

***The Social Dynamics of  
Racial Disparities  
in Preventive Cardiology  
Advice***

**Charlene Pope**

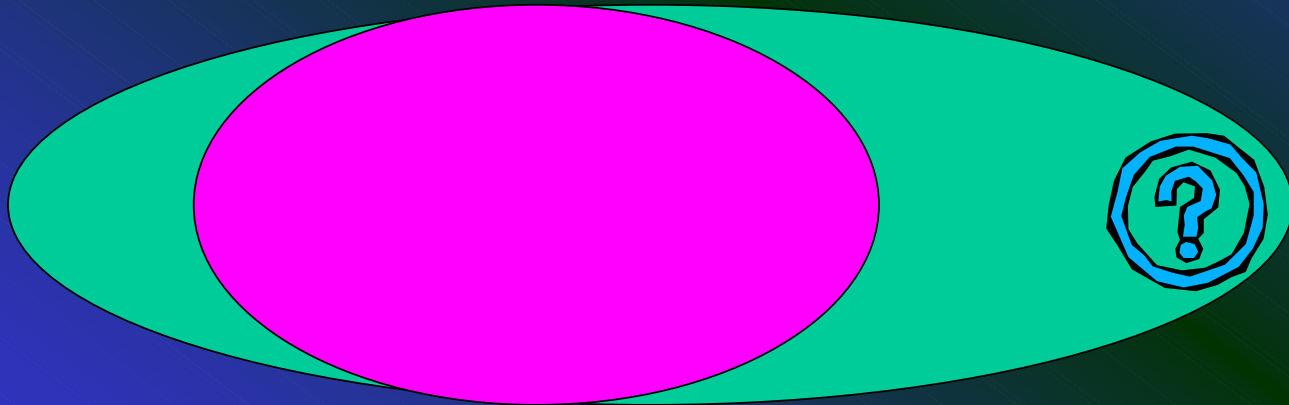
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*All **therapeutic** practice is  
social, but,  
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# *Racial Disparities in Health Care*

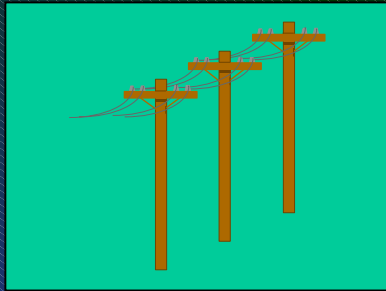
(IOM Report, 2002)

- Access
- Content Of Care
- Interventions
- Social Practice \*\*
- Interpretations
- Outcomes

*HOW?*



# *Narrow Communication Models*

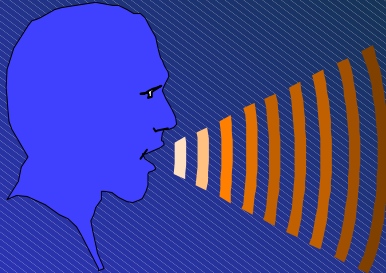


## Speaker Focus

- *Message Transmission*
- *Clinical Components*

## Listener Focus

- *Attitudes*
- *Interpretations*



? *Social Practice During Interactions*

# *Study Question*

*“How do racial disparities in cardiology advice occur during the talk of health encounters?”*

⇒ Issue: *Do some White doctors speak differently with Black patients than White patients?*

# *Racialized Culture Produces Racial Habitus*

- Racial Subjectivity
- Assumptions & Evaluations
- Expectations
- Predispositions



