Capturing The Essential Dynamics Of The Emergent Hispanic Health Care Market

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CAPTURING THE ESSENTIAL DYNAMICS OF THE EMERGENT HISPANIC HEALTH CARE MARKET

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INTRODUCTION

"Hispanic marketing is now a multibillion dollar industry, spread throughout Los Angeles, Miami, Chicago, New York and every other center with a large concentration of Latino population" (Halter, 2000, p. 23). The Hispanic culture is becoming an increasingly common aspect among mainstream American culture. Whereas during the 1960s Latino social movements "defined themselves against anything Spanish, such distinctions have since been countered by the growing consolidation of a common Latino/Hispanic identity that encompasses anyone from a Spanish/Latin American background in the United States" (Halter, 2000, p.1). For the purpose of this study, the author kept the standards of the United States Census 2000 using Hispanic and Latino interchangeably.

Key to this development has been the proliferation of Hispanic marketing and advertising activities. Over recent years corporate America has directed its promotion efforts to this very cultural-specific market, which proves the existence and undeniable doubt of profitability in the fastest growing sector of the marketing industry in the United States (Halter, 2000). In this thesis the author will explore and examine the health care industry's role in the current and future marketing concerns to the Hispanic population, which, according to U.S. Census 2000 statistics, will become the same face as the current mass population by 2050.

"The confluence of demography, technology and globalization is transforming culture and society worldwide" (ESOMAR: Ethnic Marketing Conference, 2000). Brand marketers and management must address the needs of the Hispanic population and position themselves on the front lines sooner than later. Major health care corporations must institute a dedicated
division or department exclusively to ethnic marketing in order to survive the 21st century. Without a department that understands the sensitivities, needs and specific health issues surrounding the Hispanic population, they will fall significantly behind the times. Particularly, pharmaceutical companies cannot afford to ignore the potential impact of an extremely brand loyal culture that can greatly contribute to their bottom line market share.

Pharmaceutical marketers are increasingly addressing the Hispanic community in defining their marketing strategies. One impetus for this has been the 1997 ruling by the Food and Drug Administration (FDA), "which allowed pharmaceutical firms to advertise the specific names of prescription drugs and the conditions they treated" (Hispanic Market Weekly, February 25, 2002) commonly known as direct-to-consumer (DTC) advertising. Many pharmaceutical companies have jumped on the bandwagon, which changed the way companies market to Hispanic consumers. Since then, the DTC advertising expenditure has been growing. In 2000 alone, pharmaceutical companies spent $2.5 billion advertising prescription drugs, according to Intercontinental Marketing Services. However, estimates in People en Español's Hispanic Opinion Tracker 2001 (HOT) show that less than one percent of DTC advertising dollars went to Hispanic media in 2000 (Hispanic Market Weekly, February 25, 2002).

Pharmaceutical companies need to continue their efforts and increase their focus on implementing strong Hispanic marketing programs to capture their market share. If adequate attention and resources are not committed to strategic Hispanic marketing initiatives, the potential for capitalizing on this market in the immediate future is unlikely. Cutting current budgets and limiting advertising and promotional spending on these efforts will only backfire in the years ahead. "Ethnic markets are growing at a rate twice as fast as the overall
population with the trend being accelerated by the arrival of almost 10 million immigrants during the 1980's, mostly from Asia and Latin America. By the year 2010, non-whites are projected to make up the majority of the population of California and Texas" (McDermott, 2001, paragraph 4). The US Census 2000 data also supports this statement in their population's projections of Hispanics by region.

Meeting the marketing health care needs of Hispanics requires a deep understanding of their social and cultural traditions, as well as their economic environments. There are unique characteristics that make up Hispanic society. Before any marketing initiatives are undertaken, there must be a thorough knowledge of the culture in order for any strategic long-term marketing plan to be successful. Sensitive psycho-socio cultural approaches are necessary to provide true insight into the hearts and minds of the Hispanic consumer. Can the Hispanic community be effectively marketed to by the health care industry? By balancing the disparities in the health care system and industries, achieving brand loyalty will become a large part in obtaining the trust of the Hispanic community. As the disparities decrease for the Hispanic patient, efforts of brand managers will garner future successes. This study will focus on what needs to be done in order to capture the Hispanic market share. In researching this topic, overwhelming evidence suggests that this emergent market has been neglected by the health care industry. For the most part, this study will concentrate on how the health care professional can and should focus on this population to position both dedicated health care providers and Hispanic patients in a win-win position.

Research Question

What are the elements needed prior to marketing to the Hispanic community's needs and concerns in the health care industry, which will ultimately lead to a successful marketing
plan? This examination will investigate if health care providers and marketing professionals understand the cultural competency required to develop marketing plans that capture the Hispanic population appropriately. This is the starting place for ultimately understanding how, why and what is involved in increasing the market share in this population.

Subsidiary Questions

In an effort to comprehend the impact the health care industry has on the Hispanic consumer, this study will also be devoting time on answering the following integral questions to effectively capture the Hispanic market share.

#1 Does the language barrier play a significant role in treating and marketing to Hispanics?

#2 Can marketers develop and sustain brand loyalty due to cause related marketing efforts?

#3 Do Hispanics prefer health care professionals that speak Spanish?

#4 Can health care professionals learn cultural competency to better treat the Hispanic patient?

#5 What is the importance of cultural competency to the brand marketer?

#6 What steps are being done to change the disparities in health care within the Hispanic community?

Purpose of the Study

Looking back on the past decade and the marketing strategies of major corporations, health care or not, there has been a significant increase in developing multi-cultural divisions
or other attempts to improve the understanding of various emerging markets that will become the wave of the future, if not the norm. This study will be devoted to the Hispanic population. The Hispanic population is the most significant U.S subpopulation that has $428.3 billion dollars (Morton, 2002,) per annum to spend. As the buying power of this emerging market increases, corporate interest appears to be growing and devoting more marketing expenditure to it. Based on sheer numbers alone, the U.S. Census 2000 statistics show there are approximately 33 million Hispanics, representing 12 percent of the total U.S. population living in America. By the year 2020 there will be an estimated 55,156 million Hispanics in the United States, making one in eight people of Hispanic origin or descent (Therrien & Ramirez, 2000). Keeping in mind that the current population of the Hispanic community in the United States is greater than the total population of Canada (Morton, 2002) puts this emerging market into clear perspective.

Understanding these dynamics, how can the health care industry take a leadership role, thereby capitalizing on the brand loyalty among Hispanics? The youthfulness of the U.S. Hispanic population compared to the U.S. non-Hispanic population - - 65 percent of the Hispanics are under age 35 and 45 percent of non-Hispanics are under age 35 (Hispanic PR Wire, Oct. 8, 2002) - - is critical in developing key marketing strategies. These disproportionate figures can serve as a strong incentive for manufacturers and long-term retailers to take action. How can a corporation invest in Hispanic youth, assuming that the cultural attitudes of this ethnic group can turn into a customer for life?

As the author researched this topic, brand loyalty is tantamount to being successful in the future. Cause related marketing initiatives are critical to long-term goals and outcomes. One Hispanic survey respondent stated "a company should walk the walk and talk the talk
and put their money where their mouth is.” This response infers that continued dollars behind the Hispanic community will influence them and make a believer out of the consumer, ultimately saying ‘you are with us and we are with you.’ The Hispanic consumer is quickly becoming the ‘minority majority.’ If companies fail to realize this, they will miss major opportunities in the near future and beyond.

Specifically, companies large and small must comprehend that there is not one face on the American frontier. Without focusing on the future with a clear understanding of the psychographics, demographics, segmentation, trends and great opportunities that await the corporations who are leaders and advocates of the Hispanic community, they will not reach the market capitalization that can be obtained.

