HOW CAN SOCIAL MARKETING BE USED TO ADDRESS HEALTH DISPARITIES?

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Traditional focus emphasizes cultural competency, customization and individual bases of disparities.
Health Equity:

“Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Health Disparity:

“a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

In the US, primary emphasis has been on race and income

Source: Healthy People 2020
RACIAL AND ETHNIC HEALTH DISPARITIES

- Minorities experience earlier disease onset, greater disease severity and higher mortality rates across disease categories.
  - “Cradle to the grave”: Persist over time and across the life course:

- Significant racial and ethnic health disparities exist in:
  - data collection and research
  - health care
  - the healthcare workforce
  - population health

- Costs of U.S. health disparities estimated at $1.24 trillion.

- Fastest growing populations

IOM 2012; Joint Center (2010); HHS (2010)
1. Low awareness of health disparities

2. Race and income effects are not the same

3. Race, situational racism and racial discrimination

4. Place and residential segregation

5. Need to engage communities

6. Health in all policies
Less than half of Americans believe that African Americans are worse off than Whites in terms of life expectancy or infant mortality or other health factors.

- Public is more aware of differences based on socioeconomic status versus race.

Differences by political party: conservatives are less likely to recognize health disparities than liberals.

Behavioral factors viewed as more important than social and economic factors.
1. Low awareness of health disparities
2. Race and income effects are not the same
3. Race, situational racism and racial discrimination
4. Place and residential segregation
5. Need to engage communities
6. Health in all policies
## Obesity and poverty don’t always go together

### Prevalence of Obesity by Income

**Percentage of U.S. adults ages 20 years and older who are obese**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>34.6%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Income equal to or more than 350% of poverty level</td>
<td>32.9%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Income 130%-349% of poverty level</td>
<td>32.2%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Income less than 130% of poverty level</td>
<td>30.1%</td>
<td>47.6%</td>
</tr>
<tr>
<td>White</td>
<td>34.8%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Black</td>
<td>35.5%</td>
<td>47.6%</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>40.8%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

*Notes: * indicates statistically significant trend. Persons of other race and ethnicity included in total.

1. Racial discrimination leads to stress-related health issues and risk for chronic diseases later in life.

2. Many doctors harbor “unconscious racial biases” toward their minority patients.

3. Minority topics and scientists are systematically underfunded.

4. Segregation negatively affects access to health promoting resources.
1. Low awareness of health disparities
2. Race and income effects are not the same
3. Race, situational racism and racial discrimination Place and residential segregation
4. Need to engage communities
5. Health in all policies

Figure 1
Impact of Different Factors on Risk of Premature Death

Recognize that disparities is not just about health, but is an entrenched problem linked to historical and structural factors.

Think differently about behavioral interventions
- Incorporate social determinants
- Integrate the reality of race in social marketing initiatives

Build strategies and tactics using theoretical frames and interventions based on peoples lived experiences

Photos from Kwate (2014)
Focus on diverse determinants and health-related domains
- Social determinants
- Data collection and research, health care, the healthcare workforce, population health

Multi-target and multi-level interventions
- Targeting communities for empowerment in mind
  - Design interventions to support community resilience, skills development or other community level changes

Marketing upstream key
- Policy actors need data and understanding for both health and “other” policies
There may be a broader role to increase public awareness of disparities to build public support and political will to undertake large scale social marketing interventions.

Remember: Health disparities is only one aspect of a larger web of challenges for minority communities.
- Social Marketing must integrate and build on an understanding of this “web” to identify feasible and effective solutions.
“Of all forms of inequity, injustice in health is the most shocking and inhumane”

Reverend Dr. Martin Luther King Jr.
Youth Media Use by Ethnicity

<table>
<thead>
<tr>
<th>Media Type</th>
<th>Among all</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV content</td>
<td>4:29</td>
<td>3:36a</td>
<td>5:54b</td>
<td>5:21b</td>
</tr>
<tr>
<td>Music/audio</td>
<td>2:31</td>
<td>1:56a</td>
<td>3:00b</td>
<td>3:08b</td>
</tr>
<tr>
<td>Computer</td>
<td>1:29</td>
<td>1:17a</td>
<td>1:24ab</td>
<td>1:49b</td>
</tr>
<tr>
<td>Video games</td>
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<td>:56a</td>
<td>1:25b</td>
<td>1:35b</td>
</tr>
<tr>
<td>Print</td>
<td>:38</td>
<td>:39</td>
<td>:33</td>
<td>:34</td>
</tr>
<tr>
<td>Movies</td>
<td>:24</td>
<td>:13a</td>
<td>:43b</td>
<td>:33b</td>
</tr>
<tr>
<td>TOTAL MEDIA EXPOSURE</td>
<td>10:45</td>
<td>8:36a</td>
<td>12:59b</td>
<td>13:00b</td>
</tr>
</tbody>
</table>

Note: Statistical significance should be read across rows, by section.

HP2010 RESULTS

Goal 1: Increase the quality and years of healthy life

Goal 2: Eliminate health disparities across race and ethnicity, sex, educational attainment, income, geographic location, disability status, sexual orientation

- Key health indicators show little improvement in racial/ethnic disparities over the past decade:
  - No significant change in health disparities by race and ethnicity for 69% of objectives (117/169)

- Of the 52 objectives with significant changes in disparities, almost half (25) showed an increase in disparities.

SOURCE: Healthy People 2010 Final Review.