

Bad prescription? Strategies to improve racial health disparities can backfire

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Strategies used by doctors to increase patient engagement with health information may work with white Americans, but can backfire with Black Americans.

A newly published University of Michigan report indicates targeted

health campaigns might not be the remedy to curing low engagement among Black Americans. In many cases, Black Americans feel as if they are being unfairly judged by the information provider based on their race.

The report—which appears in [Science](#) but used data from research published in the October issue of the [Journal of Communication](#)—came from U-M psychologist Allison Earl and colleague Veronica Derricks of Indiana University-Purdue University Indianapolis. They examined how efficient information-targeting backfired as a communication strategy, especially among marginalized races.

"We find that targeting information based on marginalized racial identities predicts decrements in attention, trust and willingness to engage in message-relevant behavior among Black Americans who experience social identity threat," said Earl, associate professor of psychology.

However, efforts to obtain support for the policies necessary to tackle these disparities have had limited success, underscoring a critical need for effective interventions to change behavior.

The [medical field](#) has several issues that keep minority patients from receiving the proper [health information](#). For instance, some clinicians may hold racial biases that influence clinical decision-making, Earl said.

In addition, policies can negatively affect Black Americans' access to quality health care. These would include unequal allocation of resources, such as vaccines, and limited clinic locations and hours.

In the October study, Derricks and Earl found that Black Americans who received targeted health messages about HIV or flu reported decreased attention to the message and reduced trust in the message provider.

White Americans, however, did not differentially respond to targeting.

Despite the persistence of health inequities, Earl said politicians, policymakers and the [general public](#) have shown little interest in taking action to effectively mitigate these disparities. In fact, they may actively work to maintain these gaps.

More information: Allison Earl et al, Increasing policy support for reducing racial health disparities, *Science* (2023). [DOI: 10.1126/science.adm7199](#)

Veronica Derricks et al, Too close for comfort: leveraging identity-based relevance through targeted health information backfires for Black Americans, *Journal of Communication* (2023). [DOI: 10.1093/joc/jqad022](#)

Provided by University of Michigan

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