

HEALTHCARE RESEARCH WITH BLACK AMERICANS: WHAT TO CONSIDER

An Ipsos Point of View

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GAME CHANGERS





KEY FINDINGS

- At Ipsos Healthcare we see a dramatic increase in clients looking to better understand and serve minority populations.
- A legacy of abuse and exploitation lingers in the collective memory of many Black patients. This can affect relationships with their healthcare providers.
- When researching healthcare topics with Black Americans, Ipsos focuses on understanding the historical context and the current implications/ impact of that history as well as adhering to best practices for sensitive and effective research.



In 2021, Black patients in the U.S. still face several health disparities. Pre-pandemic, when compared to non-Hispanic whites, Black Americans were [twice as likely to die from diabetes](#) and [30% more likely to die from heart disease](#), while Black women were more than twice as likely to not receive adequate [prenatal care](#). A long history of structural racism in the U.S. continues to lead to health disparities for historically underrepresented groups, including [disproportionate deaths from COVID-19](#).

While the health disparities Black Americans face are familiar to some doctors and researchers in the health care community, Ipsos data shows that in 2021, many in the field still have trouble addressing these problems.



History shows that the disparities and health outcomes we observe are not by happenstance, but the result of intentional decisions designed to limit access to healthcare for Black people,” said Jamy D. Ard, MD, a professor of epidemiology & prevention at the Wake Forest School of Medicine.

Medical professionals can take some basic steps that address the wariness many patients of color feel —but that starts with a thorough understanding of medical history that has led to health disparities in communities of color.

Experiments and Discrimination

Healthcare disparities for Black people date back to slavery. Black people who were enslaved experienced poor nutrition and disease-ridden conditions that stemmed from slaveholder strategies to protect their investment at a minimal cost. White physicians also invented false diseases that were “peculiar” to Black people.

The mistreatment of Black people by health professionals continued in the 20th century, including the infamous Tuskegee experiment of 1932, gynecological experiments performed on Black women, the sourcing of cadavers for medical experiments from Black burial grounds, and racially segregated healthcare. With the growth of employer-based health insurance after World War II, many Black people received sub-standard benefits or worked in jobs that did not offer health insurance.

Healthcare Research Amid Disparities

This legacy of abuse and exploitation lingers in the collective memory of many Black Americans. This can affect contemporary relationships between Black/AAs and their healthcare professionals (HCPs). In Ipsos qualitative research, we see that lack of trust emerging in areas such as willingness to receive the COVID-19 vaccine, concerns about the efficacy of certain treatments for Black populations when clinical trials often do not include Black participants, and experiences dealing with racist attitudes or perceptions of HCPs.

Following the murder of George Floyd in 2020, many organizations looked inward at what they could do to support the BLM movement and drive diversity and inclusion in their organizations. At Ipsos Healthcare, we saw a dramatic increase in clients looking to better understand and serve minority populations.

As we have helped clients understand what they can do to address the startling disparity in health outcomes for Black Americans, we have learned several lessons along the way—key to undertaking market research with Black Americans or any minority population.



1. Make sure you have a multi-cultural team

You need a diverse team, including members of the community in which you are conducting research. This can be difficult if you need therapy-area expertise alongside cultural expertise—they need not be the same person. Expand the team. Include people not from those communities—they need to be allies and be a part of the solution.

2. Get comfortable with being uncomfortable

There are some hard truths at the heart of many of these matters that can make some white team members uncomfortable. Plan for that. Encourage a safe space where people can express their emotions. But it can't be suppressed. Don't try to ignore the fact that white people have, unconsciously or consciously, participated in a system that has subjugated Black people for centuries. Addressing it can make individuals question their own beliefs/experiences/privilege.

3. Stop using the white experience as the benchmark

White experiences are not the baseline and therefore should not be treated as neutral. With so little research being conducted with minority populations, it's hard not to draw on existing data (primarily white) to make deductions, but the history of these communities are unique. Because of this, previous experience can sometimes be unhelpful.

4. Use methods that get beyond what people say

Seeing actual behaviors in context will also help address the point above. In much of the work we've done, hearing about attitudes/behaviors in isolation can feel confusing (i.e., "I was given a terminal diagnosis but didn't go for treatment"). When addressing disparity, a wider lens on what's driving attitudes/behaviors is necessary. Understanding cultural, social and environmental factors will help build a clearer understanding.

5. Be sure to get to the root of the disparity to explain what's going on today

The historical context is critical to understand today's experiences for the Black population.

6. Respect experience

Don't try to explain away or question a respondent's experience that they characterize as racist. If that's how it made them feel, that's valid.

7. Remember that racism still exists

Systemic and overt racism are not resigned to history. We have come a long way, but there is still much to be done.



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