Ways of Speaking =

Monoracial and Interracial Encounters

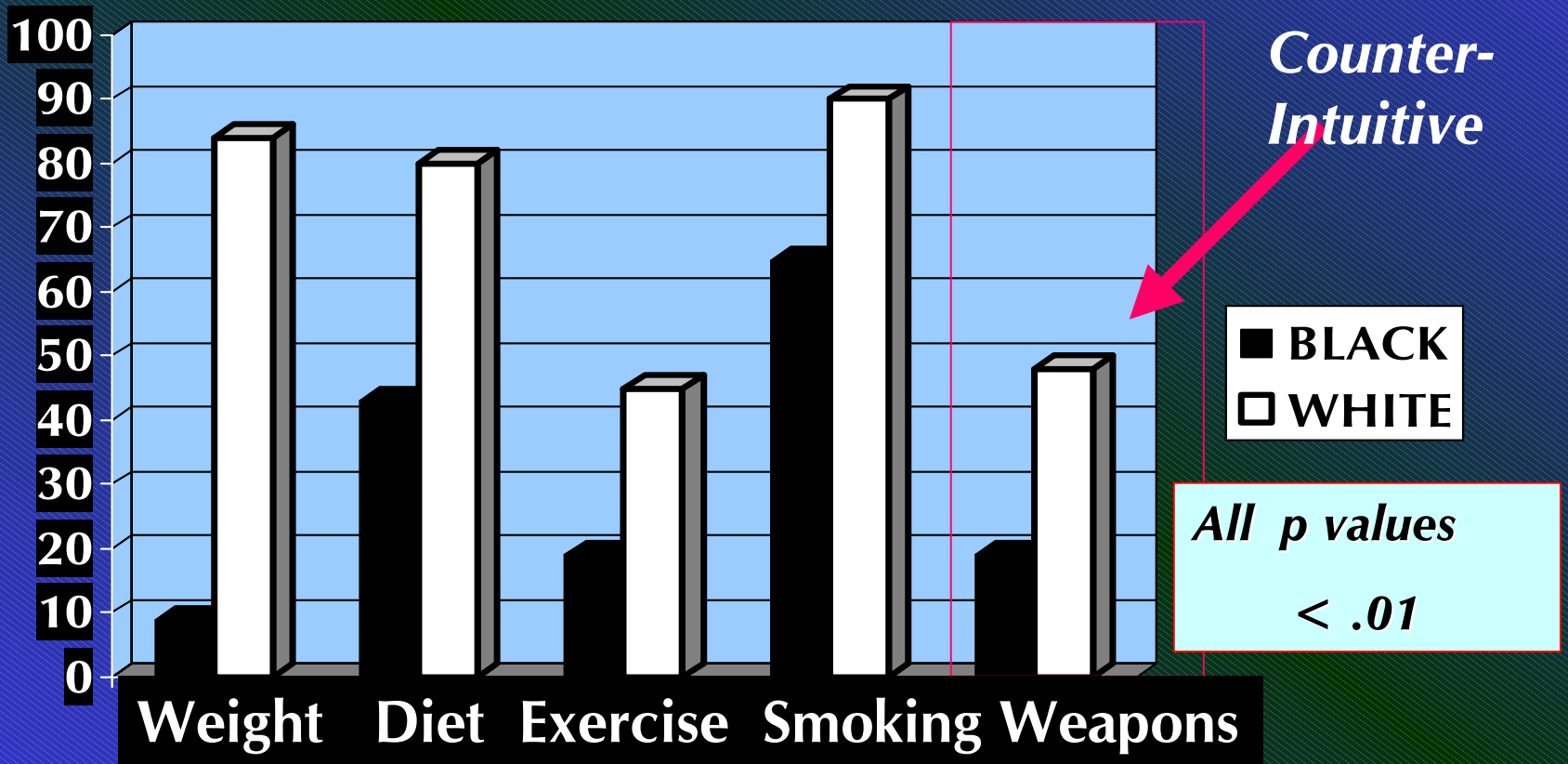
# *Quantitative Study (Phase I)*

Quality of Care Secondary Analysis of the study

*Measuring Adolescent Preventive Services, 1998*

- 366 Teens (299 Whites, 67 Blacks)
- White Physicians in 16 sites in the Northeast U.S.
- Physicians = Orientation to AMA prevention advice
- All participants self-identify race – Chart review
- Content analysis (16 item checklist), 2 coders

# *Disparities in Preventive Cardiology Advice*



# *Qualitative Method (Phase II)*

- Random selection of 7 White Physicians
- Co-Pairs : Random selection of 14 Black and White well teens, private insurance, same gender, same physician, similar preventive visits



- Conversation Analysis Transcription  
(Detailed elements of ways of speaking)

