

# Communication and Racial Disparities in Health Care



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Social class, race, and ethnicity all influence health care disparities for many health care services and illnesses, such as heart disease and stroke, cancer, diabetes, chronic kidney disease, and maternal and child health care. Public health scholars have advanced numerous reasons for these disparities, including physician biases, patients' fatalistic attitudes, cultural patterns, lack of health insurance, and institutional racism. Communication plays a critical role in conveying, reinforcing, and helping to reduce health care inequities. The eight articles in the February 2006 issue of American Behavioral Scientist explore how racial disparities in health care outcomes are related to communication issues. Article highlights include: Focusing on cancer-related health outcomes, the factors that contribute to racial disparities in health care and how

various types of communication can both exacerbate problems and /or contribute to high-quality health care (Kreps). A discussion of tailored interventions in public health and insights from studies of multi-level, multi-component interventions designed to promote healthy eating and exercise among rural African-Americans (Kramish Campbell and Quintiliani). Using examples from campaigns designed to increase mammography use and the intake of fruits and vegetables among lower-income African-American women, how subtle culturally sensitive variations in tailoring communications directed at minority audiences can influence health promotion behavior (Kreuter and Haughton). Applying prospect theory and framing concepts to health communications directed at medically underserved populations and the complexities that arise from intersections of message framing with program goals and cultural targeting (Schneider). Insights from 15 years of research on an interactive cancer communication program, the Comprehensive Health Enhancement Support System (CHESS), and the consistently positive effects on low-income African-American women's health information competence (Shaw, Gustafson, Hawkins, McTavish, McDowell, Pingree, and Ballard). Two papers that posit that doctors and minority patients frequently miss the mark due to physician perceptions, language barriers, and self-fulfilling prophecy spirals. The first paper includes an integrative perspective on doctor-patient communication and cultural competency. (Perloff, Bonder, Ray, Berlin Ray, and Siminoff); the second paper offers an incisive review of patient-centered communication and patient communication skills training (Cegala and Post). The empirical and moral assumptions surrounding segmentation campaigns designed to reduce racial disparities, including different strategies to build racial segmentation into campaigns, ethical and political quandaries, and contexts in which segmentation may not be the best approach (Hornik and Ramirez). Taken together, these eight articles provide new directions for research on communication and racial disparities. They also provide thoughtful suggestions for campaign practitioners. This incisive issue of American Behavioral Scientist should be in the library of everyone interested in health communication, health disparities, health promotion, minority health, cultural competency training, doctor-patient communication, and public health.

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目录:

[Communication and Racial Disparities in Health Care](#) [下载链接1](#)

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