



Social Cultural Intelligence™

Using Big Data Analytics to Identify Cross-Cultural Insights Through the Patient-to-Treatment™ Journey



CULTURINTEL



POWERED BY XL ALLIANCE

Forbes

The U.S. ranks

dead last

in life expectancy for men and
second to last for women among
the 17 wealthiest nations.

Latinos and African-Americans experience

30 to 40%

poorer health outcomes

than white Americans. This disparity leads not only to shortened lives and increased illness, but also costs the nation more than **\$60 billion in lost productivity each year**

2014 Report- Robert Wood Johnson Foundation

“Your health care depends on who you are,”

according to a 2014 report from the Robert Wood Johnson Foundation, the nation’s largest philanthropy dedicated to health. “Race and ethnicity continue to influence a patient’s chances of receiving many specific health care interventions and treatments.”

+9.2 AA

+12.3 Hispanic

+ access

< outcomes

Information disparities

Minority race/ethnicity groups received less information from their doctors about rationale for treatment recommendations.

Blacks and Hispanics were

63% and 50%

less likely,

to receive such information compared to Whites.

Physician-patient decision making may differ in care of racial/ethnic minorities
Published: September 9, 2015- Boston University Medical Center

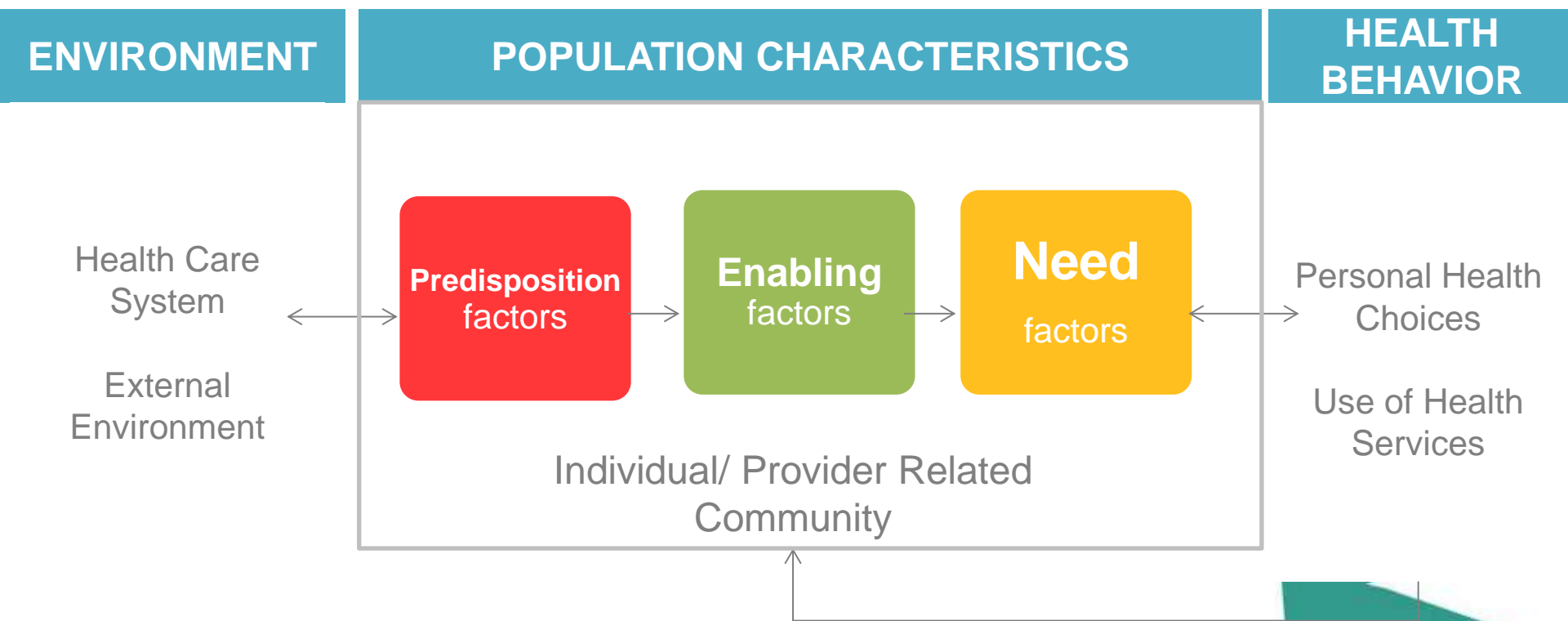


Ronald M. Andersen

**The Andersen's Behavioral
Model of Health Care Utilization**

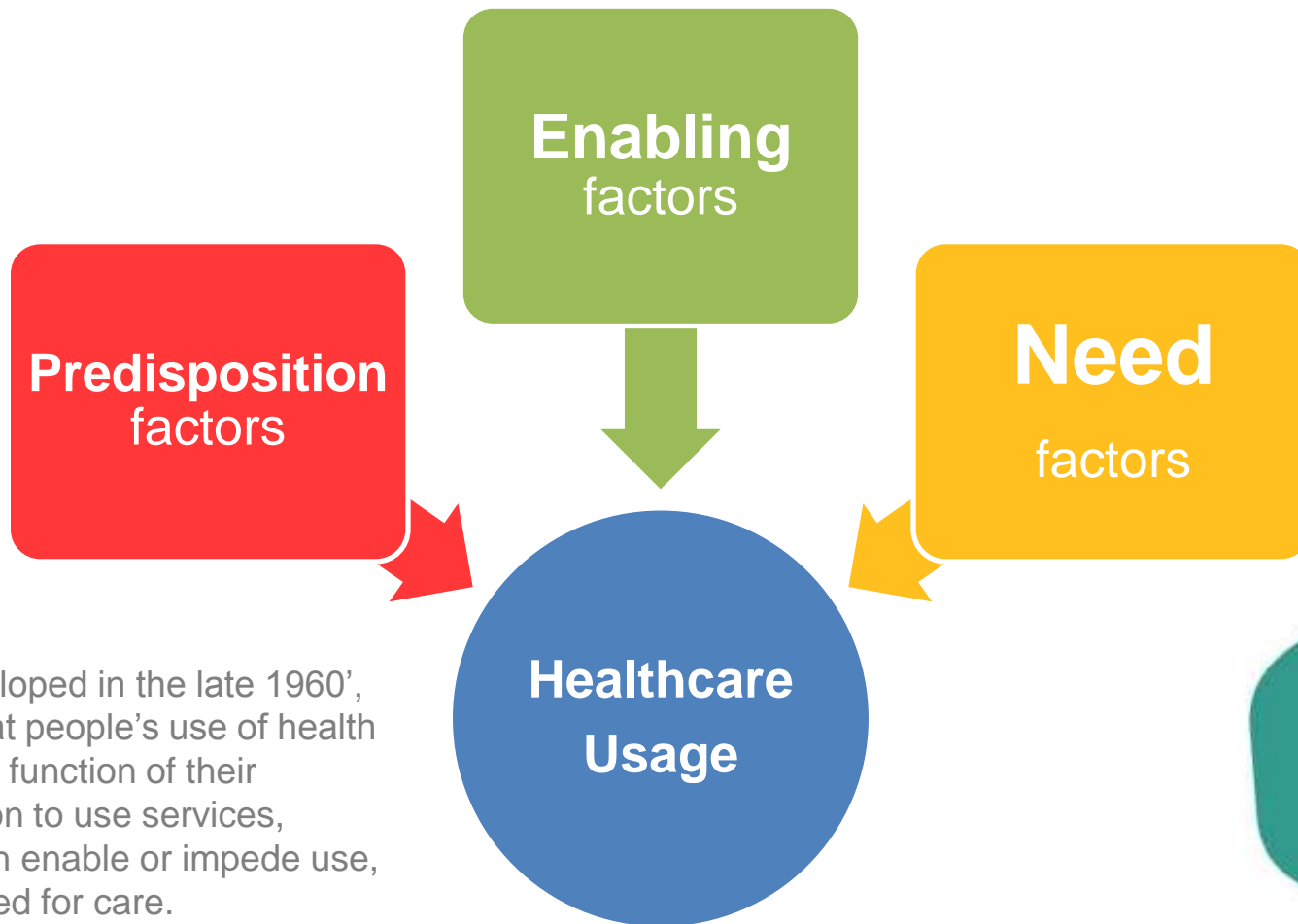
**There are both individual
and societal determinants to
health services utilization.**

Andersen Model of Health Care Utilization



Anderson Healthcare Utilization Model

3 Factors of Healthcare



Initially developed in the late 1960', suggests that people's use of health services is a function of their predisposition to use services, factors which enable or impede use, and their need for care.

