

# Health and Poverty: Building the Science Foundation for Marketing/Communication Interventions



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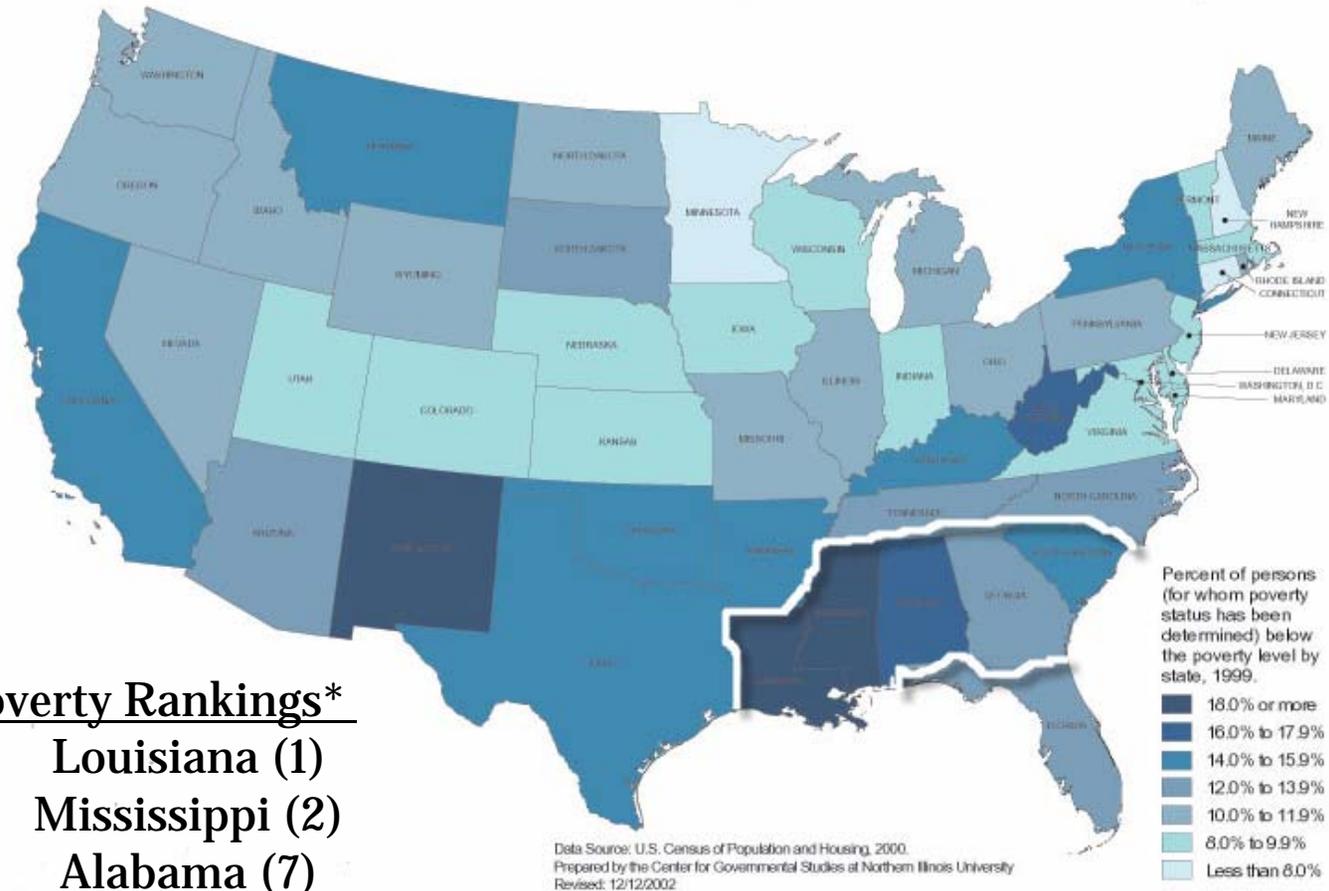
# The Southern Center

