

# Study offers new clues about the source of racial health disparities

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A first-of-its-kind study by researchers at USC and Loyola Marymount University (LMU) has found evidence that the persistent health disparities across race may, in part, be related to anxiety about being confronted by negative racial stereotypes while receiving healthcare.

Stereotype threat, which is the threat of being judged by or confirming a negative stereotype about a group you belong to, has already been shown to influence the outcome of standardized testing, such as performance on the SAT (the most widely used college admissions exam). For example, when confronted with a negative stereotype about their group identity, some Black students become anxious that they will perform poorly on a test and, thereby, confirm [negative stereotypes](#) about the intellectual ability of people of their race. As a consequence of cognitive load from this performance anxiety, students actually become more likely to perform poorly.

In a similar vein, USC's Cleopatra Abdou and LMU's Adam Fingerhut found that Black women who strongly identified with their race were more likely to feel anxious in a healthcare setting – particularly if that setting included messaging that promoted negative racial stereotypes, even if inadvertently.

It is already well documented that Black women underutilize healthcare when compared to White women – possibly hurting their health overall. Abdou and Fingerhut's research suggests that this underutilization could be prompted by anxiety and other socioemotional consequences of

[stereotype threat.](#)

"This may help to explain some of the as yet unaccounted for ethnic and socioeconomic differences in morbidity and mortality across the lifespan," said Abdou, assistant professor in the USC Davis School of Gerontology and the Department of Psychology in the USC Dornsife College of Letters, Arts and Sciences. "Historically, the discourse surrounding health and [health disparities](#) has focused on nature, nurture, and the interaction of the two. With this study, we are bringing situation and identity into the equation."

A paper on the study will be published in the American Psychological Association journal *Cultural Diversity and Ethnic Minority Psychology* the week of July 21.

Participants in Abdou and Fingerhut's study sat in virtual doctor's waiting and exam rooms, which displayed posters depicting Black women confronting unplanned pregnancy or AIDS—conspicuous examples of negative health-relevant racial stereotypes.

Black women who reported that they felt a strong connection with their ethnicity or ethnic group experienced the highest levels of anxiety while waiting in the rooms with the posters, while White women with a strong connection to their ethnicity experienced the lowest anxiety levels, suggesting that strong White identity may provide immunity from healthcare-related stereotype threat, Abdou said. Women of either group with low ethnic identity fell in the middle of the range.

"This is stereotype threat-induced anxiety," Abdou said. "It's important to note that this anxiety is not present when we don't prime highly identified African American women with negative stereotypes of African American women's health."

This research represents the first-ever empirical test of stereotype threat in the health sciences. Although stereotype threat theory is popular in the social sciences, with hundreds of studies documenting its effects on academic and other types of performance in recent decades, Abdou and Fingerhut are the first to experimentally apply stereotype threat theory to the domain of healthcare and health disparities more broadly.

"This study is important as a first step to understanding how stereotypes play out in healthcare settings and affect minority individual's experiences with healthcare providers. Further research is needed to understand the potential downstream effects, including reduced trust in physicians and delay in seeking healthcare as a way to avoid stereotype threat, which may have long-term implications for health among Blacks," said Fingerhut, associate professor at the LMU Bellarmine College of Liberal Arts.

Posters like the ones Abdou and Fingerhut used can be commonly found in doctors' offices to promote admirable goals, such as AIDS awareness, but the use of specific ethnicities in their messaging can have unexpected negative consequences, Abdou said.

"There is value in public health messaging that captures the attention of specific groups, particularly the groups at greatest risk; but we have to be mindful of unintended byproducts of these efforts and think outside the box to circumvent them," Abdou said.

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