

PRIORITIZING BUDGET FOR MULTICULTURAL PATIENT EDUCATION

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Objective

As brands evolve from launch to maturity in a specific therapeutic area, and managed care becomes more prohibitive for patients to access brand medication, pharmaceutical marketing budgets are dwindling faster than ever.

This is particularly more challenging for brands that venture into multicultural patient marketing.

The cost for patient marketing outreach is high, especially in patient populations where English is not the primary language, which makes it prohibitive to maintain during the life cycle of the brand without developing partnerships with medical associations or with medical publishers to help share the cost outlays.

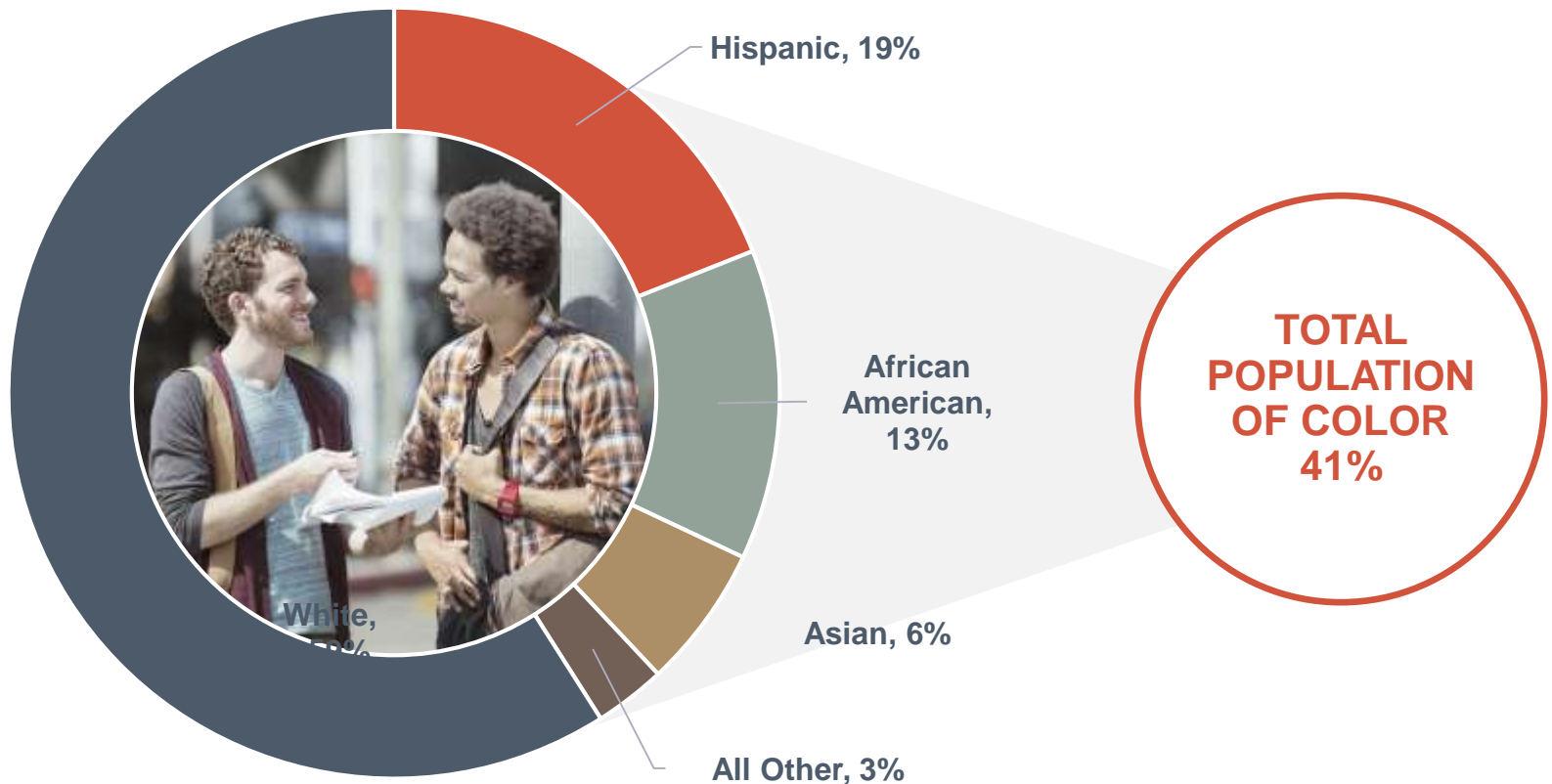


This presentation focuses on how to confirm a business case that will commit budget to multicultural education; confirm dollars for patient populations with direct alignment to your brand.