Anderson Healthcare Utilization Model

3 Factors of Healthcare

Predisposition factors

- Demographics
- Cultural context
- Spiritual
- Socioeconomic status
- Attitudes
- Experiential

Enabling Factors

- Income
- Insurance
- Transportation
- Access/Availability
- Responsibilities

Need Factors

- Individual's perceived health care need
- Indicators of their health status

Behavioral Healthcare

Behavioral Healthcare Marketing

The background is a vibrant red color with a subtle, light-colored network pattern of interconnected dots and lines. Six hands, each wearing a yellow sleeve with a blue cuff, are positioned around the central text. In the top-left, a hand holds a smartphone with a yellow screen. In the top-center, a hand holds a black chess knight. In the top-right, a hand holds a gold coin with a dollar sign. In the bottom-left, a hand holds a magnifying glass. In the bottom-center, a hand holds a blue and white globe of the Earth, surrounded by several small yellow stars. In the bottom-right, a hand holds a black wrench.

How?

SOCIAL CULTURAL INTELLIGENCE™

The ability to examine patterns of behavioral, emotional, physical, and spiritual sentiments to identify actionable cross-cultural insights through the patient journey.



Social Cultural Intelligence™

is

Insight extracted from

BIG DATA



WHAT IS **BIG DATA**?



*A vast quantity of **UNSTRUCTURED** data, which we now have the ability to process in **REAL-TIME**.*





It's the digitization
of everything we do

82%

of internet users say they have gone online to find others and interact with those who might have health concerns similar to theirs. (Pew Internet)

2x

According to comScore, Hispanic usage of health care websites is growing twice as fast as the general market.



