Tips for Communicating About Health Disparities

News stories, public health messages, and social media discussions about health disparities often make direct comparisons between groups of people. These messages regularly:

- Compare disease risks and health outcomes between different social groups.
- Emphasize a comparative group disadvantage or deficit.
- Present these comparisons in the absence of the larger societal contexts of the systems and structures that are at the root of those disparities.

Based on the findings of "Effects of communicating health disparities using social comparison framing: A comprehensive review" by Liu and Niederdeppe (2024), research shows that presenting health disparity information by comparing two or more groups can yield mixed responses from audiences, including:

- Decreased perceptions of risk among people in the group with lower disease prevalence.
- Increased negative emotions for the group with higher disease prevalence.
- Inconsistent effects on intentions to engage in health behaviors to address the issue.
- Polarized support for societal-level preventive measures and policies.

Simple comparisons based on race may result in lower support for policy-level solutions (compared to comparisons based on economic, educational, and geographic factors) among some members of population groups with lower disease prevalence. (It is yet unclear whether racial comparisons can mobilize support among members of groups with higher disease prevalence).

Tips:

Asset Framing

Avoid emphasis on group deficit and instead focus on group strengths, progress, and the available resources for actions to increase perceived efficacy and hope in reducing disparities.

Example:

INSTEAD OF: "Black Americans are more likely to die from colorectal cancer,"

USE: "More Black Americans are engaging in colorectal cancer screening to reduce colorectal cancer risks."

Systems Thinking

Highlight the social and structural causes behind health disparities and promote collaborative efforts rather than solely concentrating on the gaps between groups.

Example:

INSTEAD OF: Presenting health disparity statistics without addressing underlying social factors using statements like, "African Americans have higher rates of diabetes, hypertension, and heart disease than other groups," without describing root causes of these differences.

USE: Systems thinking to highlight the social causes behind health disparities and advocating for collaborative solutions. For instance, discussing how unequal access to healthcare and socioeconomic opportunities contribute to health disparities.

Identify Policy Solutions

Describe policies and structures that are known, or have strong potential, to reduce inequalities between social groups.

Example:

INSTEAD OF: Black and Hispanic children are more likely to experience poverty than their White counterparts. Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits.

USE: The temporary Child Tax Credit Expansion in 2021 was highly effective in reducing child poverty for everyone, but its effects were even larger for Black and Hispanic children and thus reduced disparities. The expanded child tax credit also reduced food insecurity and housing instability, increasing the health and well-being of children and their families.

Narrative Communication

Feature personal stories as vivid examples to illustrate structural and systems-level causes of disparities, and demonstrate how both individual and collective efforts, as well as policy remedies, can successfully reduce disparities.

Resources:

- Using Stories to Advance Population Health: What Does the Science Tell Us?
- Storytelling for Social Change
- There's More to the Story: Both Individual and Collective Policy Narratives Can Increase Support for Community-Level Action