Objectives

The purpose of this study will be to explore if target marketing from the health care industry can impact the Hispanic consumer. The author will focus on three objectives during the course of this examination. The first objective will be to exhibit if the language barrier plays a significant role in treating and marketing to the Hispanic community. The second objective of this study is to probe and understand the role cultural competency has in enabling marketers to understand how a company can do good business and target market the Hispanic population. Thirdly, the author will illustrate how the effectiveness of marketing to the Hispanic community will increase market share based on brand loyalty and cause related marketing efforts. Addressing these specific issues will help identify what an organization should do to move forward and focus on the Hispanic marketplace.
Definition of Terms

#1. Acculturation: Where the cultural patterns of immigrants endure in some fashion and the host culture incorporates elements of the immigrant’s culture (Rose, 2002).

#2. Assimilation: To make or become similar; to absorb a culturally distinct group into the prevailing culture (Webster, 1996).

#3. Brand Loyalty: Repeat customers who value a product or company’s integrity and quality.

#4. Cause Related Marketing: Non-profits teaming up with major corporate sponsorship to put both parties in a win-win situation.

#5. Cultural Competency: “Cultural and linguistic competence is a set of congruent behavior, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations” (American Journal of Multicultural Medicine, p. 10).

#6. Demographics: Relating to the dynamic balance of a population especially with regard to density and capacity of expansion or decline (Webster, 1996).

#7. Emerging Market: An untapped subpopulation that has potential buying power in the future to concentrate marketing efforts on.

#8. Hispanic: Of or relating to Spain or Spanish-speaking Latin America.

#9. Hispanic American: A U.S. citizen or resident of Hispanic descent.

#10. Population: 1. The people or total number of people in a given area. 2. A group or set under statistical study (Webster, 1996).
Limitations

To an extent this study is inhibited by an exclusive focus on the healthcare industry, thereby limiting the amount of literature that is documented. Cultural competence was a new concept until 1989 when a landmark report by researchers at Georgetown University defined it (American Journal of Multicultural Medicine). Ethnic and multi-cultural marketing also has a wide variety of other industries within the marketing arena. The pharmaceutical industry has become one of the forerunners to acknowledge the need to understand, educate and emphasize the impact it can have on Hispanic healthcare consumers and consequently company shareholders.

Another factor that renders limitations to the study is the insufficient amount of literature on the emergence of Hispanic marketing that is specific to the pharmaceutical industry. For the most part the author has had limited information on the pharmaceutical industry to consumer illustrations. In considering this factor the author lacks the parallel from company to company and limits the conclusions.

Lastly, the Hispanic and healthcare professional participants surveyed were exclusively from the Northeast Coast of the United States. In effect, if time and finances had been available to conduct a large national effort, the outcome could have yielded different results.
Chapter II

HISPANICS IN AMERICA: AMERICA'S NEW MAJORITY

To better understand the Hispanic culture and immigration process to America, we must first understand where, how and why they came. It started with the voyage of Christopher Columbus and his Spanish subsidized journey, and eventually led to landing, occupying and establishing the first permanent settlement in St. Augustine, Florida, in 1565.

There may not only be reasons for economic development, but more of a military and political action that can be attributed to the immigration of the early Hispanic population. These immigrants may be “linked to the policies of Manifest Destiny, that declared the United States God-given right to all North American territory and then the Monroe Doctrine which declared United States hegemony over Mexico, Central and South America and warned European powers not to intervene. The Spanish American War brought Puerto Rico and Cuba under U.S. administration in 1898” (A Primer for Cultural Proficiency, p. 31). Due to this, many immigrants followed because of war, politics, rebellion and occupations in their homeland. This continued through the 1980s due to civil unrest in many Central American countries to bypass the civil wars through those various countries.

Mexican Americans, Puerto Ricans, Cuban Americans, Central Americans, Dominicans and South Americans have all left their homes to pursue the concept of Manifest Destiny, whether motivated by destitution, hope, civil war or for reasons the original Conquistadors came. Health care providers must realize that most of the current population is here by choice, albeit under turmoil at times. They came here seeking the best jobs, lifestyle and health care opportunities that elude most of them in their motherland.
There is a popular saying in Mexico for generations "so far from God, so close to the
United States." Hispanic Americans want to be in America to receive the best life has to
offer, including health care. They put a tremendous amount of faith into American society
and some Hispanics only dream of coming here. Mexico lost "half of its northern territory to
the United States following the Mexican American War through the treaty of Guadalupe
Hidalgo (1848). For Mexicans living in the areas annexed by the Treaty (mostly the
southwestern U.S.), the border had crossed them adding new cultural and language that still
exist today" (A Primer for Cultural Proficiency, p. 32).

Profile of the Hispanic Patient

There are three key factors to understand the health status of Hispanics, according to
the Primer for Cultural Proficiency on Hispanics by the National Alliance for Hispanic
Health (2001):

1) Hispanics have a lower mortality rate than the overall population, but are at greater
risk for a number of chronic illnesses and disease. Neither mortality nor ‘excess death’
is an accurate measure of health for this population.

2) Hispanics exhibit a number of positive health indicators in terms of diet: low levels of
smoking and illicit use of drugs; and a strong family structure. However, with
acculturation these positive indicators tend to deteriorate.

3) There are differences among Hispanics groups, but there are important similarities.
There are commonalities within the Hispanic communities, such as low smoking among
women, while at the same time a low immunization rate that is associated with economic
status, particularly the Hispanic non-school-age child. Sadly, acculturation pays the price
among immigrants and appears to lessen healthy diets and find its way to negative influences of the American culture, such as smoking, alcohol abuse and unprotected sexual activity (A Primer for Cultural Proficiency, 2001).

Researchers have not accumulated data on the Hispanic population until 1989 when the U.S. National Model Death Certificate collected data on Hispanics. With the lack of information, it prevented an authentic Hispanic profile. More importantly, the accumulation of this data in the 1990s showed that there was less access to education and health care and lower incomes among Hispanics, as well as finding that Hispanics live longer than non-Hispanics. This was counter to the prevailing models (A Primer for Cultural Proficiency, 2001).

In developing a Hispanic strategic health care target marketing plan, companies should be concentrating on a number of factors, presented in rank order based on the 1998 top five causes of death for Hispanics of all ages. They are:

1. Heart disease
2. Malignant neoplasm (cancer)
3. Accidents and adverse effects
4. Cerebrovascular disease
5. Diabetes

(A Primer for Cultural Proficiency, p. 31)

The Hispanic population has the most youthful group documented, indicating, "its median age is 26.6 compared to 38.6 years for the non-Hispanic white population" (A Primer for Cultural Proficiency, 2001, p. 39). Knowing this important statistic, health care and
pharmaceutical companies can combat some of the more inherent diseases within the Hispanic community early on.

“Much about what we know about Hispanic health is not only new but contrary to existing models of health. Consequently, it is crucial to determine the specific needs of each Hispanic population a health professional is serving before developing educational or clinical approaches to treatment. It is also very important to re-evaluate approaches in regular intervals to assure quality care” (A Primer for Cultural Proficiency, 2001, p. 53).

No Habla Ingles? Addressing the Language Barrier in American Health Care

According to the author’s survey, 82.5 percent of Hispanics prefer a doctor who speaks Spanish versus a doctor who has no knowledge of the language. Even more so “doctors who are of the same race or ethnicity, and those that do have same-race physicians report greater satisfaction with their care” (Ruters Health, October 31, 2001). Dr. Thomas A. LaVeist of John Hopkins University in Baltimore, Maryland, agrees: “When patients have a choice, patients are more satisfied and more likely to chose a physician of the same racial ethnic group” (Ruters Health, October 31, 2001).

Similarly, studies show that Hispanics are more likely than whites to have difficulty communicating with doctors and gaining access to health care. Hispanics also believed that they would receive better care if they were a different race, according to a survey released by the Commonwealth Fund, a private New York-based health research foundation. “Hispanics, the nation’s fastest-growing minority, were more than twice as likely as whites - 33 percent verses 16 percent - to cite communications problems, such as failing to understand the doctor
or feeling the doctor did not listen to them" (Associated Press, March 6, 2002). Accessibility to language interpreters was also cited as a limitation among non-English speakers who said they needed interpreters during a health care visit, fewer than half said they always or usually had one (Associated Press, March 6, 2002).