KEY FACTS ON HEALTH CARE BY RACE / ETHNICITY

Nonelderly Population by Race/Ethnicity, 2014

TOTAL NONELDERLY - 270.2 Million

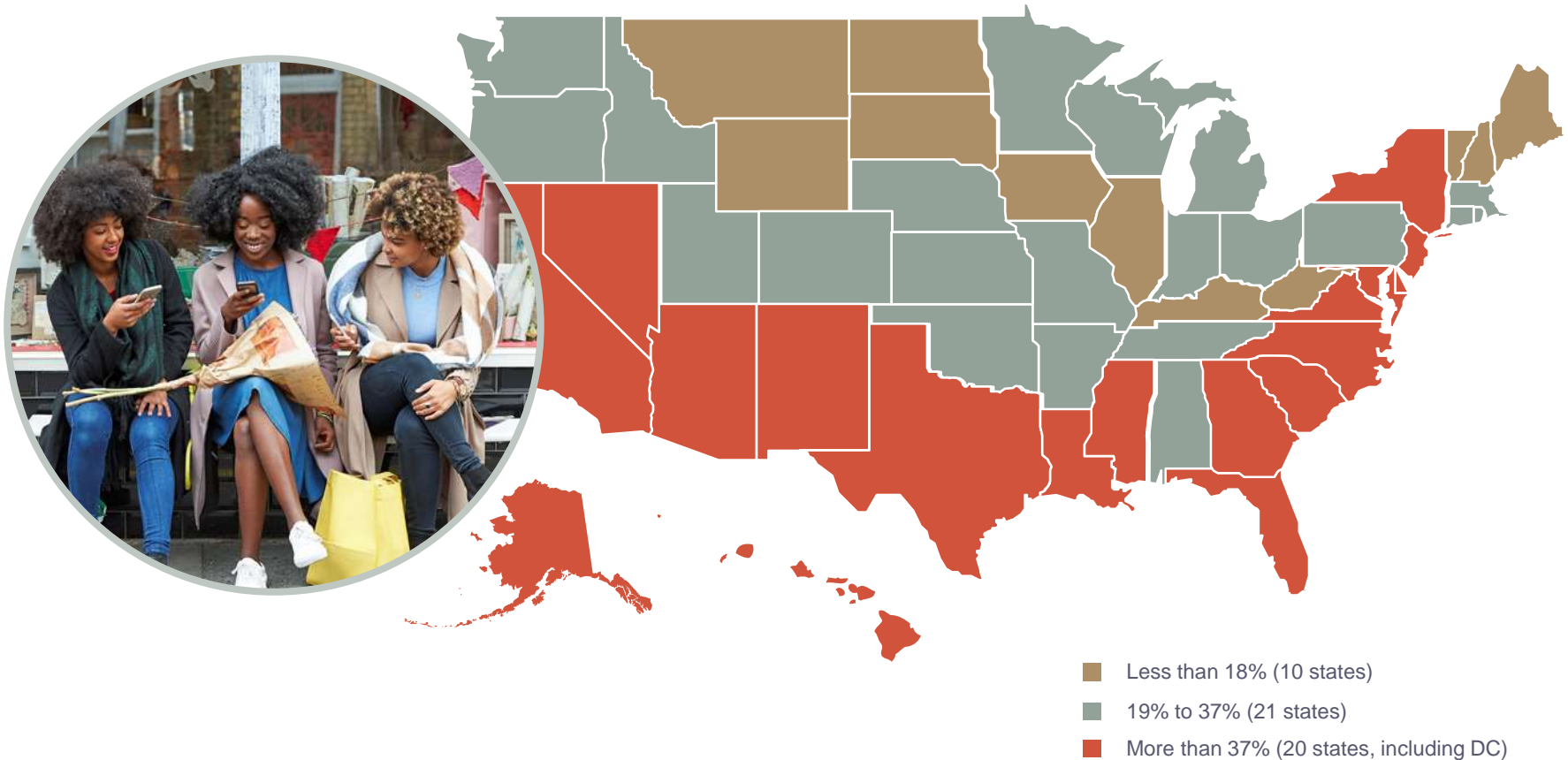


Notes: All Other includes: AIAN (refers to American Indians and Alaska Natives), NHOPi (refers to Native Hawaiian and Other Pacific Islanders), and Other includes people of mixed race. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes individuals 0-64 years of age. Total may not sum to 100% due to rounding.

