



The Case for Culturally Competent Health Marketing

It is no secret that the demographic landscape of the United States is changing or that Hispanics are the biggest factor in the demographic shift. As it stands, Hispanics are now the nation's largest minority making up 16.3% of the population¹ and projections show that number will keep climbing. The United States Census Bureau estimates that Hispanics will comprise up to 30% of the population by 2050.

While many industries such as financial, insurance, telecommunications, food and beverage have noted the trend and increased multicultural spending in order to reach Hispanics, some sectors have lagged behind. Health care is among the stragglers. In 2011, less than 1% of pharmaceutical direct to consumer advertising dollars were spent on the Hispanic market.² In 2012, only two pharmaceutical companies made *Ad Age's* list of the top 50 spenders in Hispanic media. None made the list in 2013.

This is a pivotal time for the health industry. Between the spending power of the burgeoning Latino population and the changes brought by The Affordable Care Act, any health care company or organization promoting health, nutrition and well-being is in a unique position to have significant influence on the lives of millions of people who consider themselves Latino. Almost overnight, the industry will have access to millions of new consumers as health care becomes more accessible (by 2014, at least 5.4 million more Latinos will have access to health care³), but it's a consumer group that is not fully understood. As this is a market with more than a trillion dollars in buying power, the entire industry is at a crossroads with how to leverage its new role in the average Hispanic's life.⁴

Serving multicultural populations has never been a strength of the American health care system. There have long been disparities in the quality of care received by whites and minority populations. Minority populations also suffer disproportionately from many preventable diseases. While access to care plays a huge role in those differences, it isn't the only factor. A lack of culturally competent health care has significantly impacted the health of minority populations.

Cultural competence refers to a combination of awareness, attitudes, skills and behaviors that allows for meaningful and effective interaction between people of different socio-economic or ethnic backgrounds. And there are few places where cultural competence is

¹ US Census of Population and Housing, 2000: Hispanics in the United States. Washington: Government Printing Office, 1991

² Jose Villa. "The Statistics You Need To Know When Marketing To Hispanics," *PM360*, December 1 2010, <http://www.pm360online.com/the-statistics-you-need-to-know-when-marketing-to-hispanics>

³ Henderson, Ashley; Robinson, Wilma, Feingold, Kenneth. "ASPE RESEARCH BRIEF" *The Affordable Act and Latinos*, April 2012

⁴ "Hispanic Fast Facts," <<<http://ahaa.org/default.asp?contentID=161>>>

more important than it is in health and wellness. So important, in fact, that Dr. Thaddeus Bell, a health disparities expert at the Medical University of South Carolina, says several states such as New Jersey require licensed physicians to complete cultural competency training.

Although quality health care should be accessible to all, it is ultimately up to the individual to take responsibility for his or her health. Individuals make decisions each and every day that impact their well-being, often based on their specific customs, thoughts, beliefs and values.

Lost in Translation

When it comes to providing quality health care, language plays a critical role. Research has long shown that language affects both access to care and the quality of care received. Patients with “limited English proficiency” are more likely to report being in poor health, delay needed medical care, leave the hospital against medical advice, skip follow-up appointments, suffer drug complications and are less likely to have a regular health care provider⁶.

While some providers, companies, and institutions have tried to remedy the situation by translating materials from English to Spanish, the solution is more complex than that. A number of issues arise with the question of translation – complications that go beyond language.

According to Dr. Maria Elena Villar, an assistant professor in the department of advertising and public relations at the School of Journalism and Mass Communications at Florida International University, translation is difficult to do well, especially when dealing with a “market that includes immigrants from so many different countries that all speak Spanish with different accents, slang and styles.” She believes that a good translation will suffice if the messaging is strictly informational in nature, and is as simple as possible. For example, research has shown that “materials written in plain English and at a lower grade level result in better understanding and improved knowledge.”⁷

However, some health topics require cultural messaging to encourage action. It is here that issues like formality vs. informality, propriety of Spanglish, and the look and accent of spokespeople must be considered⁸. In short, speaking the same language does not always mean sharing the same culture. “Although Latinos are brought together by a common language, with significant ethnic differences, culturally Latinos are a melting pot with no two groups alike,” said Dr. Wilfredo Talavera, a physician and publisher of *Latino Health and Life Magazine*. “Believing that we are all the same ignores the enormous cultural diversity and fosters oversimplification.”