Currently, there is an ongoing verbal battle between civil rights groups and doctors. The Washington Post reported that the "U.S. Department of Health and Human Services (HHS) released guidelines that require most doctors to provide interpreters for patients who have limited ability to communicate in English" (Otto, 2001, paragraph 1). Hispanic community activists are at the forefront of this initiative, calling for Spanish on-site interpreters or at least office workers who speak Spanish and can communicate with the patient if needed. Timothy Flaherty, chair-elect of the American Medical Association (AMA), argues that "the law cuts into doctor's income, and will require them to spend more for the interpreter than they collect in fees for their services. A physician can't stay in practice long operating that way" (Otto, 2001, paragraph 2). If this rule does get enforced, physicians will not be able to continue treating Medicare and Medicaid patients, putting not just Hispanic but all limited English proficiency (LEP) populations in jeopardy from the health care services greatly needed (Otto, June 5, 2001).

In this slippery slope with the AMA and other physician organizations lobbying to prevent this ruling from being realized, the National Alliance for Human Health (NAHH) and others are lobbying for the enforcement, making their position clear that if the federal government pays the bill for the patient, then an interpreter must be provided. This goes back to the Civil Rights Act of 1964 that no one shall be discriminated against based on race. Therefore, this is the lobbyist's key position. Meanwhile, there is a bill currently being
reviewed before Congress to rescind the interpreter rule (Otto, June 5, 2001). Foremost is the fact that a solution is needed to make both the health care provider and patient happy and healthy. Dr. Jose G. Acuna, editor of Reviews of Issues in Hispanic Healthcare, contends that the "near-term effects and future implications of not dealing with such language and cultural impediments to appropriate access, diagnosis, treatment and follow-up of Hispanic patients are significant" (Acuna, 2002, paragraph 7). This is a direct effect of the patient not understanding the discussions between themselves and a health care provider. It also often leads to misunderstanding and embarrassment by the patient, who often won't ask the doctor to explain again, and leads to non-compliance with treatment plans that are not understood by the patient.

Dr. Thomas A. LaVeist of John Hopkins University articulates, "It is not clear why doctor-patient race concordance was associated with greater patient satisfaction, but he speculates it may be because doctors and patients of the same race and ethnic group are able to communicate better—both verbally and non-verbally" (Reuters Health, October 31, 2002). He also believes "there's an understanding you have with a person of the same culture - - a sense of closeness and familiarity" (Reuters Health, October 31, 2002). He does not suggest segregating the health system, but advocates medical training that continues to expand efforts to train physicians to communicate well with patients from racial and ethnic groups other than their own (Reuters Health, October 31, 2002).

The potential to use slang when advertising to the Hispanic community is a very dangerous endeavor. Heterogeneity in language exists in this target audience, but there are colloquialisms that vary from country to country and do not always mean the same thing. For example, we see this in the United States from city to city. We have sub, hero and
hoagie all within a sixty-mile radius of New York City. This is a harmless example, but one full of danger when advertising to the consumer. If a simple word in Puerto Rico has an innocuous generic meaning, it could very well mean something inappropriate in Cuba, even though they are only 400 miles apart. Doctors also have to be cautious of this barrier when dealing with their patients. Hispanic Medicine offers good advice when dealing with Spanish patients: “Keep it short, simple and don’t use street terms or slang” (Reviews of Issues in Hispanic Healthcare, 2002, paragraph 11). If the wrong terminology is used, the consequences can be serious, resulting in the potential to insult or alienate the customer and causing the product or doctor to easily lose credibility.

As for marketers, the Spanish language is a common bond unifying the Hispanic population. Based on statistics, “86 percent of Hispanics in the United States learn Spanish as their first language. While 75 percent reported speaking primarily Spanish at home, only 40 percent consider themselves fluent English speakers. With this knowledge, future studies found that Spanish language advertisements are almost five times more likely to persuade Hispanic consumers into buying a product than English ads” (Korzenny, et al., April 1997). Based on such strong statistics, it is evident that advertisements in the Spanish language will attract the Hispanic dollar. Health care professionals need to recognize this fact as well. Showing a definitive need for bilingual health education material is needed to reach this significant population.

Disparities in Hispanic Health Care

Eliminating health care disparities is a huge endeavor. Knowledge, statistics and experience cannot solely eliminate this. It is based on comprehensive strategies and tactics
that create an awareness of this shared goal that can complete the initiatives. There seems to be evidence that ethnicity accompanies a strong increase in the disparity of health care among US populations. Former United States President Bill Clinton agrees that, “compelling evidence that race and ethnicity correlate with persistent and often increasing health disparities among U.S. populations demands national attention” (Eliminating Racial & Ethnic Disparities in Health, paragraph 3). Even with progress in the health of the country, there tends to still be disparities in illness and death by blacks, Hispanics and other racial groups. President Clinton has addressed and committed (Presidents Initiative on Race) “the Nation to an ambitious goal by the year 2010: eliminate the disparities in six areas of health status experienced by racial and ethnic minority populations while continuing the progress we have made in improving the overall health of the American people” (Eliminating Racial & Ethnic Disparities in Health, paragraph 1). This initiative will coincide with Healthy People 2010, which set forth the Nation’s health objectives for the coming years.

The cornerstone to realizing this initiative “will require a major national commitment to identify and address the underlying causes of higher levels of disease and disability in racial and ethnic minority communities” (Eliminating Racial & Disparities in Health, paragraph 2).

As the demographic landscape shifts in the coming years, the urgency of addressing health disparity issues with heightened importance increases. “Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by our success in improving the health of these racial and ethnic minorities” (Eliminating Racial & Disparities in Health, paragraph 3). In November 2002, the U.S. Department of
Health and Human Services Secretary Tommy G. Thompson announced the awarding of $85 million to support the elimination of health disparities among racial and ethnic minority communities (U.S. Department of Health & Human Services, November 1, 2002). This award supports the Department’s Initiative to Eliminate Racial Disparities in Health. The monies awarded to various communities demonstrates the ongoing commitment the federal government has to eliminate disparities.

As disparities decrease, "morbidity and mortality on a number of vital healthcare issues can be minimized by capitalizing on the potential of the US Hispanic community to grasp a health care message aimed its way" (Reviews of Issues in Hispanic Healthcare, June 1, 2002, paragraph 11). By doing so, we would "reduce the billions of dollars in health care overrun this country experiences every year from untreated or poorly treated chronic disease. Ultimately, if the pharmaceutical companies and the federal government don't start acting on the importance, implications and future impact of our largest minority population, not enough health care education may reach the Hispanic community in time to make a significant difference in its health care future" (Reviews of Issues in Hispanic Healthcare, June 1, 2002, paragraph 13).

Cause Related Marketing and Brand Loyalty Among Hispanics

"A great way to appeal to ethnic and minority customers is through cause marketing that benefits a cause that is favored by the group you wish to reach" (Rossman, 1994, p. 31). With strong cause-related marketing campaigns or sponsorship on a local level or even with a larger national campaign, it helps create an awareness of the product or service to that community. An effective campaign translates into much goodwill in the targeted market,
particularly in tightly knit ethnic neighborhoods. Companies seeking to attract the interest of the Hispanic community should look into the sponsorship of specific Hispanic holidays, for example. This type of event marketing is a perfect way to show support for a culture of people who are extremely proud of their heritage, ultimately leading to the brand loyalty that the Hispanic community is already known to have. When the Hispanic community senses a company is investing time, money and effort specifically targeted at them, the rewards inevitably follow. “Ethnic and minority consumers, particularly Hispanics, are more loyal to national leading brands than other consumers, perhaps because Hispanics lack awareness of ‘follower’ or ‘second tier brands’,” supports Rossman (1994, p. 30). The lack of advertising and promotional spend budgets are less in those second tier brands that can’t afford to advertise to ethnically segmented markets. So for the brand that does attempt and successfully infiltrates the Hispanic community when their competitors cannot, the results can be that they obtain that first market position even with limited promotional outlay.