Source: Kaiser Family Foundation analysis of March 2015 Current Population Survey, Annual Social and Economic Supplement.

Exhibit 1.1: Nonelderly Population by Race/Ethnicity, 2014

Share of Nonelderly Population That Is a Person of Color by State, 2014

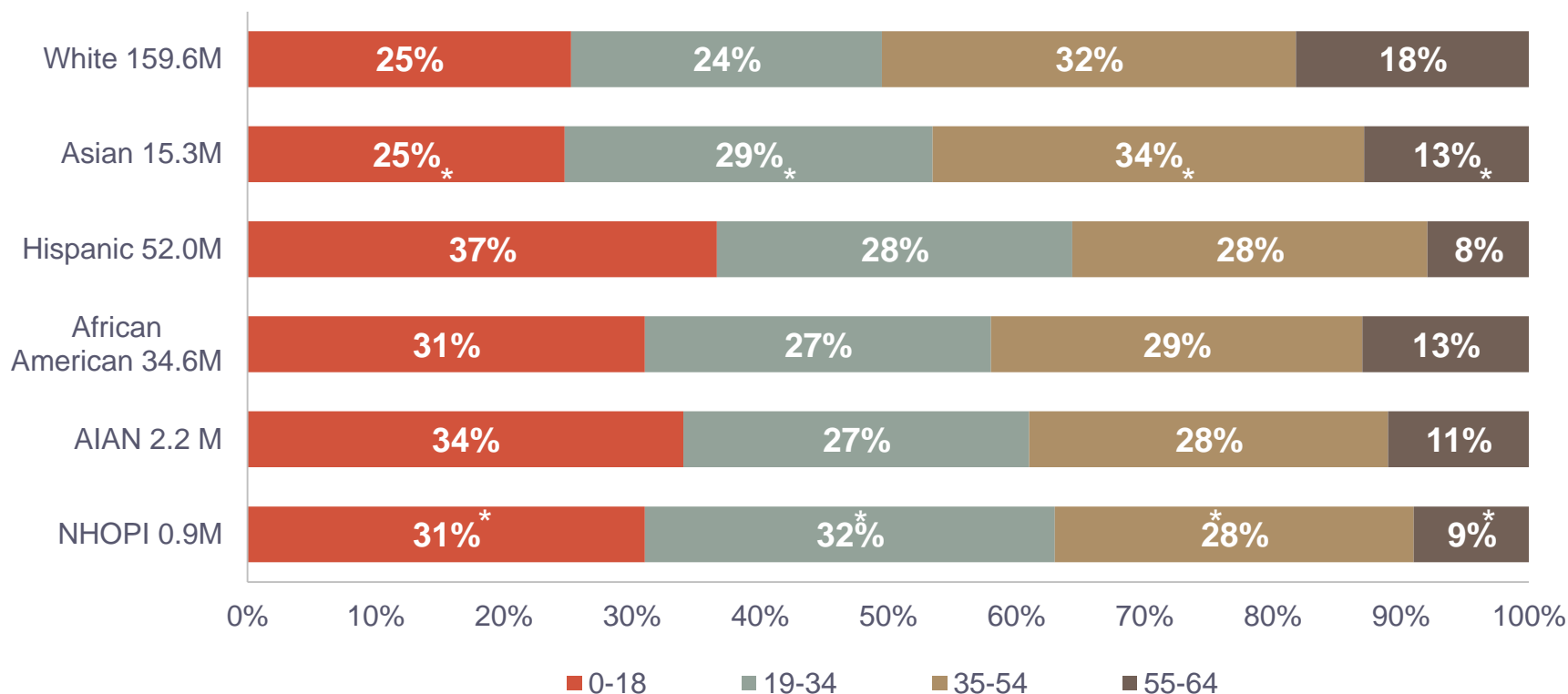


Note: Includes nonelderly individuals 0-64 years of age.