Researching with Social Cultural Intelligence™

Shifting the research paradigm

TRADITIONAL RESEARCH



NEED



STUDY



DATA

SOCIAL INTELLIGENCE



DATA



NEED



STUDY

DEPTH OF INSIGHT

When, where, who

What, how

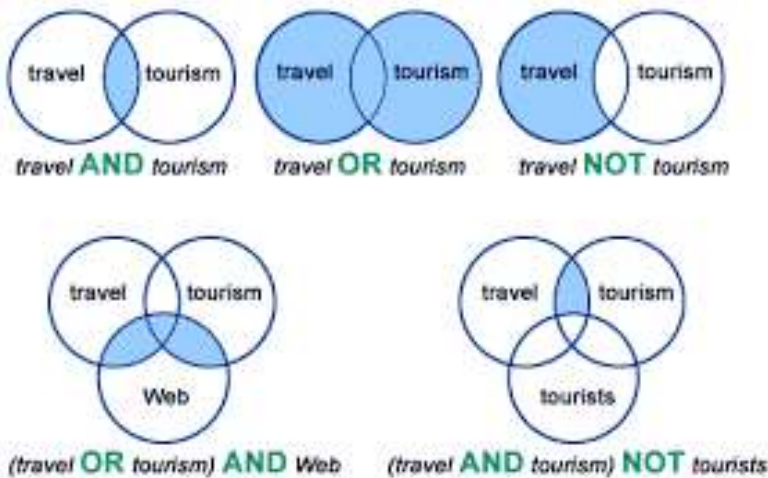
Why



CULTURINTEL

3 lenses of data collection

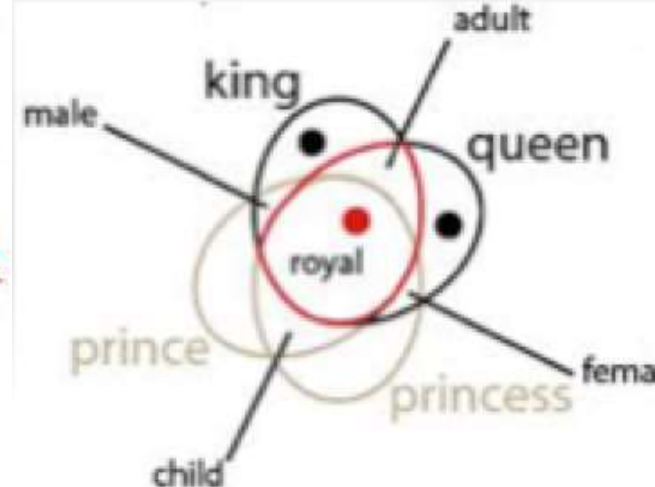
KEYWORD BOOLEAN



TOPIC/TEXT ANALYTICS

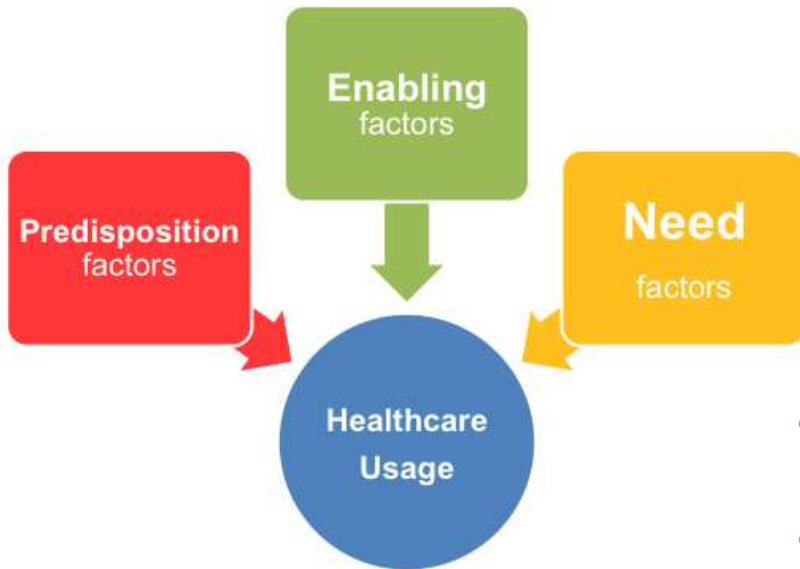


ARTIFICIAL INTELLIGENCE



- Search analysis
- Keyword spiders
- Site Scraping
- Text analytics
- Artificial Intelligence
- Machine learning/tagging
- Clustering/relational adjacency analysis

Quantitate evaluation of qualitative organic data



Bringing quantitative insights to the Andersen Model

- **Sufferer Insights**
 - Symptoms
 - Side effects
 - Barriers/drivers
 - Treatment
 - Diagnosis
 - Key issues
 - Opinions
 - Perceptions
 - Experiences
 - Needs
 - Feelings
 - Behaviors
- **Contextual** (underlying motivations)
 - Situational/Practical/Emotional
- **Influencers**
 - HCP's, Family, Friends, Community
- **Caregiver Insights**
- **Segmentation** (age/gender/cultural/etc.)
- **Suffer journeys**

Isolating key influencing topics to analyze conversations

CONVERSATION TOPICS

EXPERIENCE

Symptoms

- Physical
- Cognitive
- Psychological
- Disease progression

Treatment

- Contraction
- Consideration
- Diagnosis
- Efficacy
- Experience
- Duration
- Side effects
- Concomitant conditions
- Testing
- Financial
- Results

