

Despite trends compelling firms to ethnically tailor outreach to support brands, multiculturalism is not consistent. **Tanya Lewis** assesses pharma's cultural IQ and what it takes to develop such programs

# CULTURAL CONUNDRUM

**T**ibotec Therapeutics is doing far more than simply speaking the language of its multicultural audiences. Last fall the Johnson & Johnson subsidiary launched a multifaceted campaign aimed at keeping African American and Hispanic women in HIV/AIDS care. The effort followed on the company's GRACE Study, which focused on women (particularly women of color) who had received HIV treatment in the past and helped increase understanding of patient needs. Group product director Ben Kozub explains that 25% to 33% of last year's budget went to understanding patients through market research and implementing the campaign.

"Multicultural marketing [isn't] just attaching a face to your campaign," Kozub says. "It has more to do with presenting information in a culturally relevant way and in context. While pharma companies have translated information in many different languages, the way they communicate is also really important. We have to understand our customers...their background, culture and behavior to make decisions about our campaigns."

Given HIV/AIDS infection trends, African American and Hispanic populations are naturally a priority for Tibotec. But multicultural outreach hasn't been a consistent priority in the industry overall, despite the fact that multicultural populations represent significant markets with considerable spending power (see sidebar, right). The 2010 Census is expected to further clarify the increasing diversity in the US.

"With diversity comes the important task of designing programs that resonate with those audiences," says Sheila Thorne, president and CEO of Multicultural Healthcare Marketing Group. "Cultural mindset is a major and significant factor. If companies aren't in on this, they may be forced to get in...by 2014 when 32 million new consumers will have healthcare coverage for the first time, over half of which are people of color."

Hector Orcí, co-founder and CEO of Orcí, and David Henry, president and CEO of TeleNoticias, both point out that failing to

cultivate relationships with multicultural audiences is like "leaving money on the table."

Kozub says integration is critical to successful multicultural outreach. Tibotec, which markets antiviral Prezista, designed the GRACE program with help from allied healthcare professionals who work closely with the women in HIV/AIDS treatment. The campaign included educational materials, a microsite, a video, media relations, broadcast ads and events in Baltimore and Philadelphia for black audiences and, in Dallas and Miami for Latinos.

## Buying Power among Ethnic Groups

### Hispanic

Estimated to increase from \$978 billion in 2009 to \$1.3 trillion in 2014

■ Increase from 2000 to 2009: 100% (\$489 billion to \$978 billion)

### African American

Estimated to increase from \$910 billion in 2009 to \$1.1 trillion in 2014

■ Increase from 2000 to 2009: 54% (\$590 billion to \$910 billion)

### Asian

Estimated to increase from \$509 billion in 2009 to \$697 billion in 2014

■ Increase from 2000 to 2009: 89% (\$269 billion to \$509 billion)

### Native American

Estimated to increase from \$64.7 billion in 2009 to \$82.7 billion in 2014

■ Increase from 2000 to 2009: 65% (\$39.1 billion to \$64.7 billion)

Source: "The Multicultural Economy 2009," from the Selig Center for Economic Growth at the University of Georgia's Terry College of Business

Ten community liaisons help in interfacing with service and community organizations (and allied healthcare professionals) to communicate about the trial and ongoing patient engagement. Community organizations helped recruit women for the events, which included a panel of physicians, treatment advocates and a patient. In Miami, all panelists were bilingual and the audience asked questions in Spanish.

“GRACE continues to be part of core strategy,” Kozub says. “We’re conducting more regionalized grassroots programs in English and Spanish to expand this model. We launched a portal that allows case managers to access unbranded HIV information that they can customize for African American and Hispanic communities.”

Carlos Santiago, president and chief strategist of Santiago ROI, who has developed Hispanic programs for a number of healthcare clients, including Ortho-McNeil Neurologics, says several leading pharma companies showed interest in centralized multicultural marketing units prior to the recession.

“Some were quite advanced in overall strategic analysis, understanding of opportunity size [and] how to subset the market,” Santiago explains.

Thorne says most clients now have multicultural marketing on their agendas. Although she cites challenges, including underfunding and a “pilot market mentality” that she says can alienate audiences when programs are dropped after two or three years.

“If a brand manager is interested in multicultural programs, they will happen, but when that person goes away the program dies,” Orci adds. “Only when the C-suite decides it’s important will outreach be consistent.”

It seems fair to assert that pharma companies do have the resources to develop multicultural programs—it’s just a matter of allocating money and putting talent behind it.

“They may not have had talent focusing in Hispanic markets on the pharma side, however, they’ve had a lot of talent focusing on this on the OTC side,” Santiago says. “Some pharma companies have very good talent who understand the intricacies of...the Hispanic and African American markets. They just need to pull them into a centralized effort. I expect a gradual shift towards this.”

Santiago also points out that many pharma companies have a global footprint, which is advantageous in cultivating multicultural talent. He says multinational companies that provide employees with international experience allocate the highest proportion of marketing spend on multicultural programs.

“Many pharma companies have consummate marketing professionals who have worked outside US,” he says. “Those people are perfect for multicultural marketing positions.”

## Top 5 Pharma Companies in Hispanic Market Outreach

1. **CH Boehringer Sohn** Allocation\*: 9.1% (\$21.8 million)
2. **Johnson & Johnson** Allocation: 5.3% (\$54.4 million)
3. **Pfizer** Allocation: 3.1% (\$40.7 million)
4. **Novartis** Allocation: 2.1% (\$5.0 million)
5. **Abbott** Allocation: 1.3% (\$2.9 million)

\*Allocation refers to overall ad spend on Hispanic-centric TV, print, and radio; it does not include outdoor, online, PR, brochures, signs, events, incentives or samples.

Source: 2010 AHAA Hispanic Marketing Investment Trends Report

Thorne notes that multicultural marketers must be good segmentation strategists and be open to differing points of view. Strong ethnic media skills and willingness to build long-term relationships with ethnic organizations are also required. “Willingness to learn is the biggest thing,” TeleNoticias’s Henry says. “Just because someone might be Asian, Hispanic or African

American doesn’t mean they understand the market. I’m not Hispanic, but I’ve taken the time to really know the market. You have to really get into the communities. A good multicultural marketer [must collaborate with and learn from] market experts, patients and healthcare providers.”

Orci adds that some clients expect Spanish-speaking employees to provide advice, which he says is “the equivalent of asking anyone named ‘Smith’ to advise on Anglo programs.”

Thorne advises integrated institutionalized programs that can be executed across functions and disciplines (and regardless of personnel changes). “Marketing, advertising and PR have to work in lock step,” she says.

Kozub reiterates the importance of understanding patient and physician perspectives. And he thinks pharma companies in general do have the talent and insight to execute successful campaigns.

“It’s a matter of focusing,” he says. “Understand core customer groups. Leverage what’s been successful in the past and adapt it to the population. You have to talk to them in a way they understand [to] help them be more engaged in therapy decisions.” ■

**grace**  
Genes, Race, And Cultural Experiences

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in the Past

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Dr. Nadia Corcos, UCLA School of Medicine, Los Angeles, CA

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Treatment history and other metabolic, hematologic, or phenotypic testing should guide the use of PREZISTA.  
• The use of other active agents with PREZISTA is associated with a greater likelihood of treatment response.

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Can pharma’s talent focused on OTC side (above, ad from McNeil Nutritionals) help on the Rx side (top, edu. material from Tibotech)?