

ETHNIC BACKGROUND INFLUENCES USE OF MEDICAL INFORMATION

Durham, NC — Race and ethnic background are known to play a role in how people get medical information, but new research from Duke Medical Center sheds important light on another factor: There are also significant cultural differences in how people use the medical information they get.

Factoring usefulness into the communications equation has broad implications for healthcare and the health profession, Duke researchers write in the latest issue of the N.C. Medical Journal.

Racial and ethnic minorities generally face more preventable illness and death and a poorer quality of healthcare than whites, the researchers note. So helping minorities overcome barriers to health and adopt healthy behaviors means communicating with them through sources they view as useful.

"Health care providers and public health practitioners have to consider how patients perceive various sources of medical information if we're going to try to educate and empower people to eliminate healthcare disparities," said Kevin A. Schulman, M.D., lead author on the study. "Minorities' perceptions of information sources are important because they are related to trust. Previous studies have shown connections between race/ethnicity, trust, and interactions in medicine and medical research."

The Duke study used information from a 2002 telephone survey of 515 Durham County residents 18 and older, divided roughly equally among blacks, Latinos and whites. Among other questions, all were asked about the usefulness of 12 sources of medical information. The study was supported by a grant from The Duke Endowment.

The results showed that all the groups view doctors and nurses as useful sources of information. But perceptions varied of other sources.

Black and Latinos surveyed tended to view ministers and churches, community centers, health departments and television or radio as more useful sources of information than whites did. Perceptions of print media and the Internet didn't vary significantly, the survey found. Latinos were less likely to report pharmacies as useful sources.

The pharmacy was perceived as useful by respondents who had more education, and the health department was cited as useful by respondents who were younger, less educated, less healthy, and uninsured, the researchers reported. The odds of perceiving a minister, church, or community center as a useful source of information were higher for respondents without a high school diploma and those who were less wealthy, less healthy, and uninsured. Radio and television were seen as more useful by respondents who had less education and poorer health and those who were uninsured.

"If we want to send a message and are not using reliable media, then the message isn't helpful," said Schulman, who directs the Center for Clinical and Genetic Economics at the Duke Clinical Research Institute and the health sector management program at Duke's Fuqua School of Business. "An important part of public health involves health messaging and social marketing."

Preventing health problems isn't just a medical challenge, because people tend to practice self-care before turning to a doctor, he said. That's where tailoring the right healthcare message comes in — from a useful, credible source.

"Although there have been suggestions that we can reduce health disparities by educating and empowering patients, there is little information on the effect of perceptions of the tools used to educate and empower," the researchers note. "This study found persistent racial/ethnic variation in perceptions of several sources of medical information."

In addition to Schulman, the study's authors were Kevin J. Anstrom and Joëlle Y. Friedman of Duke and Jason Williams, now of Stanford University.



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