Consequences

- Daily life
- Abilities
- Appearance
- Future
- Emotional well-being
- Stigma

RELATIONSHIPS

Community

- Asking advice
- Giving advice
- Reporting out
- Appreciation

Family/Friends

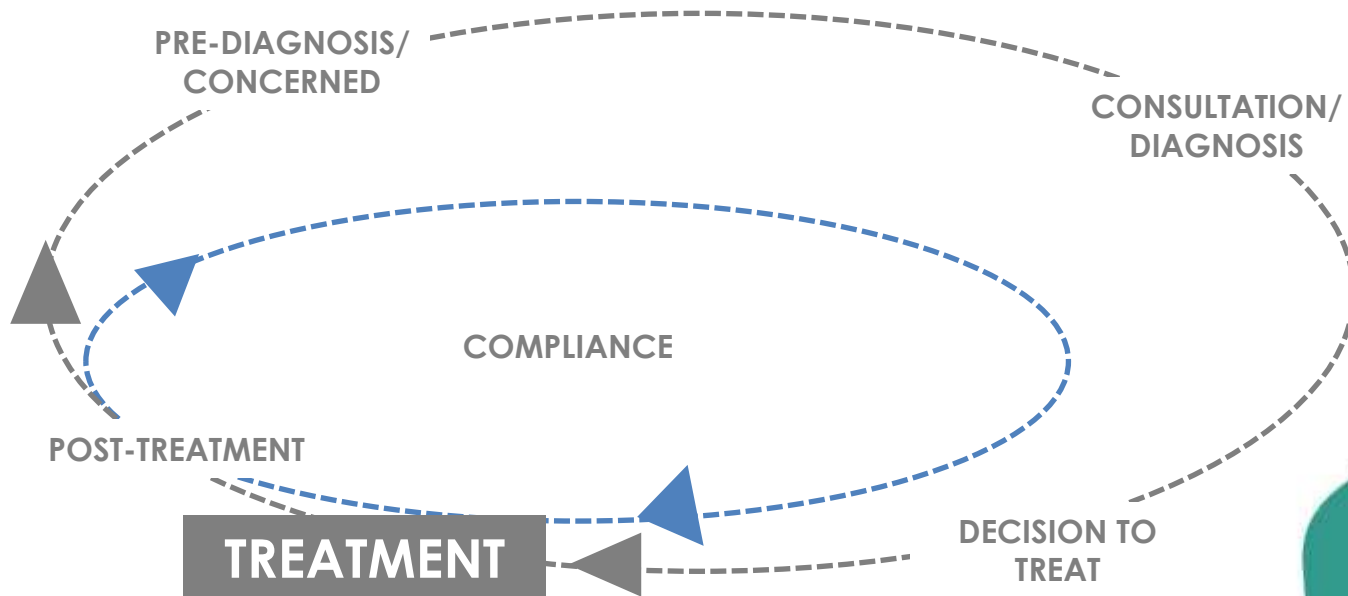
- Concern
- Sexuality
- Support
- Appreciation
- Difficulties

HCPs

- HCP team
- Relationship
- Medical care

Mapped through the patient-to-treatment journey™

To identify meaningful interceptions





See it

In Action





Medtronic



MERCK



NC



General Mills IS

UnitedHealthcare



Johnson & Johnson



FOUR SEASONS
Hotels and Resorts



Walmart



3M

Microsoft

UNITED



TARGET



Fresh off the press



Understanding Barriers to Breast Cancer Treatment Using a Novel Social Media Approach



HARVARD
MEDICAL SCHOOL

“We present powerful, real world data using this new modality for qualitative research, capitalizing on the rich conversations occurring on-line for patients with breast cancer. Future research should further focus on how to further employ and learn from this type of social intelligence research.” - 2015

How is this study different?

- Past examination of barriers to breast cancer treatment receipt has typically been limited to registry or claims-based studies or smaller, survey-based analyses.

THIS STUDY

1,024,041

unique posts related to discussions about breast cancer treatment

Assigned general themes for

958,345

posts

Assigned specific barriers to treatment for

387,238

posts.

Under the hood

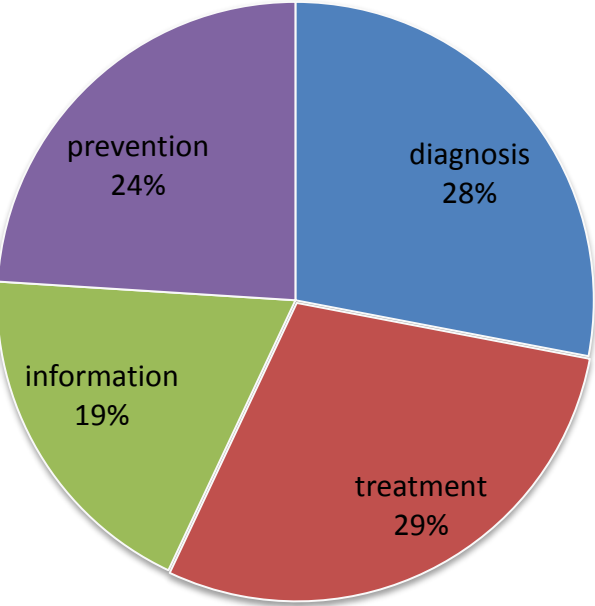


Using text analytics, natural language processing, and computational linguistics to extract data from the mining process, key topics and content relationships were examined and categorized into recurring themes, focusing on barriers to breast cancer treatments.