Source: Kaiser Family Foundation analysis of March 2015 Current Population Survey, Annual Social and Economic Supplement.

Exhibit 1.2: Share of Nonelderly Population that is a Person of Color by State, 2014.

Age of Nonelderly Population by Race / Ethnicity, 2014



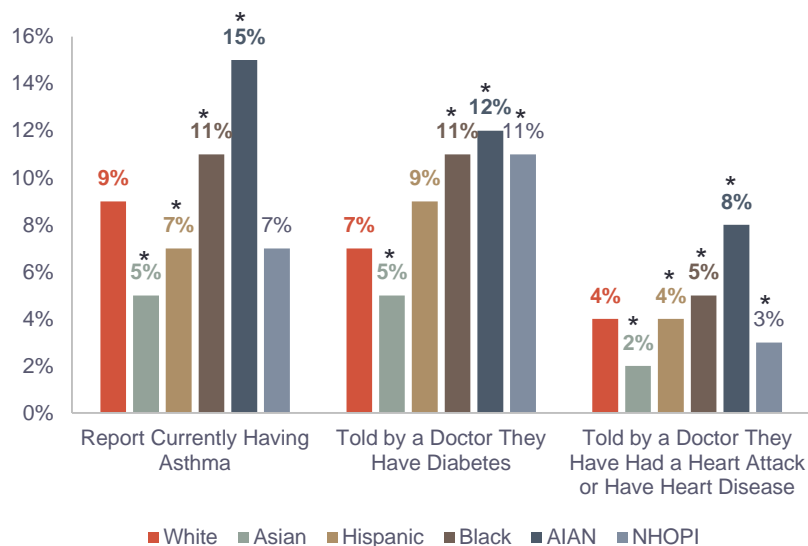
*Indicates statistically significant difference from the White population at the $P < 0.05$ level.

Note: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age. Totals may not sum to 100% due to rounding.

Source: Kaiser Family Foundation analysis of March 2015 Current Population Survey, Annual Social and Economic Supplement. Exhibit 1.3: Age of Nonelderly Population by Race/Ethnicity, 2014.

Prevalence of Selected Chronic Conditions by Race/Ethnicity, 2014

Percent of Nonelderly Adults With Selected Health Conditions



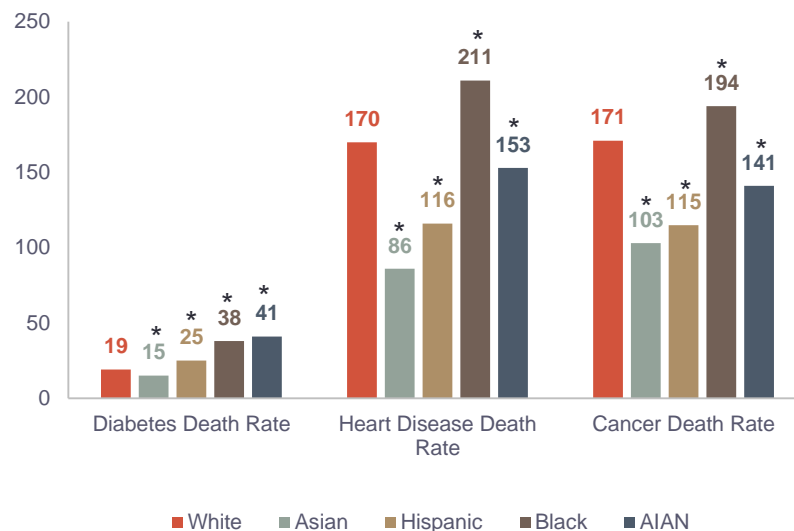
*Indicates statistically significant difference from the White population at the $P < 0.05$ level.

Note: AIAN refers to American Indians and Alaska Natives. NHOPi refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 18-64 years of age. N/A: Point estimates do not meet minimum standards for statistical reliability.

Source: Kaiser Family Foundation analysis of CDC, Behavioral Risk Factor Surveillance System, 2014.

Exhibit 3.7: Percent of Nonelderly Adults with Selected Health Conditions by Race/Ethnicity, 2014.

Age-Adjusted Death Rates per 100,00 for Selected Disease



*Indicates statistically significant difference from the White population at the $P < 0.05$ level.

