

Political values influence people's response to health disparities messages

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Policymakers and advocates discussing health disparities in the United States would be wise to consider the political affiliation of their audience, suggests a new study published in the *Journal of Health Communication: International Perspectives*.

"Understanding Public Resistance to Messages about Health Disparities" was written by Sarah E. Gollust, University of Minnesota School of Public Health; and Joseph N. Cappella, Annenberg School for Communication, University of Pennsylvania. The study examines how political values influence public response to [messages](#) about health disparities – differences across groups in health indicators such as insurance coverage, mortality, illness, and risky behaviors.

"Conventional wisdom seems to be that enumerating health disparities will increase public awareness, which will lead to support for policy actions to ameliorate these disparities," Dr. Gollust says. "Yet previous research suggested we should question this assumption. Since liberals and conservatives often differ in their underlying beliefs about the causes of group differences, we thought they might respond differently to discussion about the causes of health differences."

Political values shape how people perceive and react to information. "People are motivated to perceive the strength and credibility of messages in accordance with their predisposing beliefs and values," the authors write. "Persuasive message[s] may arouse a motivation, called reactance, to resist the advocacy, particularly when a message threatens

an individual's sense of freedom."

In their study, the scholars suggest that health communication messages that challenge or threaten notions of personal responsibility may activate reactance motivations, especially among subgroups that hold this value more highly. They examined responses to four messages about socioeconomic health disparities, tested political differences in response, and evaluated the extent to which these differences can be explained by differences in two related values – economic individualism and personal responsibility.

Each message began with a two-sentence statement indicating that people "living in poverty" have "higher rates of disease and lower life expectancy" than wealthier individuals, and specifying a six-year gap in life expectancy between groups. The sentences that followed provided four (randomly assigned) causal explanations for the socioeconomic differences in health:

- The typical social determinants message concluded that social factors are the most important causes of those health differences.
- The acknowledged choices message similarly emphasized social factors as most important but acknowledged that personal responsibility plays a role.
- The universal message emphasized that social factors are the most important and affect everyone throughout the income distribution, including the middle class.
- And in contrast with the three messages that emphasized [social factors](#), the personal responsibility only message emphasized behavioral choices and personal responsibility as the most important determinant of health differences.

Among the three social determinants messages, respondents evaluated the typical message as significantly stronger. The universal message

aroused the most anger, significantly more than the message that acknowledged choices, which aroused the least anger among the three social determinants messages. The three social determinant messages aroused counter-arguing equally, among about one-fourth of the sample. In contrast, the message attributing disparities entirely to [personal responsibility](#) aroused counter-arguing among more than half the sample, significantly more than the social determinants messages.

They also observed political differences in the way people responded to the messages. "While all the messages elicited more anger among Democrats than Republicans, the message attributing [health disparities](#) to the personal behavior of those who are less well-off aroused the most anger among Democrats and the least anger among Republicans," the authors write.

Despite these differences, the authors also saw evidence of some common ground across the partisan divide. "Regardless of political orientation, all respondents counter-argued and evaluated as weak the message attributing disparities in health exclusively to personal behaviors, suggesting that such messages are likely to be rejected by the public as not credible," says Dr. Cappella.

Gollust and Cappella's research has implications for advocacy and policymaking. Different ways of communicating may be required depending on the composition of the audience and the communicator's goals. Moral outrage about disparities and consensus about what needs to be done require different strategies of communicating the same core information and ideas. Advocates who seek to increase public awareness should choose their messages with care, relying on evidence to support their strategies whenever possible.

Provided by University of Pennsylvania

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