even though it was challenging to collect and study all of the analytic data in my research project, I am proud to have helped the Duke-Margolis Center strategize new methods for sharing our research, so that we can better meet our constituents where they are, and be more united in this global pandemic.