⁶ Ku, Leighton and Glenn Flores. “Pay Now or Pay Later: *Providing Interpreter Services in Health Care.*” *Journal of Health Affairs*, March 2005, vol. 24, no.2

⁷ Andrulis, Dennis P. and Cindy Brach, MPP. “*Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations.*” *American Journal of Health Behavior*; 2007; Issue 31 Supplement 1.

⁸ Interview with Maria Elena Villar, PhD



Language choice must also be taken into account. Not all Hispanics want their health information in Spanish, but cookie-cutter English-language materials will not do the trick. Cultural values and beliefs still play a part. According to Villar, when communicating with English-dominant Hispanics, “Issues are more similar to those of communicating with African-American consumers.” As such, communication and context are very important.

Cultural Beliefs, Values and Practices

In order for messaging to truly resonate, marketers must take a consumer’s cultural beliefs and values into account. These color an individual’s concept of health that, in turn, affects the way that individual “receives, processes and accepts or rejects information.”

“Issues such as styles of communication, trust and belief, family dynamics, tradition and customs and gender need to be taken into account when clinicians interact with patients,” said Talavera. “As an example, Latinos may react differently in matters such as verbal and non-verbal communication, eye contact, body language, personal space and expression of symptoms.”

In a study on the effect a Hispanic’s cultural values has on his or her health literacy, the National Library of Medicine identified four common cultural values that influence the Latino community’s view on health care.⁹ Those values are:

- *Personalismo*
- *Respeto*
- *Confianza*
- *Familiaismo.*

Personalismo refers to the importance of personal relationships over organizational or institutional relationships. Latinos value personal relationships because personal contact demonstrates interest, warmth and concern. *Respeto* or respect comes hand in hand with *personalismo*. Respect is reciprocal: it is the foundation of genuine relationships. Moreover, respect calls for appropriate deferential behavior towards others based on age, gender, social position, economic status and authority. Genuine relationships are also built on trust or *confianza*. *Confianza* can determine the quality of long-term patient-provider relationships.

Familiaismo may, perhaps, be the most important value. *Familiaismo* describes the group interdependence among family and friends that is at the center of Hispanic society. As this dynamic emphasizes affiliation, cooperation and group activities, U.S. Hispanic families tend to be larger and “depend on an extended family model for help in child rearing and care giving.”

Because of this, health care is a group activity. Multiple family members often attend doctor’s appointments and decisions are typically made after consulting various family

⁹ Young, Mario. “Hispanic Health Information Outreach: Recommendations for NLM Strategy and Tactics” <<<http://nnlm.gov/evaluation/community/hispanicoutreach.pdf>>>



members. Opinions from the adult children of the older generation hold great weight, as do those of mothers, considered the main caregivers within the family unit. Few decisions are made without these inputs.

Hispanics also hold very specific beliefs about life itself, which factor into health care decisions. Many Latinos believe in fatalism – the idea that life’s events are predetermined and little can be done to change outcomes. Numerous studies have illustrated this phenomenon. A Texas research company found that 26% of Hispanics believe health concerns are not within their control, compared to 12% of whites.¹⁰ In another example, a San Diego State University study found Hispanic women are more likely than white women to believe that cancer is not preventable and that death is inevitable with a cancer diagnosis.¹¹

Finally, Latinos have an affinity for seeking natural healing alternatives and home remedies before visiting the doctor. Dr. Barbara Peña, head of ER at Miami Children’s Hospital, recalls an incident when a Hispanic family brought in a colicky infant who was suffering from seizures. After a myriad of tests, doctors still could not determine the source of the problem. That’s when Peña remembered that star anise is a home remedy believed to cure colic. It has also been known to cause seizures in children. The child had been drinking star anise tea for over a week.

