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# THE MEDIA'S ROLE IN REDUCING HEALTH DISPARITIES

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## Introduction

In 1985, the US Department of Health and Human Services (USDHHS) issued the first comprehensive report on the health of U.S. minority populations showing excess mortality among Blacks compared to Whites in heart disease, cancers (especially prostate, lung and breast), HIV in Black males and strokes in females (USDHHS, 1985). These conditions are worsened by hypertension, smoking, high cholesterol, obesity, diabetes, substance abuse, and risky sex (USDHHS, 1985). The report confirmed the existence of chronic disease and death among at-risk minority populations and a predisposition for increasing morbidity and mortality among Blacks. The National Vital Statistics Preliminary Report for 2000 reports similar trends nearly 20 years later (Minino & Smith, 2001). Some scholars suggest that lack of health awareness, multiple risk factors, low educational attainment, and existing sub-cultures that breed a mistrust of the medical system further exacerbate poor health among Blacks and contribute to health disparity among minorities (Feldman & Fulwood, 1999).

In an effort to reduce health disparities, scholars suggest overhauling the health care system and recommend increased focus on changes in the social, economic and environmental stressors of Black communities. Further, they stress that identifying the health-seeking behaviors of Blacks is an important step in the process of understanding the minority community (Feldman & Fulwood, 1999). The promotion of health will need to involve the evaluation of cultural and social mores as well as health beliefs and values.

One feature of health-promotion is the concern with marketing wholesome lifestyle practices that lead to longevity and a reasonable quality of life. It also includes discouraging practices that run contrary to healthful living. Those who market products within Black communities must be fair in their advertising practices and discontinue the longstanding promotion of products that destroy rather than promote health. In the year 2000, Attorney General Jay Nixon of Missouri championed an effort against tobacco companies for their "predatory marketing" of cigarettes in predominantly Black neighborhoods (Stern, 2000). An example of an ad that seems to distort the truth about health promotion is GlaxoSmithKline's advertising campaign for the HIV medication Combivir®, launched in January 2003, which features basketball Hall of Famer Earvin "Magic" Johnson on billboards, subway posters

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and ads in magazines and newspapers. The campaign runs in cities like New York, Los Angeles, San Francisco, Miami, Washington, D.C., Chicago, Philadelphia, Houston, Atlanta and Newark, N.J. (Polier, 2003; Dickinson, 2003), where the presence of persons of color and the incidence of HIV/AIDS are high. Although seen largely as a positive campaign, it did provoke some reaction that the ad minimizes the dangers of high-risk behavior. The claim is that by depicting a healthy-looking Johnson with his message of “Staying healthy is about a few basic things: a positive attitude, partnering with your doctor, taking my medicine everyday,” (Combivir® ad seen in New York City subway) one need only take a pill to be well. New ads appearing in February 2003 stated that Johnson was not cured but is keeping a positive attitude and taking his HIV medications, an apparent effort to counteract the claims and dispel the myth that Johnson was cured.

The U.S. Surgeon General and the National Institutes of Health, among other policy-making groups, have issued initiatives aimed at reducing disparities among minorities. In view of these initiatives countered by controversial ads promoting risky behaviors in Black communities, it is important to examine disparities on an even more pragmatic level and to find out whether or not the manufacturers of food and health care products have joined forces with policy makers in their attempt to improve the health of the population in general, and the health of minorities in particular. Since advertisements in print media (Kurtzweil, 1998) such as magazines provide detailed information about many food and health care products (Mazis & Raymond, 1997) that contain health claims aimed at influencing purchasing decisions (Andrews, Netemeyer, & Burton, 1998), this study analyzes the content of four popular magazines by examining the frequency with which advertisements appeared that promoted products that might have a positive influence on health and well-being. Content analysis was used to represent the conceptualization of the influence of printed advertisement on purchasing decisions. This type of analysis was chosen based on the assumptions made by scholars who have done similar studies (Barr, 1989; Hill & Radimer, 1996; Klassen, Wauer, & Cassel, 1990; Lord, Eastlack, & Stanton, 1987, 1988).

### Sample

Data for the study were drawn from two magazines that historically appeal to a relatively large White audience — *Good Housekeeping* and *Reader's Digest* — and two magazines that appeal to a relatively large Black audience — *Ebony* and *Jet* (Mediamark Research, Inc. 1999-2000). All magazines were published in the year 2000. Issues of the magazines for the months of January, April, July, and October were selected to allow for the inclusion of products advertised on a seasonal basis. Mediamark Research, Inc. (MRI) reports provided audience demographic characteristics for each magazine.

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## Results and Conclusions

Based on results of content analysis, 353 health-related ads were identified from the four magazines for the year 2000. Of this number, 12% were in *Jet*, 15% in *Ebony*, 31% in *Reader's Digest*, and 42% in *Good Housekeeping*. For all four magazines, the higher percentage of ads (36%) focused on products that alleviate or control symptoms. A similar percentage of ads (35%) focused on products that maintain general health. Twenty-four percent of ads focused on promoting nutrition, as contrasted with only 5% of ads that focused on disease prevention.