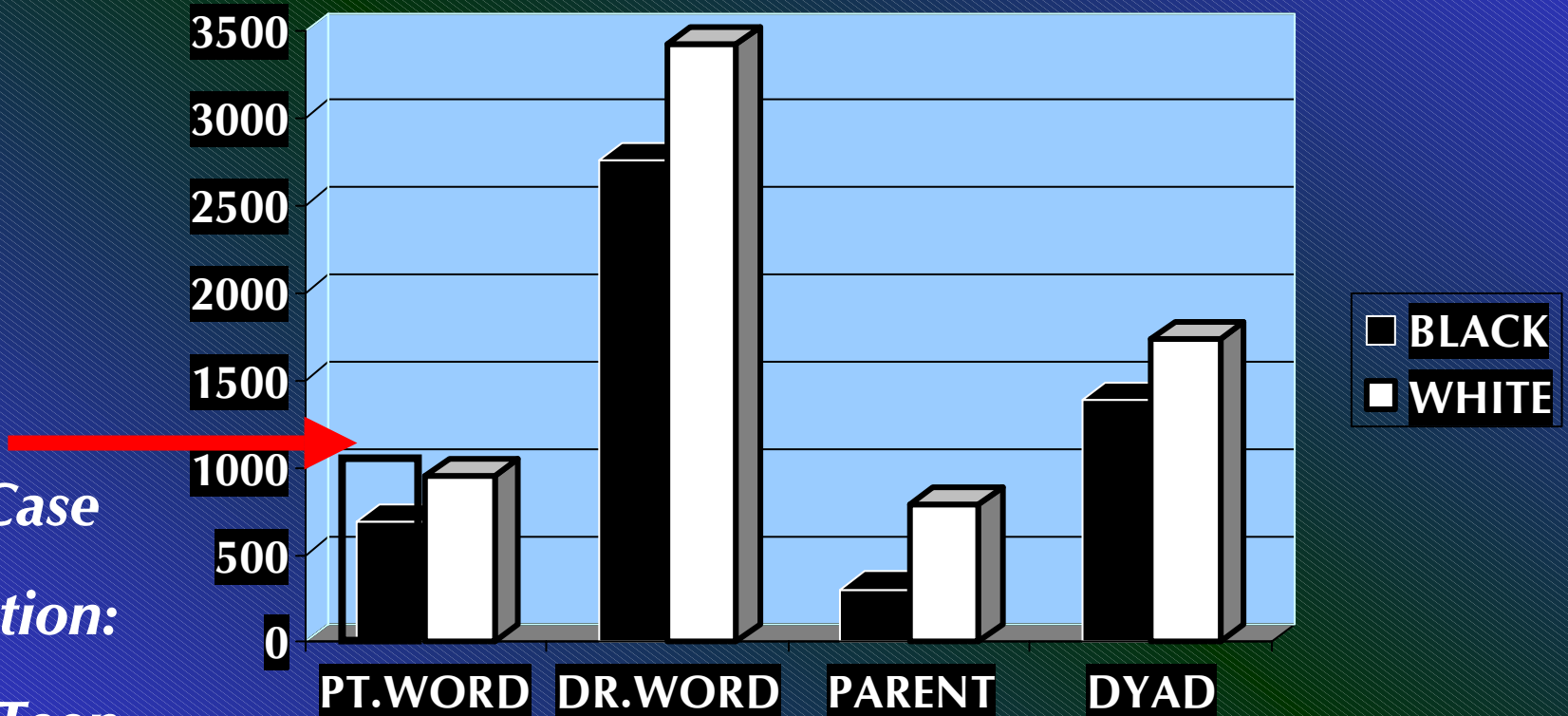
# *Analysis:*

## *Taxonomy of Language Use*

- **STRUCTURAL FEATURES:**
  - Types of utterances, example: questions
- **EXPRESSIVE FEATURES:**
  - Style & humor forms
- **INTERACTIONAL FEATURES:**
  - Turn-taking & interruptions