On a national level, the top five demographics that corporations should be tapping their resources into are those with the largest population of Hispanics: Los Angeles, South Texas, Miami, New York City and Chicago.

From a non-health care perspective, consider Proctor and Gamble’s (P & G) successful Avanzando con tu Familia program (i.e., helping your family get ahead), which partnered with The Hispanic Scholarship Fund (HSF) to develop a community outreach program to provide scholarships to deserving Hispanic student throughout the U.S. With each purchase of a particular P & G product, a donation was made to HSF. The vehicle of choice; bilingual coupons inserted into millions of newspapers and Hispanic magazines. The coupon insert makes the connection with P & G brands and provides discounts that the Latino
consumers appreciate tremendously, according to Isabel Valdes, a Hispanic marketing expert based in California. She adds that providing added savings on P & G products through Avanzando is another way to help meet the everyday needs of Latino families and thank them for their loyalty. P & G launched this program back in 1999 as a multi-brand program with the hope of building stronger relationships between their product line and Hispanic families, most of all reaching Hispanic mothers (Hispanic PR Wire, October 9, 2002).

Eli Lilly (a leading pharmaceutical company) and Lions Clubs International (LCI) (an organization dedicated to sight preservation and restoration) teamed up for the Southern California Lions Health and Screening Initiative that was launched in October 2002. According to the California Diabetes Control Program, almost half of the diabetes patients in Los Angeles County are Latino (Hispanic PR Wire, October 9, 2002). The program focus is on the Latino community and offers free eye screenings and diabetes health education material via mobile screening units. "The initiative aims to bolster Latino's understanding of diabetes...also launching will be a major new public service campaign in Spanish and English."(Hispanic PR Wire, October 9, 2002, paragraph 5). This campaign was made possible through an education grant from Eli Lilly and Company who will also provide print public service announcements (PSAs) to be utilized through Lions Club communities across the nation. This example of Eli Lilly teaming up with a known national organization is the perfect tonic to success in the Los Angeles area and will give them the edge in the Hispanic community, provided they continue to be a presence. A cause that is critical to the community may help influence the prescription writing habits when a choice of treatment needs to be made by a doctor in that territory who is aware that its sponsor is trying to make a
difference. Particularly to the Hispanic doctor in the Hispanic community, their brand loyalty is the same intensity as their Hispanic patient.

It is suggested that direct marketing to Hispanics is more successful than non-whites. The “average U.S. Hispanic household receives only 20 pieces of direct mail a year, in stark contrast to the 300 pieces the average white household receives. Hispanics tend to be more receptive to direct marketing promotions. Some marketing analysts suggest that, because they are targeted to less often, the Hispanic consumers tend to remain brand loyal” (Marketing Leadership Council: Issue Brief, 2001, p. 11). When direct marketing to the Hispanic consumer, it is recommended to always send bilingual promotional materials, knowing that the significant percentage of Hispanics are predominately English speaking.

Building brand loyalty through cause related marketing makes more sense than intense market research at times. However, the author does not suggest ignoring the research. It is suggested that marketing professionals find a common connection, test the market and then stick with it. In hard economic times as marketing budgets are cut, more often than not the first cuts to any brand are to eliminate specialized marketing efforts and grants within an ethnic community. There needs to be resistance to cutting the budget for such efforts for any long-term brand loyalty to exist. The Hispanic population will immediately recognize when the sponsor pulls out of their community. Once this is done, regaining their consumerism is harder than attaining it. Keeping company grants and sponsorships within the Hispanic community is critical in defining a position in that market year by year. Short-term marketing plans will not sustain the long-term marketing strategy objectives.
Cultural Competency: Understanding the Dynamic

Whether shopping, going to the movies, riding mass transit, looking at various co-workers or sitting in the doctor’s office waiting room, we can see how cultural competency is needed in health care just by noticing the vast amount of people that don’t resemble us.

According to Diane Adams, MD, MPH, “The implications in health care can be a matter of life and death. For example, culture and language can effect whether a patient takes a proper dose of medication or even agrees to take a medication at all. Not offering appropriate translation services could lead a hospital to misdiagnose the condition of a person with limited English speaking skills” (Adams, January, 2000, paragraph 2).

Dr. Adams also asserts, “A first step for health care organizations interested in developing a cultural competency program is understanding what cultural competency means in health care. Some mistakenly equate it to cultural diversity as well as a competency for mainstream America. But at the crux of the concept is how well health care workers of all races can reach, serve and treat those people that don’t look like them, think like them and speak like them” (Adams, January, 2000, paragraph 3).

There is an urgent need for understanding this dynamic in all health care environments. Unfortunately, health care organizations have primarily been on their own when it comes to figuring out what cultural competency means (Meadows, January, 2000). With the help of the Office of Minority Health (OHM), U.S. Department of Health and Human Services (HHS), they developed standards for Culturally and Linguistic Appropriate Services (CLAS) in health care (Meadows, January, 2000).

The standards are designed to help health care professionals understand cultural competency. They are not a mandate, but rather recommendations to look at what can be
expected and perhaps ultimately lead to developing a set of guidelines for the rest of the country to follow. Assuming these recommendations are utilized by health care professionals throughout the nation, this effort can help facilitate and improve health outcomes in future years within the Hispanic population.

Dr. Adams suggests the following points for integrating a cultural competency program within an organization (Adams, January, 2000):

- **Tap into good cultural competency resources**
  - Training videos and consultants
  - Free or low cost government resources

- **Assess the staff’s understanding of cultural competency**
  - Testing: pre and posttest is part of staff training

- **Make training reflective of real life**
  - Use guest speakers to improve patient outcomes
  - Implement best practices

- **Include minorities in leadership roles**
  - Include minority leadership in the decision making process
  - Empower minorities to take part on advisory boards or task forces

- **Put the organization’s plan in writing**
  - Show the staff that cultural competency requires a commitment
  - Look for business models that will work for the organization

- **Put ideas into action**
  - Execute the concept
Most importantly, Dr. Adams feels that "some organizations claim to be culturally competent, but don't have appropriate procedures in place to address diversity. An organization must evaluate current vehicles such as printed materials and telephone system scripts" (Adams, January, 2000, paragraph 10). Assess the target population and make sure there is a clear communication path. While some health care providers are competent, they can more effectively respond to the needs of the 33 million plus Hispanics currently living in the United States today.

A critical fact in understanding and reaching the Hispanic culture is in the subtleties that are common among the community. For example, Hispanics are a very "touchy people"; "if you are more than a handshake distance from your customer or patient you're too far," says a Mexican American pharmacist who has conducted cultural proficiency trainings for her colleagues. Touching, how you make eye contact, the subtle things all count" (A Primer for Cultural Proficiency, p. 24). A sense of genuine warmth, sincerity and concern is what the Hispanic patient wants to feel from the provider.

LaFamilia or family has an important function in clearly defining the cultural attitudes of the Hispanic community. Hispanics include all immediate family members and then the extended family relatives, as well as friends or compadres, in any important decision making process. Hispanics include and consult with these outside sources instead of just keeping them inside the nucleus of the immediate family. This being the norm, many hospitals and doctors limit visits or physician discussions with immediate family members, which needs to be reevaluated. The mental comfort of the Hispanic patient of having their family available in person at a time of illness or treatment is very crucial to his or her outlook. "Hispanic families also traditionally emphasize interdependence over independence
and cooperation over competition and are therefore far more likely to be involved in the treatment and decision making process.” (A Primer for Cultural Proficiency, p. 24.)

As a general rule, Hispanic patients tend to look forward to what the health care provider has to say and will value their direction and services. Knowing this, the pharmaceutical company can concentrate their marketing efforts on respect for education, leadership, status and professionalism that the health care professional has in the Hispanics patient’s mind. By understanding this cultural phenomenon as a barrier to accessing other sub-populations, marketers should indeed capitalize on this knowledge. Cultural competency sales training of the pharmaceutical sales representatives and cause related marketing efforts brought into the Hispanic physicians office and hospitals will bring the ‘smart’ pharmaceutical company blazing into this century. A few spoken words in Spanish may become an important cure to people about a health care provider’s positive attitude towards them.