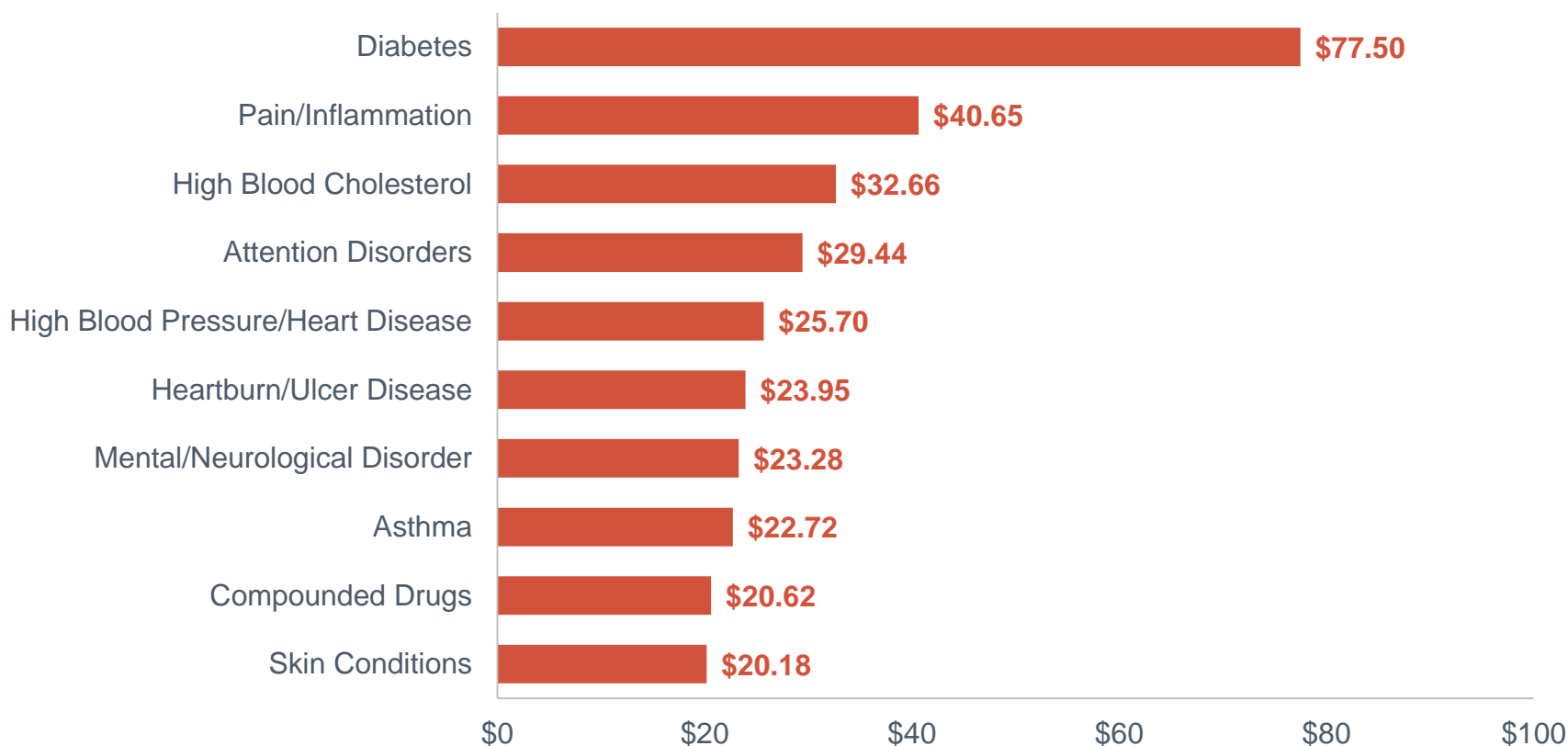
Note: AIAN refers to American Indians and Alaska Natives. NHOPi refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data for Native Hawaiians and Other Pacific Islanders were not separated from Asians. Data for some groups should be interpreted with caution; see <http://wonder.cdc.gov/wonder/help/ucd.html#Racial>.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2014. Exhibit 3.14: Age-Adjusted Death Rates per 100,000 for Selected Diseases by Race/Ethnicity, 2014.

