

Testing the Effect of STI Racial Health Disparities Information on Perceived Risk and Prevention Intentions among Black and White Women

People have a natural tendency toward social comparison, especially when there is uncertainty about norms or benchmarks and particularly when we perceive others to be similar to us (Festinger, 1954). Although there have been calls for research that examines “the ways in which social identities help to explain the ways in which comparative frames shape individuals’ estimates of their own risk, as well as the risks they imagine that members of their reference groups are subject to” (Gandy and Li, 2005, p. 82), there is in fact a dearth of empirical research on the matter. For a number of years scholars have speculated that racial disparities, which can be conceptualized as a kind of social comparison frame, may affect risk perception among groups who are portrayed as comparatively worse and better off in disparities frames and that this could impact behavior and policy support (Gandy et al., 1997, Delli Carpini, 1998, Ruscher, 2001, Gandy & Li, 2005).

Moreover, the speculation has some foundation in the literature. For instance, some research does find that social comparison can affect perceptions about which demographic groups are most susceptible to fictitious diseases, even when objective risk doesn’t change for a particular group (Windschitl, Martin & Flugstad, 2002). Such findings “suggest that the comparison process people engage in when encoding health statistics have the potential to be more influential than the statistical values themselves” and “a notable caution is that the contrastive comparisons may make non-targeted social groups feel less vulnerable than they should” (p. 753), Windschitl et al. have speculated. Yet, the question of how racial disparities frames affect risk perception compared with the same information in a non-comparative context appears not to have been explored, despite the obvious utility that such knowledge could have for health professionals, journalists and other health communicators.

Similarly, questions have also been raised about whether group level risk information in health disparities frames of the kind found in newspaper articles and news broadcasts affect people’s beliefs about risks faced by others more than individual level risk (Stryker et al, 2009). Evidence from the optimistic bias literature (Weinstein, 1980, 1982, Smits & Hoorens, 2005; Helweg-Larsen & Shepperd, 2001) and the impersonal impact hypothesis (Tyler & Cook, 1984, Morton & Duck, 2001) suggest that racial disparities comparison frames may affect perceptions about group risk more than individual level risk, but again empirical work that applies those ideas to a health disparities message effects framework does not appear to be part of the published literature. However, in a disturbing finding, one of the few studies to examine racial disparities frames experimentally found that they actually reduced colorectal cancer screening intentions among some African Americans compared to a more positive intragroup

comparison frame (Nicholson et al, 2008). The experiment did not include Whites, nor was perceived risk measured. However, the findings underscore the need for additional research, particularly because research on health disparities is being funded and the idea of communicating findings from these health studies to the public intuitively seems an important component of raising awareness, encouraging preventive behavior and garnering policy support. Yet the literature suggests some caution may be warranted and that there could be unintended effects of racial disparities frames.

In an effort to begin to better understand the influence of health disparities social comparison frame risk information on populations that are singled out for comparative contrasts in news frames, I am proposing to conduct an experiment using edited material from a real TV news report that included comparative racial health disparities frames and covered the release of a CDC national study on STIs in teenage girls (age 14-19). News coverage of the report often pointed out Blacks had comparatively higher incidence of sexually transmitted infections compared to Whites. STI risk in Blacks and Whites represents one of the largest health disparities for the two racial groups, based on magnitude of the disparity (Barrow, Newman & Douglas, 2008, Newman & Berman, 2008). By examining STIs, the experiment extends the prior research beyond cancer screening to STI testing and vaccination intentions.

To tease out the effects of social comparison risk frames, the between subjects survey experiment will include four conditions: a baseline condition with a version of the news report that does not include comparative or racial risk information, a condition that includes the baseline video and mentions risk for White girls, a baseline condition that includes the baseline video and mentions risk for Black girls; and the social comparison disparities frame that includes the baseline video and the risk information that compares White risk and Black risk. The experiment measures perceived risk and STI related behavioral intentions for the respondents themselves, as well as their risk perceptions for Blacks and Whites teenage girls more generally. Based on power analysis, it was estimated that the study requires a sample size of 280. The planned sample is Black and White women age 18-19, who are part of age range mentioned in the CDC study. The study therefore measures the effect of comparative racial risk frames holding gender and age constant, and allows for the examination of individual and group level risk perceptions, across race risk perceptions, and how those perceptions about risk are associated with behavioral intentions.

Budget Information and Funding Sources

The study was developed under the supervision of Dr. Joseph Cappella. Theoretical and methodological development for the project was funded by the Annenberg School for Communication's summer fellowship in 2009. Based on prior price quotes from survey companies, subjects are expected to cost in the range of \$10 per person. Funding from this grant would enable recruitment and compensation of participants. Statistical programs, paper and other routine incidentals are covered by Annenberg's graduate program and therefore not included in this grant request. The department also provides \$1200.00 per fiscal year for travel funding.

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