Respeto or respect implies a mutual admiration from provider to patient. If this is not felt from the Hispanic patient’s view, they may in turn stop any further treatment from that provider or corporation. Understanding the importance of respeto, it is critical for their office visit to be very personal rather than clinical or institutional. The same applies for advertising. “Hispanics expect health care providers to be warm, friendly and personal and take an active interest in the patient’s life” (A Primer for Cultural Proficiency, p. 26)

Confianza or trust is a key factor to delivering care to Hispanics. Health care professionals can obtain this trust through understanding how to utilize the cultural competency knowledge they gather. Hispanics are highly aware of non-verbal messages and “over time by respecting the patient’s culture and showing personal interest, a health care
provider can expect their trust” (A Primer for Cultural Proficiency, p. 28). The provider who can win their confuanza, confidence or trust will indeed establish a permanent bond. There ultimately will be an improvement in the willingness and outcomes of the Hispanic patient.

Chapter III

SURVEY DESIGN AND DISTRIBUTION

Through this study, the author hopes to inform the health care industry how to more effectively reach and meet the Hispanic populations health care needs and concerns, particularly the marketer. The author also plans to analyze the role in understanding the necessity for cultural competency or compassion in order to serve as the key to meeting the challenges of the health care disparities within the Hispanic community.

The author developed a survey of ten questions that were carefully crafted to determine whether language, limited access to health care, cost, perception of American health care, effectiveness in health care marketing to the needs of the Hispanic community, amount of brand loyalty by Hispanic consumers, preference for Spanish speaking doctors and finally, including the needs for customized attention in the Hispanic community.

The author then deployed forty surveys to health care professionals as well as forty identical surveys to Spanish speaking Hispanic Americans previously or currently utilizing the American health care system. The study was sent to eighty participants located in the Northeastern United States. The surveys were then returned to the author for analysis [Figure 3-1].

The targeted population of respondents for the health care professional for this study were selected based on their experience and their past interactions with the Hispanic
community. The targeted population of respondents for the Hispanic community was randomly selected based on participant guidelines.

Survey Objectives

The survey was conducted by the author to obtain a sampling of the health care provider's views and experience along with the Hispanic patient/consumer views and experience based on the same questions. By asking both sets of participants identical questions, the author can evaluate any disparities between the two groups responses, if any. The author then evaluated the data to better understand what is a common perception and what barriers are identified in the varying viewpoints. Based on the author's research, there was a clear need to identify any gaps [Figure 3-2].

By reviewing the surveys from both sets of respondents, the author was primarily interested in collecting, analyzing and reporting the data from the Hispanic perspective. From this viewpoint, we can realize how much concentration the health care industry needs to focus on in a particular area in order to better serve the Hispanic community. If positive health outcomes are to become a reality in the not too distant future, bridges must be built through medical education, advertising and marketing plans, which must be established sooner than later.

With cultural competency at the forefront in understanding how health care professionals, especially in primary care, do their homework with any subpopulation, there is a greater awareness within the medical community to emphasize education. Doctors cannot possibly understand all the cultures that come through their doors each day. However, physicians should certainly take the initiatives to educate themselves in the culture that is
predominant in their practice. Dr. Kountz, an Associate Professor of Medicine, Chief of Primary Care at the University of Medicine and Dentistry of New Jersey, agrees “doctors should be educating themselves about their patients’ beliefs, values, culture and language” (American Journal of Multicultural Medicine). The doctor can turn to various sources such as consultants, peer-exchange seminars and centers, such as the Center for Healthy Families and Cultural Diversity at Robert Wood Johnson Medical School, which Dr. Kountz utilizes for his continuing education.

Similarly, there is the need for doctors to assess their patients’ health within the context of their own culture. Patients are better served when they are evaluated based on their ethnicity, age, race and even class. A few years ago this might have been viewed as racist, but it is considered good business today. If physicians can’t understand the ethnographics, psychographics and ethnopharmacology of a particular patient, how can they understand a particular disease that affects that race and determine an accurate treatment plan, which includes patient understanding and compliance within that race? Dr. Joseph R. Betancourt, MD, MPH, a Senior Scientist at the Institute for Health Policy and Director of Multicultural Education at Massachusetts General Hospital, sums up most leaders in multicultural education, stating that “cultural competency is a movement that is improving our ability to deliver quality care to diverse patient populations” (American Journal of Multicultural Medicine, p. 10). He continues to emphasize, “it is an issue that shouldn’t be marginalized because cultural competence can improve all facets of health care, both as a science and an art” (American Journal of Multicultural Medicine, p. 10)

There is a certain amount of self-awareness and understanding the doctors must employ within their own doctor-patient relationships. Dr. Lu contends, “self-reflection and
self-awareness of one's own cultural identity is absolutely critical to controlling our biases and prejudices. We must constantly be working toward understanding these issues” (American Journal of Multicultural Medicine, p. 11). The Liaison Committee on Medical Education and the Association of American Medical Colleges has currently approved an accredited requirement on cultural diversity within the medical schools curricula. Currently, medical schools are embracing this requirement and determining how they can educate and train these future physicians and leaders on providing culturally competent care.

By the year 2050, Hispanics -- now considered a minority -- will encompass the majority of the population of the United States. But currently the Hispanic community continues to suffer more from many of the most life threatening diseases of our times than the rest of the majority population. Subsequently, we need to recognize what can be done to balance the scales in the future, such as the need to address cultural barriers, lack of health awareness and access and health care literacy, which in turn can lead to providing positive health outcomes.

During the research of this topic, it became more and more evident to the author that while small strides have been made, there are many more efforts needed to remove the cultural barriers. Particularly, what is needed is to integrate a culturally relevant and appropriate marketing campaigns that have the best interest of the Hispanic patient in mind. If we can achieve this, the American health care system and society as a whole will benefit for years to come.
Sample Survey

Figure 3-1

Overview

This survey is being conducted for a Thesis project in order to receive a Master of Arts in Corporate and Public Communications. The research topic is whether the health care/pharmaceutical industry reaches the Hispanic Community effectively.

All survey responses will be kept confidential. If you wish to know the results of this survey, a presentation of research will be given on April 29, 2003, in the Walsh Library at Seton Hall University. If you are unable to attend and would like a copy of the Thesis, please contact the author and one will be sent to you.

Part I – Survey Questions

Procedural Guidelines: Interview forty individuals who are Spanish speaking of Hispanic descent or who are health care professionals. Asking them the same ten statements regarding their opinion on Hispanic health care.
Figure 3-2  Part II- Survey

SA=strongly agree  A=agree  N=neutral  D=disagree  SD=strongly disagree

1- The language barrier can play an important role in treating Hispanic health care consumers.

SA A N D SD

2- Most Hispanic communities experience limited access to health care.

SA A N D SD

3- Often, Hispanics underutilize pharmaceuticals due to cost.

SA A N D SD

4- Overall, Hispanics have a positive perception of the American health care industry.

SA A N D SD

5- The health care industry is generally effective in marketing to the needs of the Hispanic community.

SA A N D SD

6- Hispanic consumers have a strong sense of brand loyalty.

SA A N D SD

7- Hispanics prefer medical professionals who speak Spanish.

SA A N D SD

8- There is enough informational literature in Spanish to educate the Hispanic community regarding health care and pharmaceuticals.

SA A N D SD

9- The Hispanic consumer community needs more customized attention through out the health care industry.

SA A N D SD

10- With informative advertising/literature in Spanish, health care quality and delivery in the Hispanic health care community will improve.