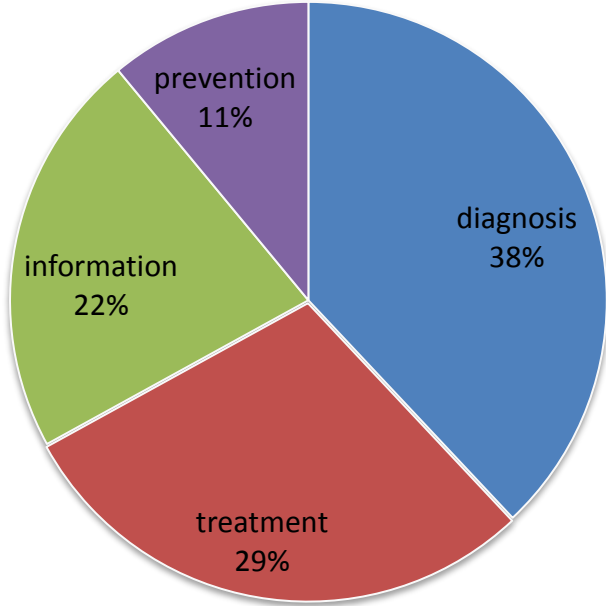
Machine tagging software then tagged and sorted data with regard to demographics (race/ethnicity) per profile information, motivations expressed, and the underlying perspective which allowed for a thematic analysis and an understanding of underlying drivers/barriers to treatment.