Information for All

Perhaps the biggest challenge Latinos face in receiving quality health care is the one that is easiest to remedy: access to credible sources of health information.

Latinos are hungry for health information. Researchers at Google found that Spanish-language online health queries grew an average increased six-fold per sub-category between 2006 and 2011.¹²

Unfortunately, although the demand for Spanish-language health materials is there, the supply isn’t. To make matters worse, the quality of the information that is available in Spanish is, in the opinion of Dr. Villar, simply “inferior.” Because multicultural marketing budgets are often small, many materials are just basic translations of materials created in English. For example, many brand teams still use PDF’s for multicultural materials instead of building dedicated microsites.¹³ Univision researchers have also found that most

¹⁰ [Vega, William; Rodriguez, Michael; Gruskin, Elisabeth. *Health Disparities in the Latino Population*. <<http://epirev.oxfordjournals.org/content/31/1/99.full>> Oxford Journals July 2009. doi:10.1093/epirev/mxp008](http://epirev.oxfordjournals.org/content/31/1/99.full)

¹¹ Press Release, < <http://news.health.com/2010/10/20/fatalistic-attitudes-may-keep-hispanic-women-from-cancer-tests/>> 20 October 2012

¹² Univision Corporate Press Release <<http://corporate.univision.com/2012/content-types/articles/healthcare-marketers-should-speak-%E2%80%9Csalud%E2%80%9D/#axzz2M2OmhiRj>>

¹³ Arnold, Matthew. “Pharmas’ Multicultural Consumer Efforts Online Fall Flat.” www.mmm-online.com/pharmas-multicultural-consumer-efforts-online-fall-flat/article/219410



Spanish-language health websites do not provide the same level of information available in English. Finally, bilingual sections of pharmaceutical sites are often missing important reader-interaction elements like symptom trackers and “Questions to Ask Your Doctor.” These cracks in communication have hurt the health literacy of the Hispanic population in America. A recent study from the Columbia University School of Nursing found that a third of Latino study participants met low health literacy standards.¹⁴

An individual’s knowledge of how, when and where to receive care is often a contributing factor to many medical emergencies and poor health outcomes. “Those with lower health literacy skills had a higher incidence of diabetes-related problems, associated with a higher risk of hospital admission, negatively impact birth outcomes and associated with poorer physical and mental health in older adults,” says Talavera.

Experts agree that health literacy is a systemic problem and not an individual deficit. People must be able to fully understand health information in order to be actively involved in health care decision making. As summed up by Bell, “If we have better information, we can do a better job of taking care of ourselves.”

Health literacy goes beyond a person’s actual literary skills – context plays a big part. A person can face health literacy challenges in a number of situations including instances, such as when:

- He/she is not familiar with medical terms or how the body works
- He/she has to interpret numbers or risks to make health care decisions
- He/she has been diagnosed with a serious illness and is scared or confused
- He/she has a complex condition that requires complicated self-care.

Where the information can be found further muddles the health literacy problem. Hispanics are more likely to value nonmedical sources of health information than other groups (La Raza Health Profile).²¹⁵ The National Council of La Raza found that 69% of Latinos report receiving health information from TV. Additionally, 51% of Latinos say they receive health information from newspapers, 40% from radio and 35% online. Word-of-mouth is also an essential source of information, as two-thirds of Hispanics say they receive health information from family and friends and 31% report receiving medical information from community groups and churches. These statistics bring home another important point: Latinos are open to receiving health care messaging from various sources. Those can also include pharmaceutical companies.

¹⁴ Gillette, Hope. *Poor Literacy among Latinos linked to an increase in antimicrobial resistance*, <http://www.huffingtonpost.com/2013/02/11/poor-health-latinos-_n_2661906.html>

¹⁵ <http://www.nclr.org/index.php/issues_and_programs/health_and_nutrition/health_care_reform/hcrarchive/heathprofiles/profiles_of_latino_health/>



Take the case of Allegra. Sanofi –Aventis commissioned an original Spanish-language creative campaign to educate the Hispanic community about the drug. IAG research showed that the Spanish-language ads “outperformed the total category of Cold/Sinus/Allergy ads in English in terms of recall and likeability.”¹⁶

The State of Hispanic Health

Like other multicultural groups, Latinos are more likely to suffer from many preventable and chronic diseases than their white counterparts. As the nation’s fastest growing minority, there is considerable reason to focus on rectifying such disparities.