SA A N D SD
Part III – General Information

Check any, all or none of the below questions:

1: Are you?
   Hispanic consumer____
   Healthcare Professional____ Area of concentration____________________

2: Male____   Female____

3: Age
   18-30 years of age____
   31-45 years of age____
   46-65 years of age____
   65+ years or above____

4: Do you speak Spanish?
   Yes____
   No____

Any additional comments or insights:

____________________________________________________________________
____________________________________________________________________
Chapter IV

RESEARCH RESULTS: QUANTITATIVE AND QUALITATIVE RESULTS

Introduction

The first portion of this chapter will examine the qualitative and quantitative results of the author’s survey from the health care provider’s perspective. Forty surveys were deployed to current health care professionals from a cross section of concentrations. Doctors, pharmacists, nurses and health care administrators were all asked the same ten questions relevant to their health care perspective towards the Hispanic community. In turn, the second portion of this chapter is devoted to asking members of the Hispanic community the identical survey questions as the health care professional. Then the two tabulated survey results were measured and dissected to discover disparities, revelations or the author’s validations, if any.

The survey was based on the Likert Scale ranging from SA = strongly agree; A = agree; N = neutral; D = disagree; SD = strongly disagree.

Quantitative and Qualitative Results: Health Care Respondents

The respondent’s age and gender were: three males, age 31-45; eleven males, ages 46-65; 9 females, age 31-45; seventeen females, age 46-65. Three respondents spoke Spanish.

Statement 1: The language barrier can play an important role in treating Hispanic health care consumers.

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The response to statement one was as follows. Thirty respondents (75 percent) strongly agree that “the language barrier can play an important role in treating Hispanic health care consumers.” There were ten respondents (25 percent) who agreed and zero respondents who were neutral, disagreed or strongly disagreed.

A commanding conclusion can be drawn by the overwhelming position by health care providers. It is apparent that they have faced challenges in providing important health information or treatment plans, special diets, pre-post surgical guidelines and any number of other issues that must be effectively communicated to the Hispanic patient in order for positive health outcomes to prevail. Of the health care survey respondents, three spoke Spanish and the other thirty-seven did not. Even when the provider did speak Spanish, the three respondents felt that the language barrier still played an important part in treating their clients, reporting that they probably notice a significant and more successful outcome when they spoke Spanish to them. However, the dialogue is not consistent throughout the health care process. One respondent stressed that “there needs to be a better system for providing interpreters.” Interpreters are one of the major issues facing the health care system today.

Additionally, another female non-Spanish speaking health care provider’s experience was that “Hispanics appreciate a dialogue on health care in their own language…many mistakes can be avoided providing materials/dialogue in their native tongue.”

Statement 2: **Most Hispanic communities experience limited access to health care.**

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Again, the preponderance of the positive results are striking. Eight respondents (20 percent) strongly agree, “most Hispanic communities experience limited access to health
care.” Nineteen respondents (47.5 percent) agreed with statement one. Eight respondents or 20 percent took a neutral stance. Two or 5 percent disagreed and zero respondents strongly disagreed.

Health care providers were in agreement (67 percent) that there was limited access to health care in the Hispanic communities. Considering the survey respondents are all professionals in their particular concentration for numerous years, all are over age 31; they must have experienced this time and again. A study can be done on how to determine and identify which Hispanics are in need of gaining greater access to proper health care. Once determined, plans can be made to improve these conditions within the Hispanic population.

Statement 3: Often, Hispanics underutilize pharmaceuticals due to cost.

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In assessing statement three, the following results were determined. Seven respondents or 17.5 percent strongly agree, “Often, Hispanics underutilize pharmaceuticals due to cost.” Twenty-four respondents (60 percent) agreed with statement three. Seven respondents (17.5 percent) remained neutral and two respondents (5 percent) disagreed. There were zero respondents who strongly disagreed.

The Hispanic community profoundly strongly agrees or agrees (77.5 percent) that they underutilize or know someone in their ethnic background that underutilizes pharmaceuticals due to the price. The costs of pharmaceuticals is in constant debate and continually scrutinized by the government, particularly in election years, as well as civic groups and the medical profession as a whole. The author acknowledges this issue is not exclusive to the Hispanic population, but as a society overall. Many pharmaceutical
companies are trying to combat the disparities, working closely with the government to set up outreach programs that will benefit the consumer, particularly minorities.

Clearly, due to the high cost of pharmaceuticals, patients ultimately suffer the most. Affordability will eventually lead to better health outcomes within the Hispanic community.

Statement 4: Overall, Hispanics have a positive perception of the American health care industry.

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In assessing statement four, the author finds that two respondents (5 percent) strongly agree that "overall, Hispanics have a positive perception of the American health care industry." Eight respondents or 20 percent agree. Eighteen respondents (45 percent) took a neutral position on this issue. There were eleven respondents or 27.5 percent who disagreed and one respondent or 2.5 percent who strongly disagree.

In evaluating the results that Hispanics do have a healthy perception of American health care, it appears that the majority of health care providers don't feel qualified to answer that with any conviction, with 45 percent answering neutral. For the most part, they were undecided when asked statement four.

Statement 5: The health care industry is generally effective in marketing to the needs of the Hispanic community.

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The results for statement five indicate that two respondents (5 percent) strongly agree, "the health care industry is generally effective in marketing to the needs of the Hispanic
community.” Four respondents (10 percent) agree and thirteen or 32.5 percent are neutral. Eighteen respondents or 45 percent disagree with the statement and three respondents (7.5 percent) strongly disagree.

In preparing this survey question through research and experience, the author assumed the results would uncover disagreement within the health care community. A survey respondent commented that “some companies are effective and some are not.” It is evident that a significant amount (32.5 percent) of the respondents were undecided or not in the position to answer this question with a strong position.

**Statement 6: Hispanic consumers have a strong sense of brand loyalty.**

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Upon examining statement six, the results were as follows. Four respondents or 10 percent strongly agree, “Hispanic consumers have a strong sense of brand loyalty.” Seven respondents (17.5 percent) agree with statement six. Twenty-two respondents or 55 percent took a neutral stance. Four respondents or 10 percent disagree and three respondents (7.5 percent) strongly disagree.

By the response it can be concluded that the majority (55 percent) of respondents did not feel they could take a firm position on this topic. One main reasonable conclusion can be that most were not Hispanic and could not conclude if a Hispanic is brand loyal or not. However over 25 percent felt from their experiences that Hispanics are a brand loyal subpopulation.
Statement 7: **Hispanics prefer medical professionals who speak Spanish.**

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This statement revealed that fourteen respondents (35 percent) strongly agree, "Hispanics prefer medical professionals who speak Spanish." Nineteen respondents (47.5 percent) agree with statement seven. Six respondents (15 percent) remain neutral and one respondent (2.5 percent) disagreed. Zero respondents strongly disagreed.

By the majority of respondents (82.5 percent), it is evident that this statement instigated profound agreement among the health care providers. Based on this statistic, the author confirmed her belief that Hispanics do need medical professionals who speak Spanish in the Hispanic community. Spanish language aptitude needs to be a measurable criterion for health professionals in the future to support Hispanic communities.

Statement 8: **There is enough informational literature in Spanish to educate the Hispanic community regarding health care and pharmaceuticals.**

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Upon examining statement eight, zero respondents thought "there is enough informational literature in Spanish to educate the Hispanic community regarding health care and pharmaceuticals." Twelve respondents (30 percent) agree with statement eight. Eight respondents or 10 percent took a neutral position. Thirteen respondents disagree (32.5 percent) and seven respondents or 17.5 percent strongly disagree.

Overall the majority (50 percent) of respondents felt that there is not enough informational literature in Spanish to educate Hispanics. The opinions and beliefs of these
respondents suggest that there needs to be more literature in Spanish. One respondent commented, "Some companies do, and some don't, some companies have a department dedicated to ethnic marketing, much appreciated by Hispanics." A significant number of people (twelve respondents) felt there was enough information out there. It is the author's feeling that there is certainly room to translate literature and infiltrate deeper into the Hispanic community.

Statement 9: The Hispanic consumer community needs more customized attention throughout the health care industry.