# Results:

## *Time & Talk with Patients*



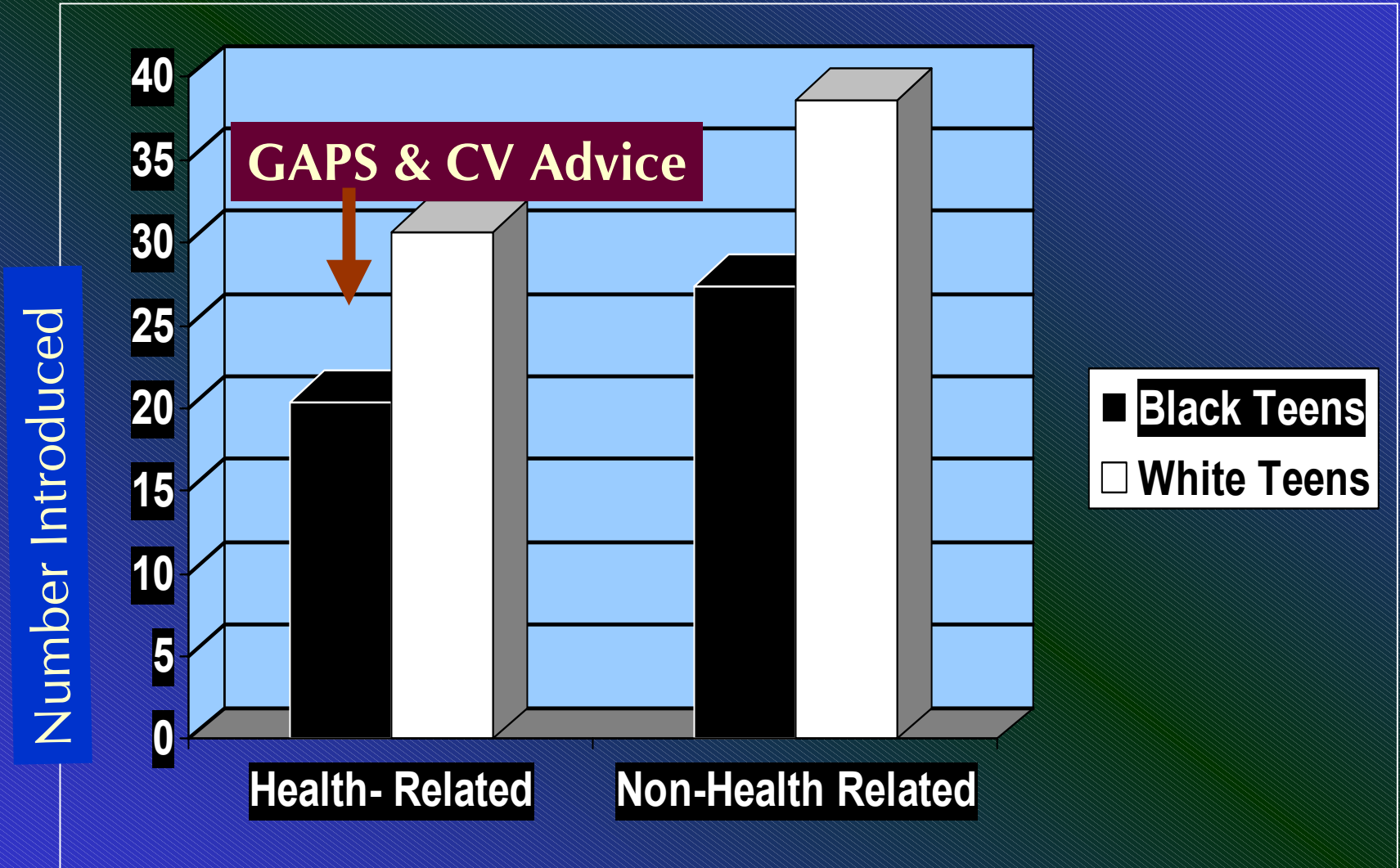
*One Case  
Exception:  
Only Teen*

*To Mention a Racist  
Incident at School*



*Doctor Withdraws from  
Conversation*

# Topics in Visits



# *Types of Humor*

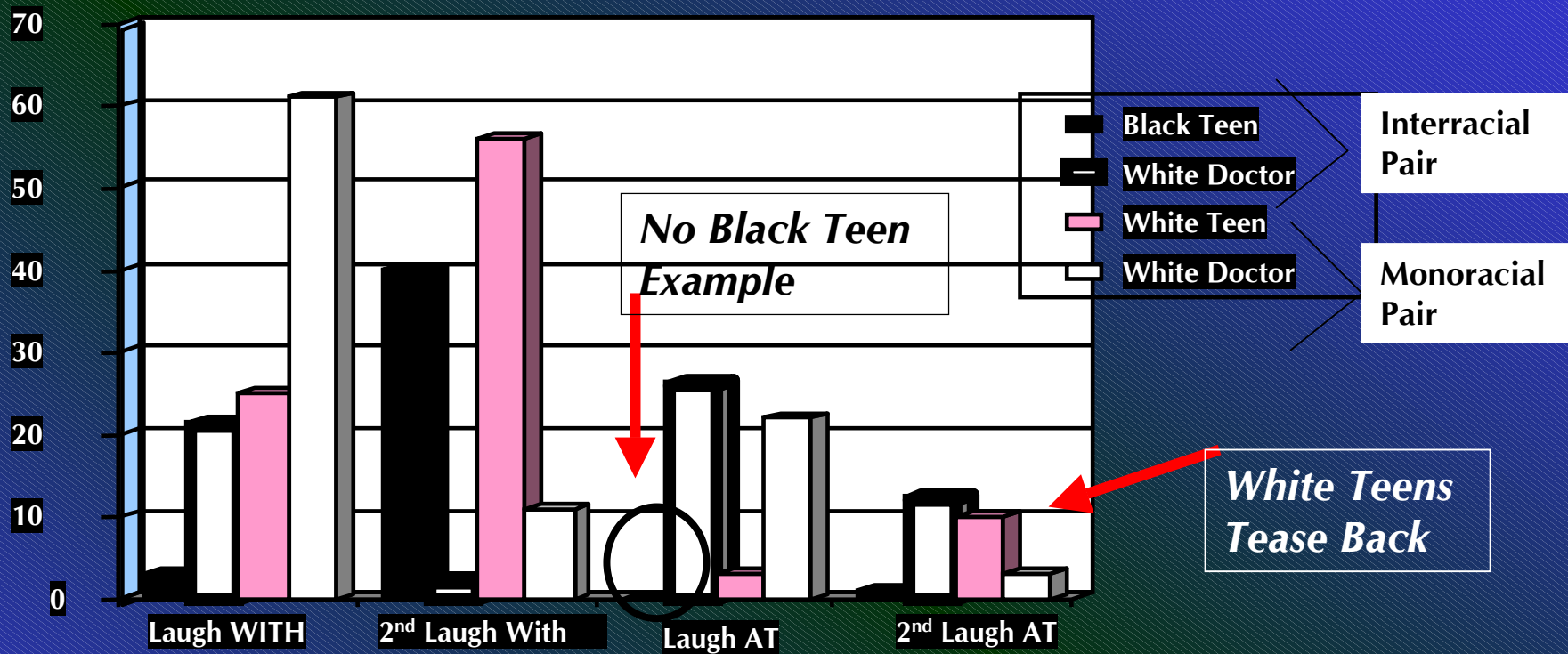