- Our purpose: Discover how the southern poor respond to health risks; develop and evaluate interventions to increase health protection behaviors.
- Why? Poverty rates and health disparities are among the highest in the southern U.S.
- We work in 5 adjacent states:
  - Georgia
  - South Carolina
  - Alabama
  - Mississippi
  - Louisiana

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# 5-State and Adjacent Poverty Rates



## Poverty Rankings\*

Louisiana (1)

Mississippi (2)

Alabama (7)

South Carolina (13)

Georgia (19)

\* U.S. Census, 2000

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# Why are poverty rates higher in the South?

- Lower education levels
- Poor economic conditions  
(income has declined in the south)
- Reliance on low-wage jobs in the south  
have resulted in more intergenerational  
poverty
- High rates of unemployment  
(nearly 22% higher than the rest of U.S.)

*Source: Vinson Institute at the  
University of Georgia (2002)*

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# Poverty and Health Links

- The poor have *risk of death twice that of higher income individuals* (Lochner, Pamuk, Makuc, Kennedy, Kawachi, 2001)
- SES accounts for *disparity in mortality rates* for major diseases including cardiovascular disease, cancer, and accidental injuries (Cohen, Farley, and Mason (2003)
- People of lower incomes tend to *engage in more risky behaviors* (i.e. smoking or eating high fat diets) (Healthy People, 2010; Davey-Smith, 1996).
- 4 out of 5 southern states have above average uninsured rates (average = 15.7% uninsured). There is a strong association between *lack of insurance*, inability to obtain services and negative health outcomes (Andrulis, 1998)

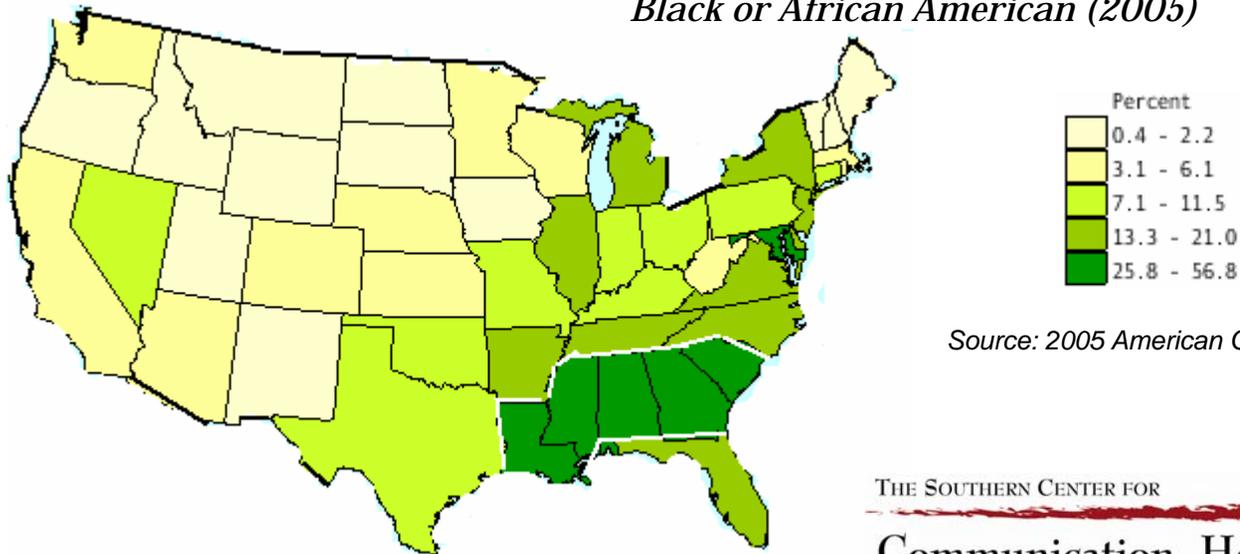
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# Poverty and Minority Status Linked