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The results for statement nine were as follows. Seven respondents (17.5 percent) strongly agree, "the Hispanic consumer community needs more customized attention throughout the health care industry." Seventeen respondents or 42.5 percent agree with statement nine. Fourteen respondents (35 percent) are neutral and two respondents or 5 percent disagree. Zero respondents strongly disagree.

The majority of respondents (60 percent) exhibited profound agreement regarding the need for more customized health care attention within the Hispanic community. Given this position, the author concludes that this is a serious issue that the health care provider identifies with and can't be overlooked by the profession. One needs to determine the "why" and start the process of correcting it. One respondent commented, "Other minority groups would benefit from specialized attention to their language and cultural needs." Perhaps this issue affects more ethnic groups and also needs to be evaluated.
Statement 10: With informational advertising/literature in Spanish, health care quality and delivery in the Hispanic health care community will improve.

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The results for statement ten were as follows. Ten respondents (25 percent) strongly agree “with informational advertising/literature in Spanish, healthcare quality and delivery in the Hispanic health care community will improve.” Eighteen respondents or 45 percent agree with statement ten. Ten respondents (25 percent) took a neutral position and two respondents (5 percent) disagree. Zero respondents strongly disagree. Author can conclude, for the most part, that health care quality and delivery can improve with more Spanish information getting to the population. With corporations targeting the Hispanic population, both sectors will wind up in a win-win situation: an informed group, better health outcomes and increase in market share for the marketer. A respondent stressed that “advertising and literature which matches their ethnicity is a plus i.e. Hispanics in their ads.

Quantitative and Qualitative Results: Hispanic Respondents

The respondent’s age and gender were as follows. Five males, ages 18-35; eight males ages, 31-45; two males, ages, 46-65; five females, ages 18-30; seventeen females, ages, 31-45; three females age 46-65. All respondents spoke fluent Spanish.

Statement 1: The language barrier can play an important role in treating Hispanic health care consumers.

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The responses for statement one were as follows. Thirty respondents or 75 percent strongly agree, "the language barrier can play an important role in treating Hispanic health care consumers." Twenty-five respondents (25 percent) agreed with statement one. Zero respondents were neutral, disagreed or strongly disagreed.

The majority of Hispanic respondents (100 percent) either strongly agreed or agreed that the language barrier can have an effect on their treatment. A second-generation Hispanic respondent commented that "my parents want to know in Spanish and it becomes difficult when discussing choices of medicine and treatments in English." It can be concluded by the data that dialogue in Spanish must be recognized and confronted in order to change health outcomes for the Hispanic patient.

Statement 2: Most Hispanic communities experience limited access to health care.

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In reviewing the results for statement two, one finds seventeen respondents or 42.5 percent strongly agree, "most Hispanic communities experience limited access to healthcare." Seventeen respondents (42.5 percent) agree with statement two and six respondents or fifteen percent are neutral. Zero respondents disagreed or strongly disagreed.

Based on the results of the survey, the consensus within the Hispanic community feel that they or someone Hispanic they know has had limited access to health care. Recognizing this and validating the author's assumption going into this study, changes must be forthcoming in the health care system. One respondent states that "a lot of Hispanic Americans don't have possibilities to get health care, it will be great if American companies help their own residents instead of first helping others."
Statement 3: Often, Hispanics underutilize pharmaceuticals due to cost.

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In assessing statement three, one finds twenty respondents or 50 percent strongly agree, “often, Hispanics underutilize pharmaceuticals due to cost.” Sixteen respondents or 40 percent agree with statement three. Three respondents (7.5 percent) took a neutral position and one respondent (2.5 percent) disagreed. Zero respondents strongly disagreed.

Based on the profound majority (90 percent) of Hispanics feeling they agree or strongly agree with statement three, only one assumption can be realized: the Hispanic respondent pool knows a Hispanic or have themselves underutilized pharmaceuticals due to cost. A survey respondent simply stated “the cost of medicine is a lot.” With this data it can be established that if the cost of pharmaceuticals are made affordable or if cost reduction programs are made more readily available to Hispanics, it is almost certain that the community will/can participate, ultimately increasing health outcomes.

Statement 4: Overall, Hispanics have a positive perception of the American health care industry.

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The results for statement four were as follows. Eight respondents or twenty percent strongly agree that “overall, Hispanics have a positive perception of the American health care industry.” Eleven respondents (27.5 percent) agreed with statement four and 35 percent or fourteen respondents took a neutral stance. Five respondents (12.5 percent) disagreed and two respondents or five percent strongly disagreed.
Overall, the majority of respondents (47.5 percent) strongly agreed or agreed that they do indeed have a positive perception of the American health care industry. This information allows companies to understand that the Hispanic population is already a trusting consumer. While 35 percent were neutral, under these circumstances it can be inferred from the opinion and beliefs of these fourteen respondents that Hispanics, for the most part, are undecided. However, this neutral position should be viewed as a strength, realizing the majority of those consumers can be swayed to have a positive image with the right health care marketing message.

Statement 5: The health care industry is generally effective in marketing to the needs of the Hispanic community.

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In reviewing the results for statement five, three respondents (7.5 percent) strongly agree, "the healthcare industry is generally effective in marketing to the needs of the Hispanic community." Four respondents or ten percent agree with the statement and twelve respondents (30 percent) took a neutral position. Eighteen respondents (45 percent) disagreed and three respondents or 7.5 percent strongly disagreed.

Overall, the majority of Hispanics (52.5 percent) either strongly disagree (7.5 percent or disagree (45 percent) that the health care industry is effective in marketing to Hispanics. With this tallied data, one can determine the need for more effective marketing plans to reach Hispanics in order to change this viewpoint. Ultimately the need is to reach out to the Hispanic community to provide a greater awareness to what is available. One male respondent (age 31-45) remarked, "More marketing to Hispanics will help the Hispanic
population be educated on health care." Additionally, a respondent’s viewpoint is:

"Companies who market to demographics and ethnicity care that we (sic Hispanics) understand what is available to us."

Statement 6: Hispanic consumers have a strong sense of brand loyalty.

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<td>20%</td>
<td>32.5%</td>
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Responses for statement six were as follows. Eight respondents (20 percent) strongly agree, “Hispanic consumers have a strong sense of brand loyalty.” Thirteen respondents or 32.5 percent agreed and nine respondents or 22.5 percent took a neutral position to statement six. Eight respondents (20 percent) disagreed and two or five percent of the respondents strongly disagreed.

Overall, the majority (52.5 percent) either strongly agreed (20 percent) or agree (32.5 percent) that Hispanics are brand loyal consumers. One respondent felt “you first have to gain trust in order for people…to listen.” Brand loyalty for any consumer begins with trust, so by identifying that the majority of Hispanics are brand loyal, the marketer can use this in positioning themselves in “grassroots” community-based initiatives from the beginning. This will lead to strong relationships from the beginning and establish a symbiotic relationship from the onset of the marketing effort.

Statement 7: Hispanics prefer medical professionals who speak Spanish.

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Results for statement seven are as follows. Twenty-two respondents or 55 percent strongly agree, “Hispanics prefer medical professionals who speak Spanish.” Twelve respondents (30
percent) agree and four respondents or 10 percent are neutral on statement four. One respondent (2.5 percent) disagreed and one respondent (2.5 percent) strongly disagreed.

There is profound majority agreement (85 percent) that Hispanics do prefer a medical professional who speaks Spanish. This does not infer that the professional be Hispanic, only that this person speaks Spanish. There appears to be an overwhelming response that the comfort level is very high and, more critically, that perhaps medical planning and treatment is more effective when the Hispanic patient is spoken to by the health care provider in Spanish.

Statement 8: There is enough informational literature in Spanish to educate the Hispanic community regarding health care and pharmaceutical.

