



# Tapping in to the Hispanic Senior Segment

*To reach the Hispanic senior market, it's important to understand who the Hispanic seniors are and to be aware of the five main barriers to marketing healthcare products to this population. By understanding and surmounting these barriers, marketers have an opportunity to effectively communicate with Hispanic seniors.*

BY LAURA BOHORQUEZ

America is getting older. Cultural icons such as Madonna and Denzel Washington, celebrities who have personified cutting-edge trends and limitless energy, have reached their 50s. This underlies the fact that the baby-boom segment, which has long dominated the U.S. economy and mindset, is now reaching a new stage: Life as a senior.

By 2050, 40 percent of the U.S. population will be older than 50.<sup>i</sup> In addition, life expectancy is greater than ever in the United States, according to the Centers for Disease Control and Prevention. So, not only are baby boomers reaching retirement age, but they also are expected to live longer. As a result, marketers cannot ignore these baby boomers and need to speak to them with tailored marketing communications as they enter into this new life stage.

An integral part of this segment is the Hispanic senior population. U.S. Hispanic seniors ages 65 and older currently total 2.3 million, comprising 6.5 percent of the U.S. elderly population, according to the U.S. Census. Moreover, projections have this group growing to 15 million by the year 2050, comprising 17.5 percent of the U.S. elderly population. Not only will Hispanics comprise a large percent of the elderly population, but they are also expected to live longer than their general market counterparts.<sup>ii</sup> As their population and age has increased so has their buying power. Overall, the Hispanic population's buying

power skyrocketed 307 percent to \$862 billion between 1990 and 2007.<sup>iii</sup>

## Breaking down the barriers

To reach this market, one needs to understand who Hispanic seniors are and what makes them tick. While they share some behaviors with non-Hispanics, many traits are unique to the Hispanic segment.

In general, there are five main barriers when marketing healthcare products and services to Hispanic seniors: 1) knowledge, 2) access, 3) language, 4) education, and 5) culture. Understanding these barriers and identifying their respective bonds will help marketers identify opportunities and strategies for effectively communicating with Hispanic seniors.

### KNOWLEDGE

Hispanic seniors are less aware of health issues than the general market segment. But, there is a desire for healthy living; behavioral changes such as watching what they eat, avoiding fat, sugars, sodium, and smoking cessation are evident. Hispanic seniors also know the importance of taking medications on schedule and keeping an active lifestyle by exercising on a regular basis. Many take daily walks around their neighborhood, while others attend exercise classes at senior centers or try to stay physically active by doing household chores and being active with their grandchildren.

But more in-language healthy living and healthcare information is needed, especially regarding how to manage healthcare providers and navigate the complex U.S. insurance systems. Not only is this a complicated topic in general, but also layer on top of that the fact that Hispanic seniors come from countries where socialized medicine was the norm or where a superior healthcare system is a privilege to small population segments. So, skepticism regarding the health services continues to persist and not enough in-language outlets are offered to Hispanic seniors. As a result, they are hungry for Spanish-language information on topics such as Medicare, prescription drug coverage, government assistance programs and chronic conditions.

### ACCESS

Many Hispanic seniors have less access to a regular physician or insurance compared to their general market counterparts. But the magnitude of this access barrier may be less than many expect: 68 percent of Hispanics have insurance versus 90 percent of non-Hispanic whites.<sup>iv</sup> In other words, two out of three Hispanics have healthcare insurance. With regard to Hispanics seniors, however, the gap is wider and even greater among foreign-born Hispanic seniors.<sup>v</sup> Even with health insurance, Hispanic seniors are less likely to see a physician and use services provided by other health professionals.

### LANGUAGE

Since almost half of Hispanic seniors do not speak English well or at all, access to health care can be a very daunting task and an unpleasant experience. Family and caregivers must help Hispanic seniors navigate the healthcare system. They act as translators between doctor and patient. They also tend to research information online and help the senior understand medication indications. Given the complexity of healthcare topics, in-language communications make a difficult topic easier to understand.

### EDUCATION

U.S. Hispanic seniors' general level of education lags that of general market seniors. However, trends indicate that Hispanic baby boomers will be more educated and have higher earning power as they attain higher education. Recent statistics show that between 1996 and 2006, the percentage of Hispanics earning first professional and master's degrees has grown at 28 percent and 128 percent, respectively.<sup>vi</sup>

### CULTURE

Culture is the most invisible yet powerful barrier, but one that can be overcome with culturally informed tactics. Culture can manifest itself in many ways.

#### Interdependence

By nature, Hispanics are a collectivist group who depend on family and friends during their everyday lives or for getting ahead. This cultural reality is evident by Hispanic

seniors' living arrangements. The number of Hispanic seniors living alone is almost half that of the general market population.

Furthermore, family members who are the primary providers of long-term care for older relatives play a very important role in the Hispanic seniors' lives, more so than that of general market seniors. The family acts as a key motivator for maintaining their good health as seniors want to avoid becoming a "burden" to their family. The ability to be self-sufficient and contribute to family is essential for Hispanic seniors who want to continue to be productive and make their own decisions.