## Positive Initiative or Response

- Laugh With – 1<sup>st</sup> Speaker laughs with Second
- 2<sup>nd</sup> Laugh With – 2<sup>nd</sup> Speaker laughs with First

## Negative Humor or Teasing

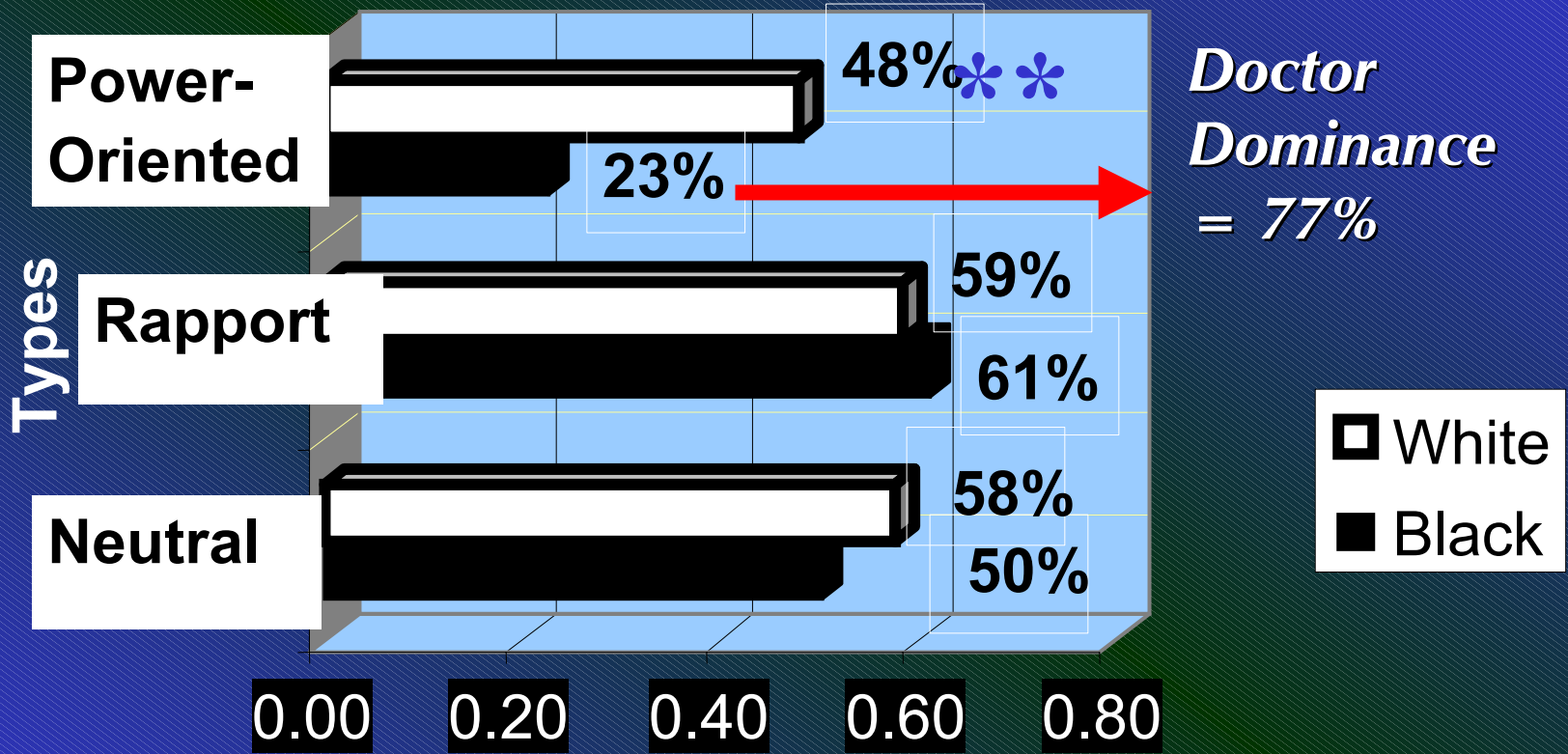
- Laugh AT – 1<sup>st</sup> Speaker laughs at Second
- 2<sup>nd</sup> Laugh At – 2<sup>nd</sup> Speaker laughs at First