- Racial and ethnic minority populations are affected by disease and health conditions at far greater rates than other Americans *(Office of Minority Health, 2007)*

*Percentage of the Total Population Who Are Black or African American (2005)*



Source: 2005 American Community Survey

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# Southern Center Studies:

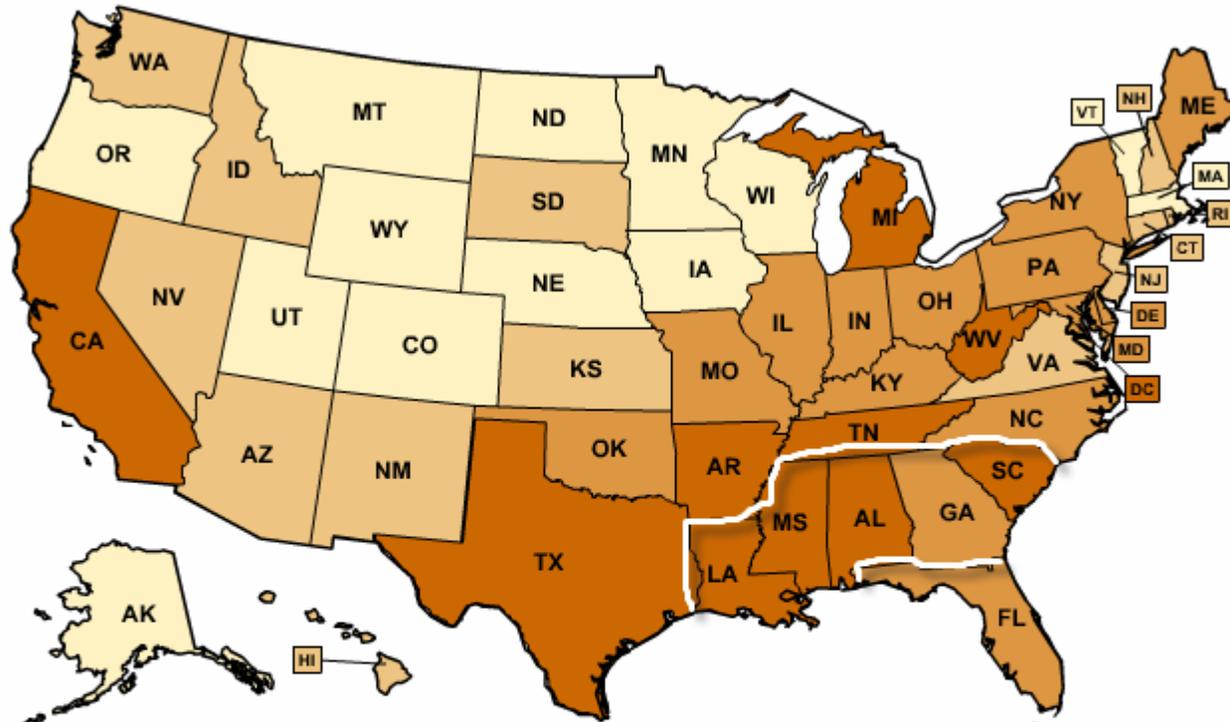
- How do low-income adolescents respond to media messages about **smoking**?
- Does information about **genes** affect motivation to protect health?
- How do poor individuals make decisions about how to respond **multiple health risks**?

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# Diabetes Rates

(Prevalence of Diagnosed Diabetes per 100 adults, 2002)



**Alabama and Mississippi are both #1 for prevalence of diabetes at 8.9%, South Carolina is #5 (8.1%), Louisiana is #8 (7.4%), and Georgia is #12 (7.2%)**