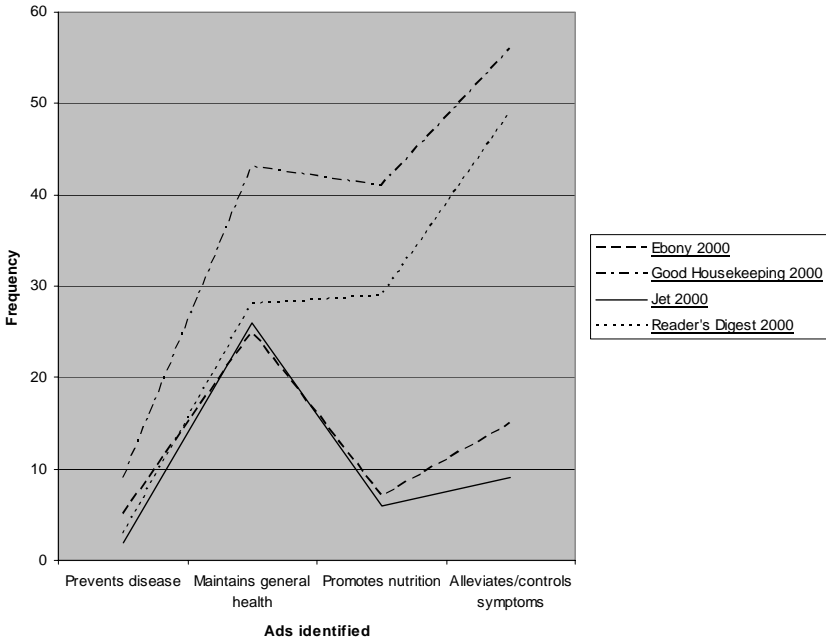
Figure 1 shows the percentage of health-related ads in *Ebony*, *Good Housekeeping*, *Jet*, and *Reader's Digest* by the type of ad and its location in each magazine. Of disease prevention ads, 11% were in *Jet*, 16% in *Reader's Digest*, 26% in *Ebony* and 47% in *Good Housekeeping*. Both *Ebony* and *Jet* had 21% of ads that focused on general health maintenance, compared to 23% in *Reader's Digest* and 35% in *Good Housekeeping*. Of ads that promoted nutrition, 7% were in *Jet*, 9% in *Ebony*, 35% in *Reader's Digest*, and 49% in *Good Housekeeping*. Finally, of the ads for products that alleviate/control symptoms, 7% were in *Jet*, 12% in *Ebony*, 38% in *Reader's Digest*, and 43% in *Good Housekeeping*.

Altogether, these findings indicate substantially fewer ads with a health-related focus in magazines that have a high Black audience than in magazines with a high White audience.

## Implications and Limitations

As a widely used form of media, magazines bear a certain responsibility as an agent of communication. The Kaiser study conducted in 1999 found that ads raised the awareness of health problems and their available treatments, as well as encouraged patients to seek more information. Patients with severe health problems were identified as being more likely to discuss a prescription drug with their doctor after having seen a related ad (MacRae, 2002). The implications suggest that forms of media, including magazines, share part of the burden for improving efforts in health communication. The Robert Wood Johnson Foundation, a philanthropic organization devoted to improving the health and health care of all Americans, made several recommendations at a 1998 conference on "Communicating to Improve Health." Among the recommendations were creating a center for social marketing and supporting research to study changes in health behavior through philanthropic initiatives (Foundation releases report, 1998). We suggest that a similar initiative be embraced by the publishers/editors of the magazines featured in this study and health-related companies who advertise in those magazines.

Figure 1. Health-Related Ads in Ebony, Good Housekeeping, Jet & Reader's Digest for January, April, July & October 2000



Our research did not attempt to determine how and why advertisements are submitted to magazines or selected for publication. Such an analysis would be important in a future study. It would provide a conceptual framework for the extent to which the magazines' selection of ads are governed by the content and mission of their publications, appeal to readership, financial and profit-making considerations, and personal judgment or editorial license.

This type of effort on the part of magazine publishers will require, as a first step, acknowledging their role in marketing health. As agents of health literacy, they need to see themselves as a vital part of social communication and change. With this new vision, their mission then becomes how best to convey health information via advertisement selection. A preponderance of, for example, cosmetics ads indicates that a magazine, that could otherwise show health ads, has chosen not to promote patient health benefits and does not share in the "mission to improve" the community's health. The choice of ads made by *Jet* and *Ebony* ignores the idea that minority readers can benefit from being informed about health products. The value judgments/

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editorial decisions made by editors when deciding on ads for a publication must, therefore, be re-evaluated.

As a second step to this process, magazines need to undertake a more aggressive pursuit of health advertising. They may also need to do studies of their readership to identify the effects of health commercialism. The involvement of pharmaceutical companies is equally important. They may need to conduct cost-benefit analyses to establish profit gains to be made by marketing to minority communities. The benefits of such efforts on the part of both magazine publishers and the pharmaceutical companies would include cost savings, impact on health policy, health promotion, health education, and the good will derived from being part of the effort to reverse the health disparity (Adler & Newman, 2002). At a time when the US population is growing increasingly older, disparities in health awareness and access to health care are even more important and must be addressed now to decrease excess morbidity for minorities later.

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