# Interracial and Monoracial Humor



- More Laugh – With humor with White teens (  $p < .01$  )
- More Laugh – At humor by physicians with ALL teens
- Most Laugh – At humor = Black teens \* (  $p < .001$  )

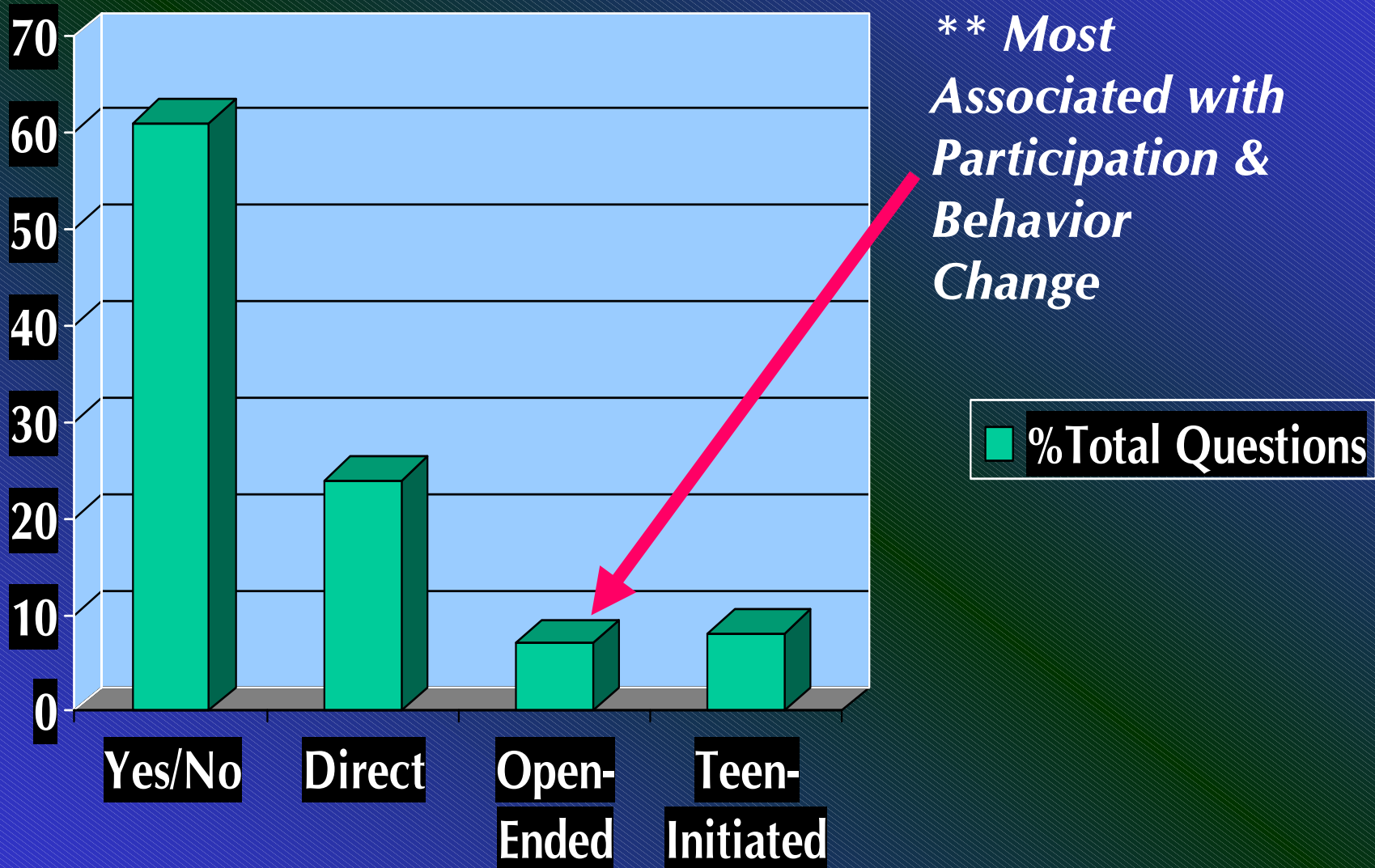