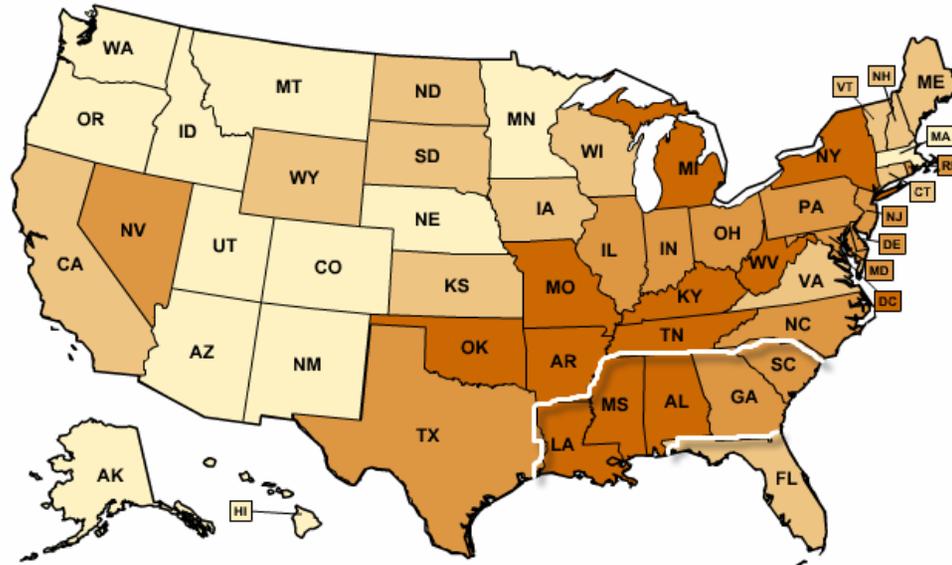
The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org).  
"State-specific Estimates of Diagnosed Diabetes Among Adults,"  
"Prevalence of Diabetes," and "Prevalence Data," Diabetes Surveillance  
System, National Center for Chronic Disease Prevention and Health  
Promotion, Centers for Disease Control and Prevention, Department of  
Health and Human Services, 2004.

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# Heart Disease

*(Death Rate per 100,000, 2003)*



152.0 - 198.4

198.5 - 219.8

227.7 - 251.8

254.0 - 310.3

*Mississippi has #1 death rate from heart disease.  
Alabama is #5 and Louisiana is #7*

The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org).

Source: The Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics Report Volume 54, Number 13, April 19, 2006, Table 29

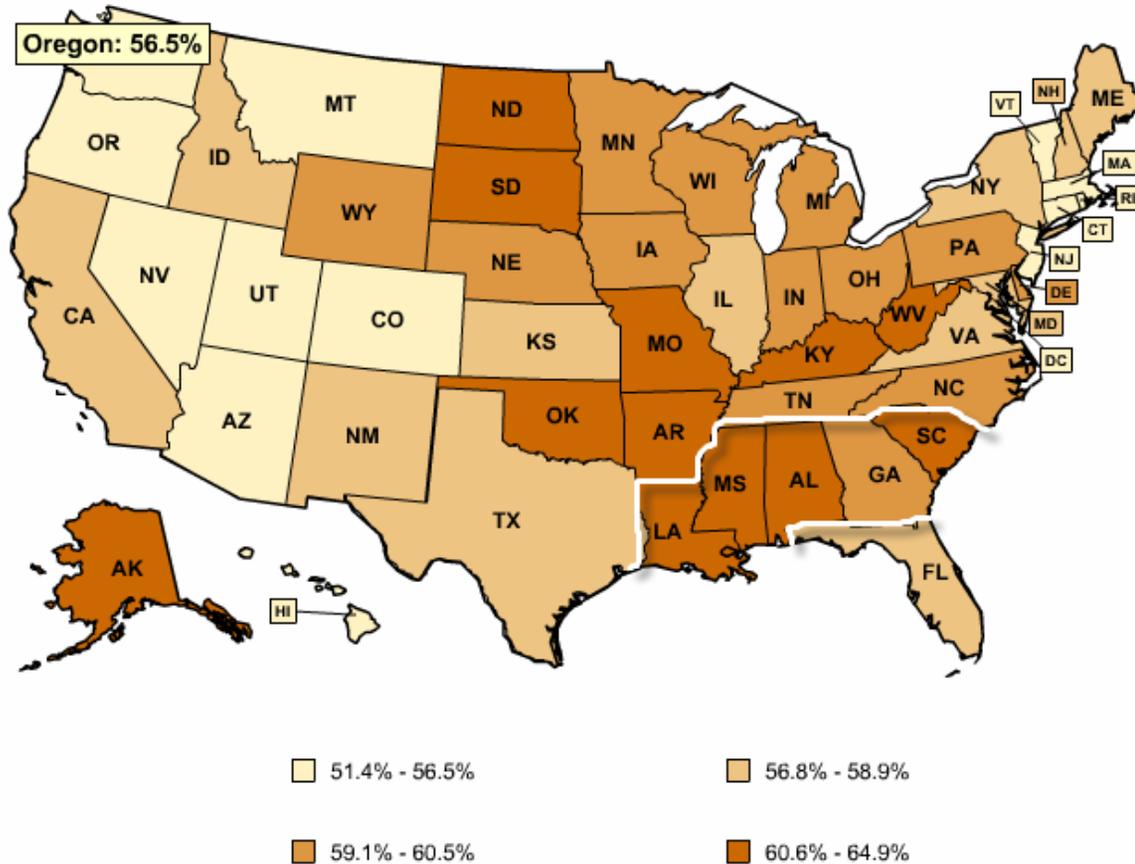
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# Genetics Study found. . .