Breast Cancer Overall Discussion Topics

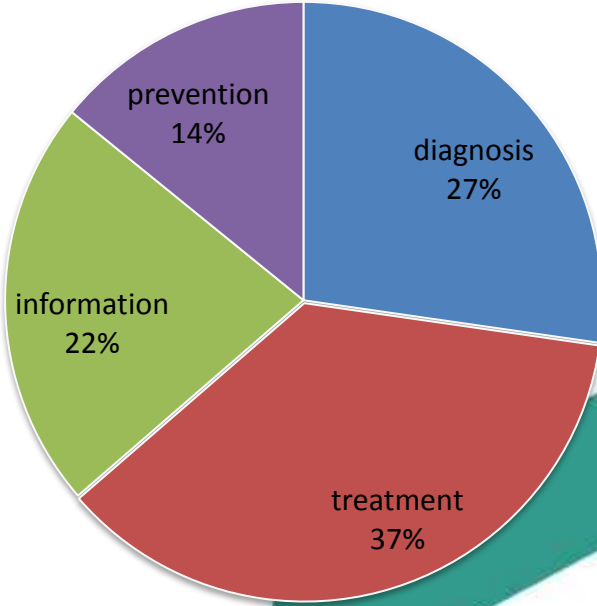
Overall



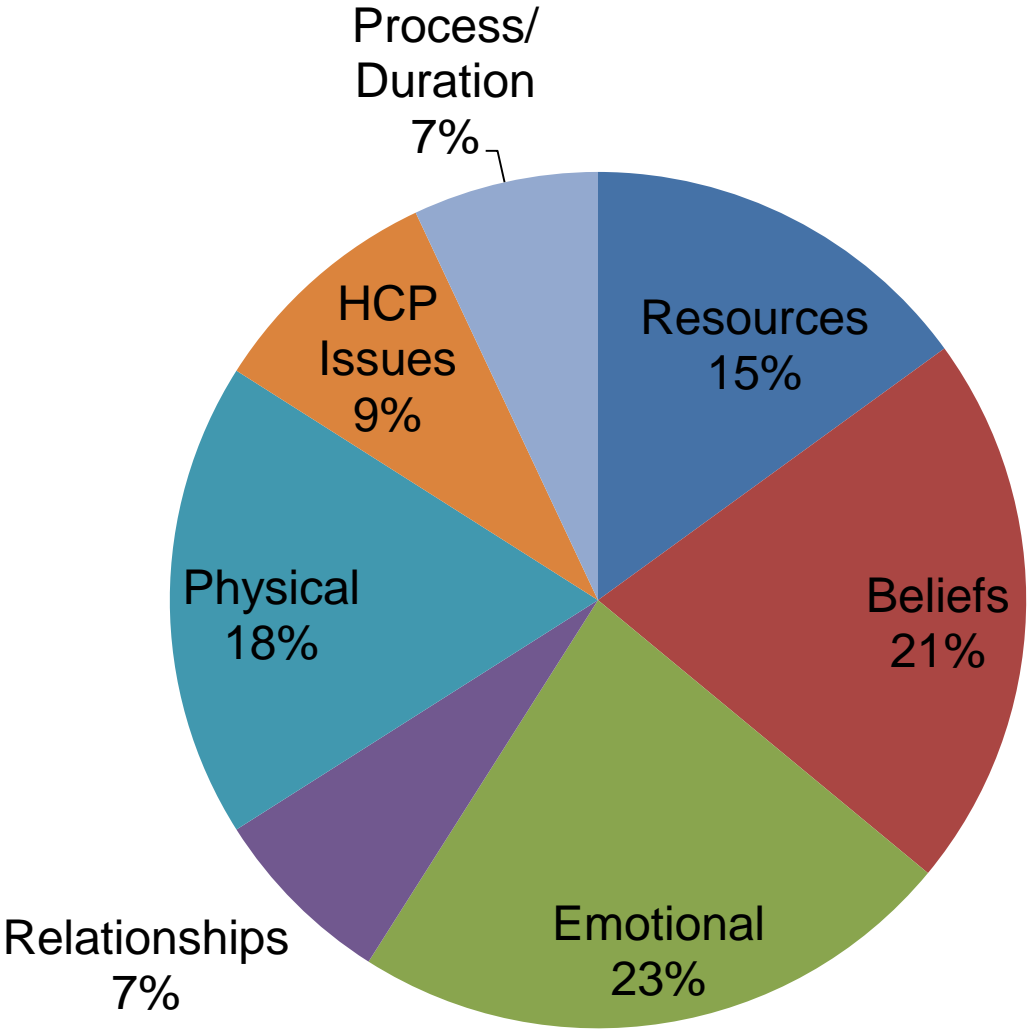
Hispanic



AfAm

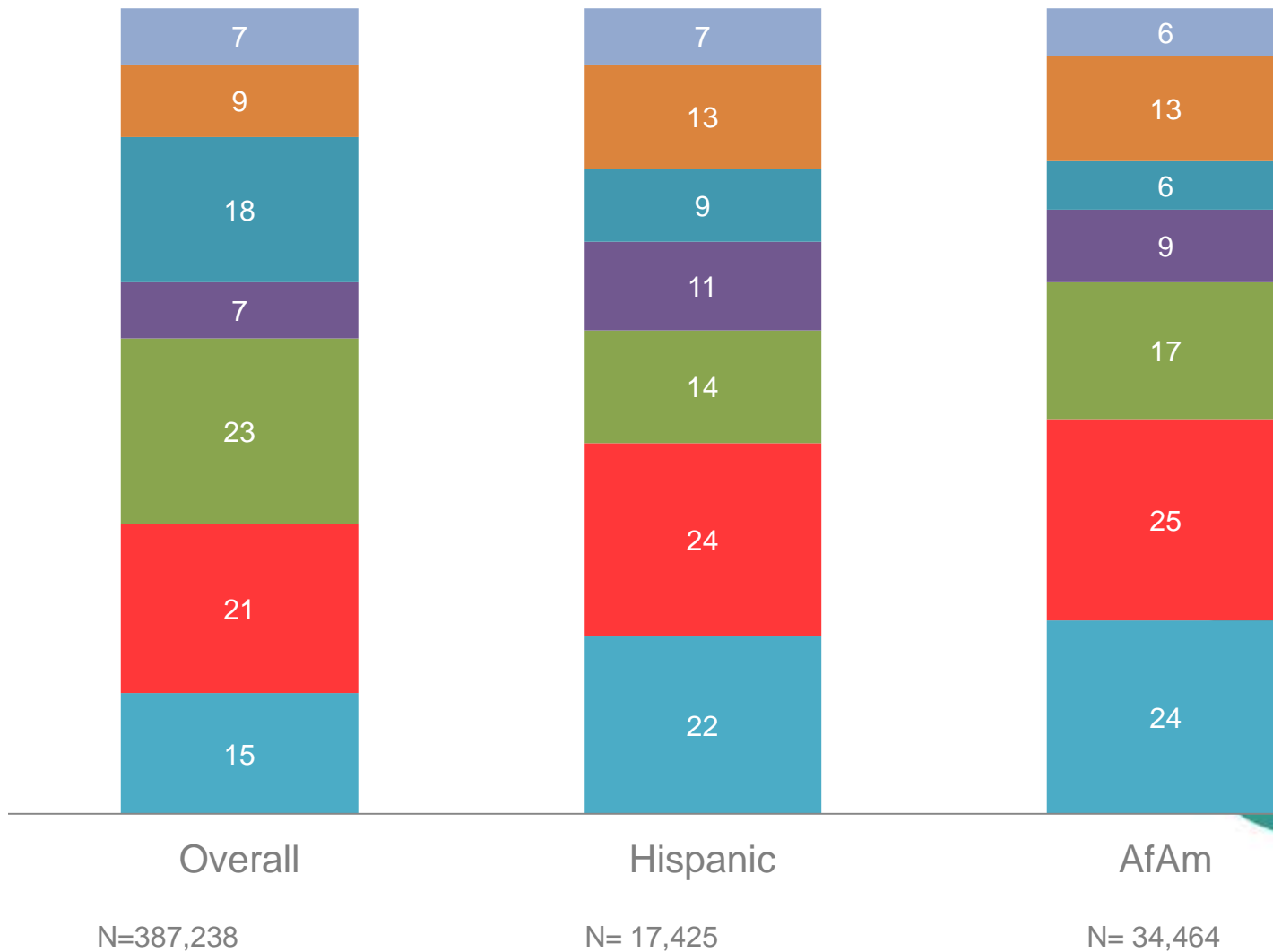


Breast Cancer Treatment Barriers Overall



Treatment Barriers Profile by Segment