# Interruptions in Visits



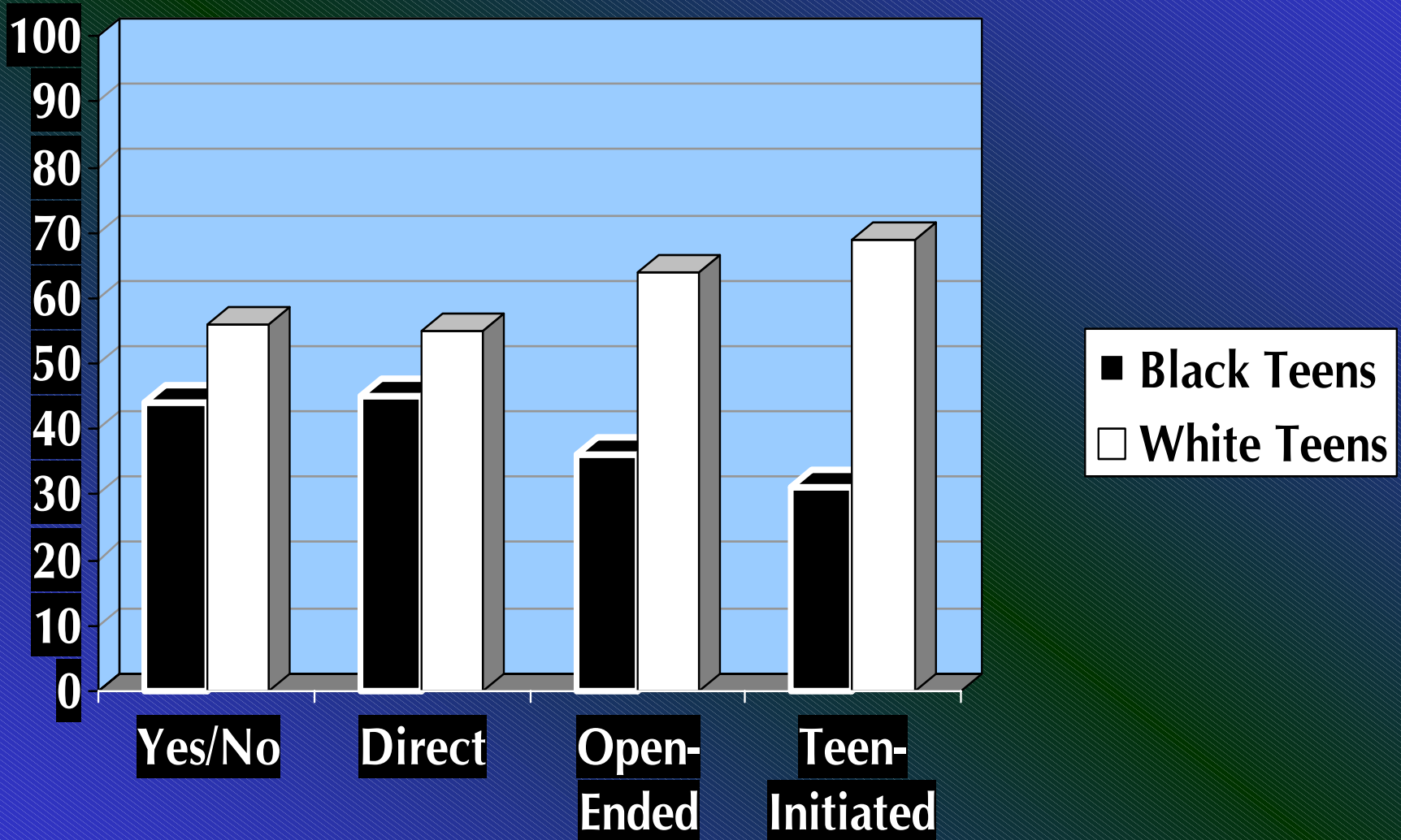
Ratios of Patient-to-Doctor Interruptions

\*  $P < .02$

# *Types of Questions in Teen Visits*



# *Racial Differences in Questions*



# Racial Stereotype #1

BIG PAUSE

D: Whad you want to do(.2) when you (.8) finish /up with high school\.