- As more genetic information becomes available, concern that fatalism will increase among low-income people
- They saw genetics and behaviors as *different tracks* as opposed to the two working together.
- When given a message about genes and behavior people processed them utilizing their preferred track primarily behavioral).
- Fatalistic statements by people about these diseases was not linked to non-compliance
- Instead – fatalism served as uncertainty management and stress management.

# Adult Obesity Rates



*All 5 SCCHP states have adult obesity rates over 60% & fall in the top 15 most-obese states.*

The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org).  
**Sources:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2005, unpublished data.

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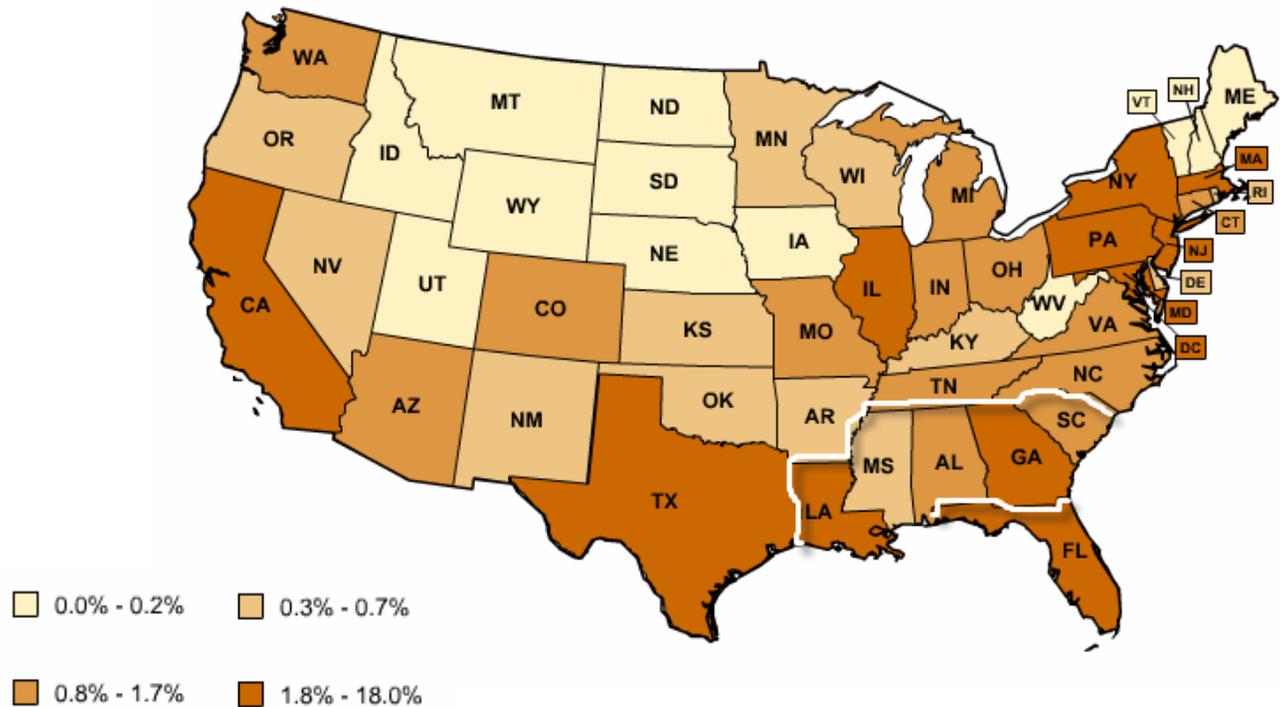
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# Multiple Risk Study found. . .