resources beliefs emotional relationship physical HCP process



Breast Cancer Treatment Barrier Drivers

HCP perspective



Circumstantial

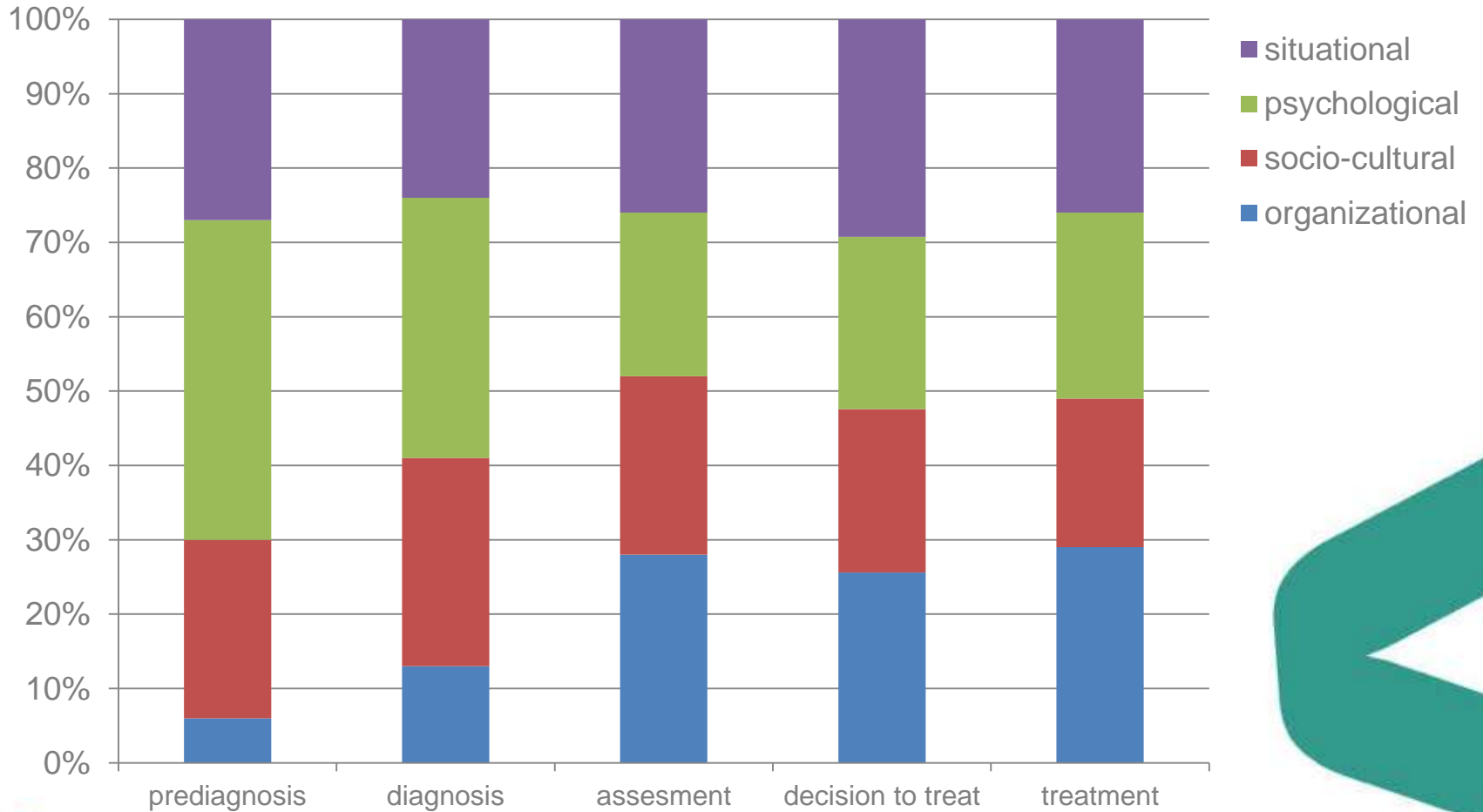
- insurance
- job
- income
- accessibility
- responsibilities