According to a joint study by the Pew Hispanic Institute and the Robert Wood Johnson Foundation, Latinos are more likely to be overweight, increasing their risk of developing diabetes and other health conditions like heart disease and certain types of cancers.¹⁷ Dr. Talavera says large numbers of Latinos are also suffering from other diseases and conditions including breast, lung, colon and prostate cancers, stroke, diabetes and chronic liver disease. The disparities do not end here; nor do they affect all Hispanics in the same way. An Office of Minority Health study says disease incidence differences may also depend on a Latino’s country of origin. Those differences include:

- Puerto Ricans have the highest asthma, HIV/AIDS and infant mortality rates.
- Mexicans are more likely to suffer from diabetes than other groups.
- Mexican-Americans have the least success when it comes to controlling **blood pressure**.
- Mexican-American men are more likely to be obese than non-Hispanic whites
- Mexican-Americans living along the border have shown an increased risk of **infectious diseases** such as tuberculosis and hepatitis.
- Hispanics have the **lowest** rates of vaccination . For example, only 40% of Hispanics over the age of 18 have received the flu vaccination compared to 52.7% of their non-Hispanic white counterparts.
- Historically, Hispanic women have had the highest rates of cervical cancer. Experts directly attribute this to a lack of knowledge of and access to preventative care.
- Latinas are 2.3 times as likely to have **late or no prenatal care** when compared to non-Hispanic white women.
- Hispanic females are three times more likely than non-Hispanic white females to have teenage pregnancies.¹⁸

Notably, many of these health issues and conditions are preventable. Federal medical experts believe these problems could be addressed with several intervention strategies,

¹⁶ Talbot, Eric. <http://corporate.univision.com/2012/content-types/articles/marketing-pharma-to-a-multicultural-audience/#axzz2OZneYHZ4>

¹⁷ Livingston, Gretchen and Susan Minushkin et al. “Hispanics and Health Care in the United States: Access, Information and Knowledge. A Joint Pew Hispanic Center and Robert Wood Johnson Foundation Research Report. <<http://pewhispanic.org/files/reports/91.pdf>>

¹⁸ Gillette, Hope. *A List of top health disparities Affecting Hispanics in the US*. <<http://www.voxxi.com/health-disparities-hispanics/#ixzz2OCdunQON>>



including increased health and wellness education.¹⁸ And, perhaps, the best place to spread those messages is through the media.

According to the Pew/RWJF study, Latinos obtain a great deal of health information from the media, and make behavioral changes based on what they learn. 79% of Hispanics said they have acted on health information they received from a media source and they are especially open to diet and exercise messaging.

Call to Action

Whether a health care marketer's motives are philanthropic or business-driven, one thing is clear: it is imperative to provide culturally competent health care.

Culturally competent health care is both a moral and financial obligation. It will not only put an end to health disparities among Americans, it could potentially lead to a healthier economy. Hispanics are an emerging consumer force, with a purchasing power expected to reach \$1.5 trillion dollars in 2015.² Sometimes referred to as "super consumers," Latinos in the U.S. are blowing past all groups in this regard. This uptick in purchasing power seen in the United States that is not replicated elsewhere can be traced firmly to the Hispanic market. Latinos are a bigger part of America's future than ever before. Offering them digestible, accessible health information is critical in keeping America's fastest growing minority healthy and on its feet.

ABOUT NEWLINK AMERICA

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² Jose Villa. "The Statistics You Need To Know When Marketing To Hispanics," *PM360*, December 1 2010, <http://www.pm360online.com/the-statistics-you-need-to-know-when-marketing-to-hispanics>