- This study examined risk perception and response across 10 health risks.
  - 63% of low-income individuals surveyed worried little or not at all about obesity
  - When asked about the risk “you do the most to protect yourself against” obesity was ranked #2 for White Americans (second to car/truck accidents)
  - Obesity was ranked #8 for African Americans.

# AIDS Cases

*(Reported Number of AIDS Cases, All Ages, Cumulative through December 2005)*



The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org).  
Source: Table 14, HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States, 2005, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Department of Health and Human Services, 2006.

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# Multiple Risk Study found. . .

- When asked about the risk “you do the most to protect yourself from:”
  - HIV/STDs was #1 for African Americans (22%)
  - HIV/STDs was #8 for White Americans (4.7%)
  - White Americans did more to protect themselves from car accidents, natural disasters and chronic health conditions than HIV/STDs.

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# Youth Smoking and Poverty Linked

- Each day, nearly 6,000 children under 18 years of age start smoking – almost 800,000 children annually  
*(American Lung Association, 2007)*
- About 90% of smokers begin smoking before the age of 21  
*(American Lung Association, 2007)*
- 23% of high school students in the United States are current cigarette smokers  
*(CDC, 2006)*
- Factors associated with youth tobacco use: low SES and smoking by parents or guardians among other factors  
*(U.S. Department of Health and Human Services, 1994 & 2000)*

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# Smoking Study found. . .

- Disconnect was discovered between the functions of smoking for teens (e.g. for weight loss or for stress relief) and messages in current anti-smoking PSAs.
- Young adolescent smokers (*m* age 14.97) viewed personal testimony messages as least biased and most likely to effect behavior.
- Adolescent smokers viewed informative messages as less biased and most likely to keep them from smoking.
- Second Hand Smoke messages were consistently perceived as most biased and least effective across all groups.

# Expanding the Science Foundation

- By studying only low-income individuals we are able to begin disentangling income and race.
- By focusing on an audience rather than a single health condition, we are able to discover how people handle multiple risks concurrently.
- By letting audiences choose risks that are most worrisome to them, we are able to discover what discriminates between risks they take protective action against and those they don't.
- By listening to the voices of the poor, we are able to discover the cognitive maps they use to understand complex relationships between genes and behavior.
- By exposing low-income kids to anti-smoking messages, we are able to learn what strategies are more persuasive for them.

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# Evaluation Considerations for Low-Income Audiences

- The research setting must be sensitive to the needs of the participants (not intimidating, on bus-line, easy to read materials)
- When recruiting low-income individuals who are younger and female, it is important to screen for both income and education.
- Low-income audiences are not accustomed to filling in traditional forms and surveys and need more support.
- When surveying low-income adolescents it is important to present questions orally and visually (especially instrumentation and scales)
- Be careful of a topic driven self-selection bias (e.g. people with health concerns participating in studies a/b health).

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