Belief systems

- gender
- family
- sickness
- cultural
- spiritual

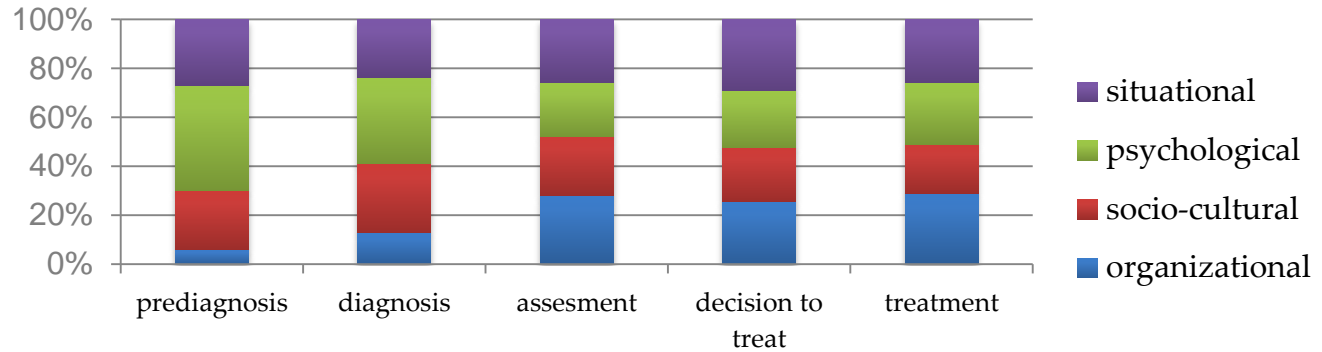
Emotionally driven

Breast Cancer “Sufferer Journey” Barrier Profile

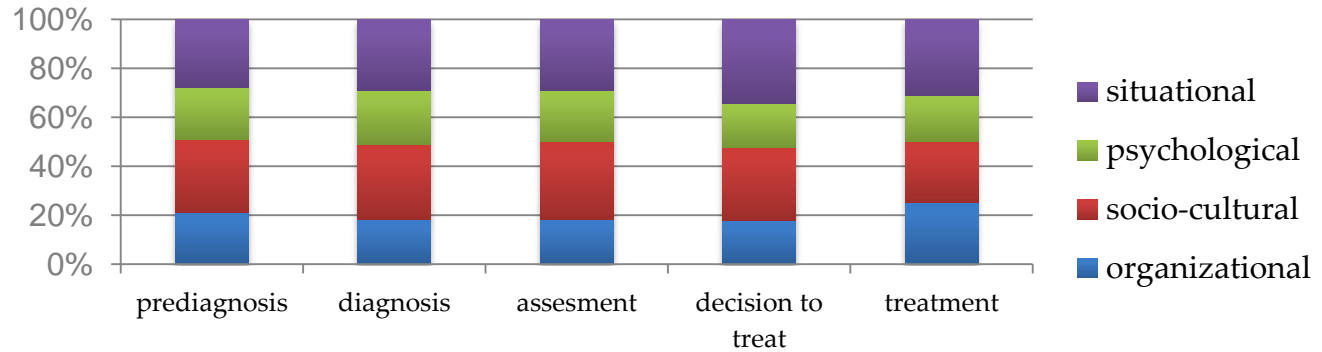


Barrier Profile by Breast Cancer Sufferer Journey Stage

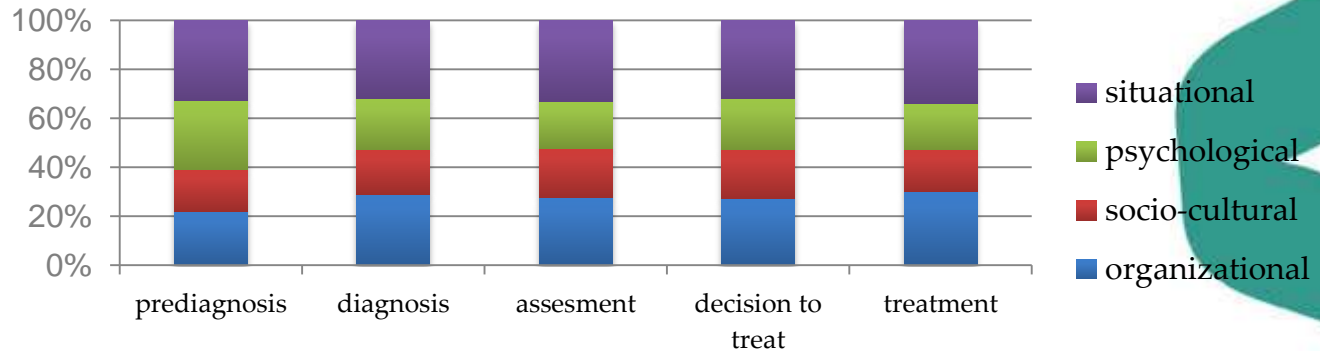
Overall



Hispanic



African American



Sample emotional drivers by segment

FEAR

35% OVERALL
37% HISPANIC
27% AA

DENIAL

32% BLACK
26% HISPANIC
13% OVERALL

“Breast cancer is a white woman’s disease”

Sample belief systems by segment

SPIRITUAL

Religious sentiments about
treatment

41% HISPANICS

31% AA

HEALTH CARE PERCEPTIONS

43% AA

36% HISPANIC

29% OVERALL

Sample physical concerns by segment

SIDE EFFECTS

Less often among minorities

30% AA

29% HISPANIC

40% OVERALL

BODY IMAGE

Most apparent by
Hispanics

36% HISPANIC

*"I won't feel like a whole
woman anymore"*

Sample health care perception barriers by segment

Communication 38%
Trust 24% and
Accessibility 22%

ACCESSIBILITY

Concerns mostly raised by
minorities

29% AA + HISPANIC

22% OVERALL

*I don't always have someone to
watch their kids when they go in
for an appointment.*

Now what?



Behavioral Healthcare Marketing

Takes into consideration the effects of psychological, social, cognitive, and emotional factors on the healthcare decisions of individuals and institutions and the consequences for better access and outcomes.

Proprietary XL Alliance

+ access

+ interceptions

+ outcomes

A new behavioral marketing mix through patient-to-treatment journey™ by segment



Adding value to all stakeholders

PHARMA

SYSTEMS OF
CARE

PAYORS

ASSOCIATIONS

- Identify the right topical discussions across segments to translate into content, tool and marketing strategies
- Development of integrated health programs aligning to related conditions and symptoms
- Identify tonality and language to deliver culturally relevant messaging around topics based on sentiment and cultural nuances
- Identify relevant stages to introduce tools, programs, and channels to intercept and influence patients through the treatment-journey
- Identify the channels and influences that impact each segment
- Opportunity to run pre and post studies to evaluate campaign/ program impact
- Opportunity to dive deeper into geo-targeted and micro targeted topics and communities
- And more...



Thank You!

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