#### Reactive Not Preventative

Hispanics, in general, lack a preventative mindset. They are more concerned about their current needs as opposed to future ones and do not exhibit a forward-thinking mentality. It is common to find Hispanics with healthcare coverage visiting doctors primarily when they are very ill. Having this reactive mindset prevents early detection of life-threatening illnesses that could be treated at an earlier stage.

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The reactive approach is often attributed to religion. Some Hispanics believe that it does not do any good to plan ahead since one does not have any control over the future. "Si Dios quiere," "It's God's will," is often cited.

#### Home Remedies

Healthcare for Hispanic seniors is often handled at home through home remedies or natural supplements. It is common for Latinos to have treatments for different symptoms such as drinking aloe vera and "nopal" (cactus) juice to help lower cholesterol and sugar levels. Other natural remedies include noni juice and "uña de gato" (cat's claw). Hispanic seniors also use "curanderas" or "hierberas" as a source of healthcare. These respected individuals use herbs and other natural remedies to cure illnesses.

#### Fear

Hispanic seniors do not like to talk about their future health needs, as they find it frightening, both emotionally and practically. Since Hispanics often wait for an illness to become well established before seeking healthcare, healthcare providers often get access to these patients too late to produce a positive patient outcome and consequently, healthcare practitioners are associated with severe illness

and death. “Dr. Mata-sanos” (“Dr. Kill-the-healthy”) is a term sometimes used to describe physicians.

Hispanic seniors are fearful from a financial perspective and potentially burdening their families with healthcare costs. For many, retirement has taken a toll on their financial situation and many have drastically modified their lifestyles, leaving their homes and moving to a smaller place or with a relative. In fact, a high percentage of victims of the recent foreclosures were Hispanics.

#### “Marianismo/Machismo”

Women and men in Hispanic culture are affected by their traditional role in the family. Women are measured against their success as mother/nurturer, and men as father/provider. When the ability to meet these standards is affected, Hispanic seniors can feel diminished as individuals.

### Reaching Hispanic seniors

As a result of these cultural differences, we have found that there are three main information sources that provide opportunities for reaching Hispanic seniors.

Hispanic seniors consider doctors the most qualified to provide guidance for healthcare-related matters. Unlike Hispanics under 30, Hispanic seniors are more likely to receive health information from a professional. Hispanic seniors will generally follow their doctor’s suggestions without question.

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Another influencer is the circle of family and friends. Hispanic seniors generally rely on their children to research and provide information. Word-of-mouth is one of the most trusted Spanish-language resources available. Hispanic seniors are not proactively searching for information but rely on recommendations from friends and family to make decisions.

Media is an important vehicle for Hispanics. According to the Pew Hispanic Center, 61 percent of Hispanics 65-plus reported that the most popular medium to get their healthcare information is television. Moreover, 48 percent of these respondents got health information from Spanish-language television.

An important insight to keep in mind for Hispanic seniors is that their priorities for their “golden years” may differ from those of general market. They want to be a productive part of their family and communities. This means being “hands on” and helping their family. For example, depicting active participation in group classes, or volunteering at hospitals or churches,

or simply interacting with family and friends, can be more relevant to motivate Hispanic seniors to take action.

Given these insights, we have developed basic rules when communicating to Hispanic seniors.

- KEEP IT SIMPLE – Provide clear and simple explanations (e.g., a problem/solution format generally is best with disease education)
- KEEP IT VISUAL – Utilize demos or graphics to illustrate the problem and efficacy
- KEEP IT RELEVANT – Keep in mind what is most relevant for this segment
- CHALLENGE CURRENT HABITS – Challenge current health habits and self-treatment behaviors while adding a sense of urgency
- PROVIDE SOURCES – Provide additional information outlets
- CONSIDER BEYOND TRADITIONAL MEDIA – Incorporate community touch points and outreach
- DO NOT SHOW OR CALL THEM OLD – Show younger looking seniors full of energy – Hispanics seniors can identify more this way

As a rapidly growing segment with an ever-increasing disposable income, today’s Hispanic seniors are living longer, seeking better health and having an active lifestyle, making them an attractive target for marketers.

If your business sees an opportunity with America’s aging population, consider the Hispanic senior segment, which is hungry for information. Hispanic seniors are ready to reward marketers who speak directly to them in a culturally relevant way. **DTC**

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#### FOOTNOTES

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- ii National Hispanic Council on Aging (NHCOA) Web site (2008) [http://www.nhcoa.org/economic\\_security.php](http://www.nhcoa.org/economic_security.php)
- iii Humphreys, Jeffrey M., Georgia Business and Economic Conditions, Vol. 67, Number 3, Selig Center for Economic Growth, The University of Georgia (2007)
- iv Income, Poverty, and Health Insurance Coverage in the United States report, U.S. Census Bureau (2007)
- v Hispanics and the Future of America, Committee on Population (CPOP) (2006)
- vi Digest of Education Statistics, 2007, NCES, 2008, Table 277 Table 283