P: umm(.4) <I want to go to RIT> for computing (.6)

D: Su::per (5.0) are you um::m (.4)

<playin any> >SP:ORTS< at all\ (.2) or=

P: ] No°um-mm°

D: = ( .4) What da ya do during the summer/

# *Indirect Question, Black Teen*

T: <They told me I hadda > (.4) °pressure°

D: What's that ↑ (*sounds called back from physical exam*)

T: My blood pressure was higher / °than my normal ° \

D: <Akshally it was > (.) ° <I mean a > ° (.)

°Lemme jus dub-° (.2) double check- °this right here°

(*sound of velcro, cardiovascular exam continues, 9 seconds*)

D: Deep breath ↓ (6 seconds) just double check here

(16 seconds, *sound of velcro cuff torn away*) °good°

Oh-kay:: (.4) Next I need (.2) you (.4) your slacks off.....



*Given no information*

# *Similarities*

## Both teen groups:

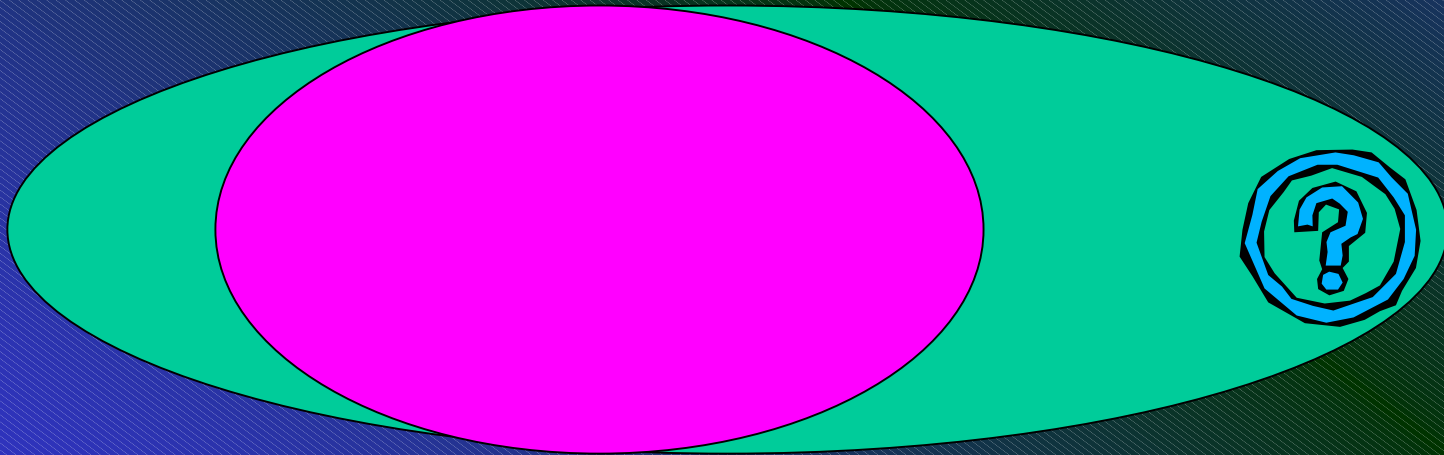
- Less health promotion advice (AMA/CDC)
- Less participation than adults
- More Laugh-At humor
- Mostly lecture style
- Rare opportunity to identify life situations
- Restricted questions
- Generalizations

# *Differences*

## Black teens:

- More power-oriented interruptions
- Less advice than Whites
- Less time, affirmations, & White Dr. self-disclosure
- More selective attention, close-ended questions, missed cues, negative humor, stereotypes, threats
- Dr. withdrawal from descriptions of racial life incidents

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# ***CONCLUSION***

***In health encounters, attention is a commodity affected by social status markers, especially race.***



***Implications for Cardiology***

***and more Equitable Services.***

# Acknowledgements

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