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**The Case for a Multicultural Approach in Pharmaceutical Marketing** (*Fred Foard, EVP/Account Management & Strategic Services*)

It will take some time before we begin to see top-line results from the 2010 U.S. Census. However, it's a pretty safe prediction that the new census will show that we are at or near the point where more than one out of every three of the more than 300 million Americans did not designate ourselves as Caucasian or White. That means that a third of the U.S. population self-described themselves as "non-White" in racial and/or ethnic terms. Presumably, that one-third also has an ethnic heritage that holds different perspectives, beliefs, and knowledge on health issues such as the relative value of traditional vs. non-traditional treatment options, disease incidence, preventive care, and health literacy.

In other words, **current Census data show we've reached a point where, as healthcare marketers, we can no longer turn a blind eye to the multicultural aspects of health education, healthcare promotion, and pharmaceutical marketing.** Similarly, we cannot afford to neglect the inclusion of multiculturalism in our audience segmentation and in our communications strategies. This has nothing to do with our social obligations as an industry or about being politically correct. Rather, it has everything to do with consideration of ethnic/racial/cultural differences as audience segmentation criteria in the same manner we use other attributes such as demographics and psychographics. In so doing, we can ensure better customer engagement by relating our promotional or educational messaging to a target's unique experiences, needs, beliefs, expectations, etc.

The concept of including multiculturalism in pharmaceutical marketing is certainly not new. It has been tried on an "on-again, off-again" basis over the past four decades for a number of brands--most notably in the hypertension and diabetes markets where African-Americans and Hispanics, respectively, constitute a disproportionate number of actual and potential patients. What is different is that, given the growth of a more racially and ethnically diverse populace, appropriately adapting messaging to diverse cultural perspectives is a broadly applicable strategy across virtually every disease category.

As an example, consider cholesterol reducers. The epidemiology of hypercholesterolemia shows no significant racial/ethnic skew in general, albeit there is some indirect skew related to the co-morbidity of elevated cholesterol and certain cardiovascular diseases. As a widely occurring condition, there's a high probability that elevated cholesterol exists in a large portion of the patient base of most primary care practices. The majority of underrepresented "minority" patients are treated by "majority" healthcare professionals. This is because only about 10% of the physician workforce consists of under-represented minorities (African-American, Hispanic, Native American), according to data from a 2000 study by the Health Resources and Services Administration, Bureau of Health Professions. Yet, these minority groups comprise about 32% of the U.S. population. Thus, an average primary care practice will have a substantive number of nonwhite potential users of cholesterol reducers. If the potential patient is Hispanic, he or she is statistically more likely to have limited or no health insurance coverage. He/she is also more likely to have, or will develop, Type 2 diabetes.

The potential Asian patient may be culturally predisposed to prefer using nutraceuticals to control his/her lipid levels. The potential African-American patient may be reluctant to alter his/her culturally-based dietary habits in order to help control lipid levels. Thus, the The potential Asian patient may be culturally predisposed to prefer

using nutraceuticals to control his/her lipid levels. The potential African-American patient may be reluctant to alter his/her culturally-based dietary habits in order to help control lipid levels. Thus, the Hispanic may be more responsive to a message that offers financial assistance, the Asian may need assurance that a given cholesterol agent mimics natural enzymes, and the African-American may need to hear that the proposed cholesterol reducer brand has demonstrated efficacy even in the presence of a high-fat, high-salt diet. It is less important whether these message adaptations are delivered directly from the pharmaceutical marketer or through the patient's healthcare provider. To convince the patient to adhere to prescribed therapy, it is essential that the message resonates with the patient's cultural-based perspective.

So, the next time you are analyzing the SWOT analysis for your brand or product portfolio, ask yourself this question: "Is there a multicultural marketing OPPORTUNITY here?" In all probability, the answer, on the basis of the new census data is, "Yes." The next questions are, "Is this opportunity significant enough?" and "Can I afford to pursue it given expected results?"

The answers to these questions depend on the market size and upon how your product's features, advantages, and benefits match with multicultural-based unmet needs. It also depends on whether you are willing to devote sufficient resources to multicultural marketing long enough to stimulate desired results.