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<td>7.5%</td>
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The responses from statement eight are as follows. Three respondents (7.5 percent) strongly agree “there is enough informational literature in Spanish to educate the Hispanic community regarding health care and pharmaceuticals.” Eight respondents (20 percent) agree and eight respondents (20 percent) remain neutral with statement eight. Eleven respondents or 27.5 percent disagree and ten respondents strongly disagree.

More than half of the respondents (52.5 percent) believe there is a need for more literature written in Spanish. One respondent feels that “as a Hispanic when I see literature in Spanish I get the feeling the company cares and is trying to reach out to me and my community.” Since almost 30 percent strongly agree or agree with statement eight, perhaps Spanish literature is reaching some Hispanic communities and not others. From the survey results there appears to be a need for consistency or guidelines established within the
health care community to reach all the demographics in order for all Hispanics to gain access to information.

Statement 9: The Hispanic consumer community needs more customized attention throughout the health care industry.

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Statement nine reveals the following. Twenty respondents or 50 percent strongly agree, "the Hispanic consumer community needs more customized attention throughout the health care industry." Seventeen respondents or 42.5 percent agree with statement nine. Two respondents (5 percent) took a neutral position and one respondent or 2.5 percent disagreed. Zero respondents strongly disagreed.

Overall, the majority of Hispanics feel their community needs more specialized attention by the health care industry. It is evident this statement instigated profound agreement among the respondents, indicating over 90 percent strongly agree or agree. The health care industry should take this as a sign that the Hispanic community is not represented effectively within their ethnicity. A plan of action by the health care industry needs to be instituted in order to correct this apparent disparity within the Hispanic community.

Statement 10: With informational advertising/literature in Spanish, health care quality and delivery in the Hispanic health care community will improve.

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<tr>
<td>52%</td>
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In assessing statement ten, one finds that twenty-two respondents or 52 percent strongly agree "with informational advertising/literature in Spanish, health care quality and
delivery in the Hispanic health care community will improve.” Fourteen respondents (35 percent) agree with statement ten. Five respondents (12.5 percent) took a neutral stance, while zero respondents neither disagree nor strongly disagree.

The overwhelming majority (87 percent) either strongly agree or agree that health care quality will improve if there is more advertising exposure or written materials in Spanish that is filtered into the Hispanic community. A respondent offered this input “as long as the literature and advertising is also in Spanish, it will help the Hispanic community.” It is evident by the response that there is a major need by health care and marketing executives and professional organizations to plan to concentrate on the Hispanic demographic.

Conclusion

The survey was very well received by the participants, both the health care professionals and members of the Hispanic community. Many of the Hispanic respondents in particular that participated in the survey were pleased that someone was taking time to write about many of these issues. By participating in the study, many of these individuals made themselves clear on where they stood in relation to the themes that were under study.

There were three statements in particular that brought profound agreement from the Hispanic respondents. The first statement was statement one in the survey. One hundred percent of the respondents either strongly agree or agree, “The language barrier can play an important role in treating Hispanic health care consumers” (the health care respondents brought an identical outcome). The second area of profound agreement was statement seven that “Hispanics prefer medical professionals who speak Spanish.” Eighty-five percent of the Hispanic respondents either strongly agreed or agreed. Thirdly, over eighty-seven percent of
the Hispanic respondents strongly agreed or agreed: “With informational advertising and literature in Spanish, health care quality and delivery in the Hispanic community will improve.”

Based on the results from these three statements, only one conclusion can be offered. Hispanics feel a strong need to communicate in Spanish, whether it is by their physician or by advertising or Spanish written health related educational materials. Ultimately, the Hispanic population needs language-specific marketing strategies. Whether their country of origin is the same, a common language is understood and can be used effectively in reaching all Hispanics. For many, a pharmaceutical company can become the exemplar in reaching out to the Hispanic population by providing a number of services that market directly to them.

Chapter V

SUMMARY

At the onset of the research, the author sought to discern the need to capture the essential dynamics of the emergent Hispanic health care market and how the Hispanic community was impacted by what is or isn’t available by the health care community that would better serve them. Through a comprehensive review of relevant literature related to Hispanic health care and marketing, the author found a strong correlation between the language barrier and the lack of effective marketing tools directed at this population.

Both the literature and the data reveal that the lack of Spanish written educational materials/advertising and target marketing does impact the Hispanic health care consumer. Specifically, the author found that the majority of Hispanics are ultimately short-changed
when receiving health care. This has led to a large disparity in health care services in the
largest subpopulation in America. As the Hispanic population continues to flourish, so will
the disparities if nothing is done to correct it, costing billions of dollars in additional health
related services in the future. We see how education, health access and awareness targeted
directly to the Hispanic population can help prevent future monetary outlay from the public.
By teaching prevention and compliance to the community, we can keep burgeoning and
escalating costs down.

The Hispanic community has also felt the burden of the high cost of pharmaceuticals.
A more serious adverse effect is that they underutilize them. This can lead to a more serious
and more expensive solution to the original problem if not addressed upfront. There are
indigent programs available to the Hispanic community, but a certain criteria must be met in
order to participate. Many Hispanics in the survey study (85 percent) also felt they had
limited access to health care, knowledge about a service like this is unlikely. There is no
easy solution to this issue. Government and industry leaders are continually looking for a
compromise on how all parties involved can persevere in this arena. Local and national
organizations are beginning to partner with each other to get stronger messages out to the
community.

As the government begins to stand up and recognize the disparities in health care with
initiatives such as Healthy People 2010, there is great hope that the gap will decrease in the
not-too-distant future.

The good news to pharmaceutical marketers is that the Hispanic population is
extremely brand loyal and has a tremendous amount of respect for health care professionals.
Considering that the Hispanic consumer is very receptive of advertisers, they are a very
viable group to create brand recognition to. They will receive campaigns targeted to them with open arms and credibility. Once brand loyalty is established for a product, the current Hispanic American has family or friends immigrating here, and they will accept the word-of-mouth advertising they share with them, leading to additional new customers.

Perhaps the strongest finding that provides insight to the author’s primary research question is that cultural competency begins within the medical community. The health care professional must understand the heart, mind and beliefs of Hispanic patients to better serve them through standard competency training courses. Once this is accomplished and if marketers can achieve the same aptitude levels, this will only lead to successful outcomes for both Hispanic patients and the company that gains their brand loyalty.

Conclusions and Recommendations

In closing, the author believes that the literature review and empirical research, using the Likert scale survey, contributes to the growing body of information related to the Hispanic health care market.

As discussed in previous chapters, the language barrier must be addressed when treating the Hispanic health care consumer. Whether the government mandates translators are required or not, the medical community needs to evaluate on a personal level and not monetarily by supplying translation services, leading to the elimination of missed symptoms and compliance that may eventually prevail. If the health care marketers customize and reach the Hispanic community via Spanish marketing materials, they can educate the consumer, ultimately improving health care quality and delivery. With the completion of this study, the author finds that what is currently available to the Hispanic community is not
working. Perhaps in the future it will be commonplace to find reading materials in Spanish as easily as in English. Saturation of such materials into mainstream living will prove to be successful.

Health care professionals and brand management must continue gathering statistics and information on the impact of customized programs in the Hispanic community. Sharing and working together, this means investing more time, money and effort in helping enhance the lives of Hispanic Americans.

The literature and data also exposed the health care providers' perceptions of the Hispanic patient. The author found through the survey that, for the most part, they yielded comparable results of the Hispanic respondents. This makes it clear that the health care professional is aware of the issues facing the Hispanic community. This finding provides insight in defining training and development within the health care community to serve their Hispanic patients better. Once there is awareness, there is then the challenge to make appropriate changes.

Currently, more and more pharmaceutical companies, medical schools, Hispanic civic groups and the government are deploying initiatives to reach the Hispanic population. In developing these initiatives, they are gaining critical experience into what works. As time moves forward and the Hispanic population increases through second and third generations, as well as continued immigration from a multitude of Hispanic countries, great strides can be made to bolster positive health outcomes.

While the ethnic landscape of the United States shifts in the coming years, focusing on the critical health care education needs facing the Hispanic population will be essential.


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