HEALTH CARE MARKET LANDSCAPE

Diabetes Medicines Topped Traditional Drug Spending in 2015 and Were Nearly Double the Second Leading Category

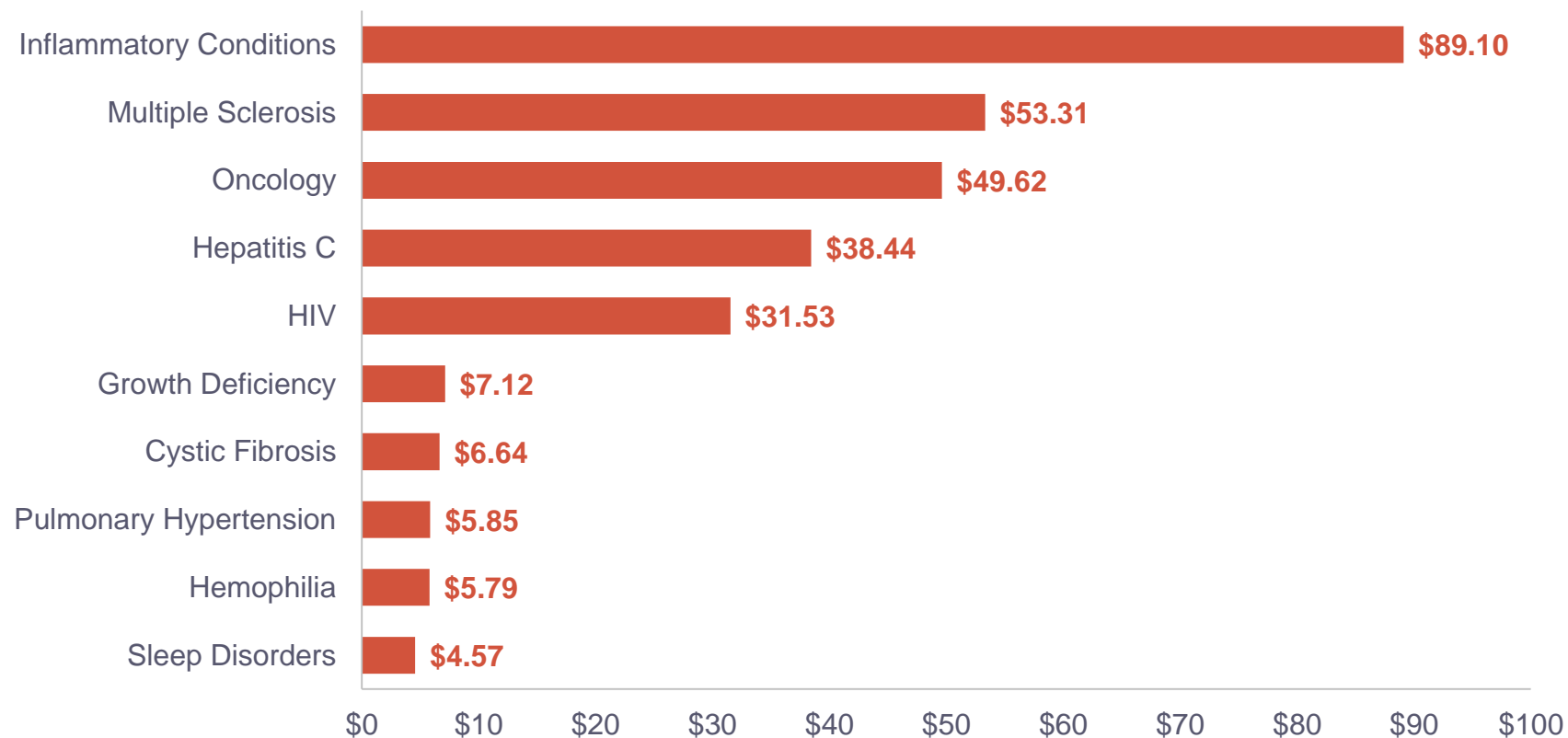
Express Scripts per-member-per-year spending on top 10 traditional therapy class drugs, 2015



Source: Express Scripts 2015 Drug Trend Report. Available at <http://lab.express-scripts.com/lab/drug-trend-report>.

Medications for Inflammatory Conditions and Multiple Sclerosis Topped Specialty Drug Spending in 2015

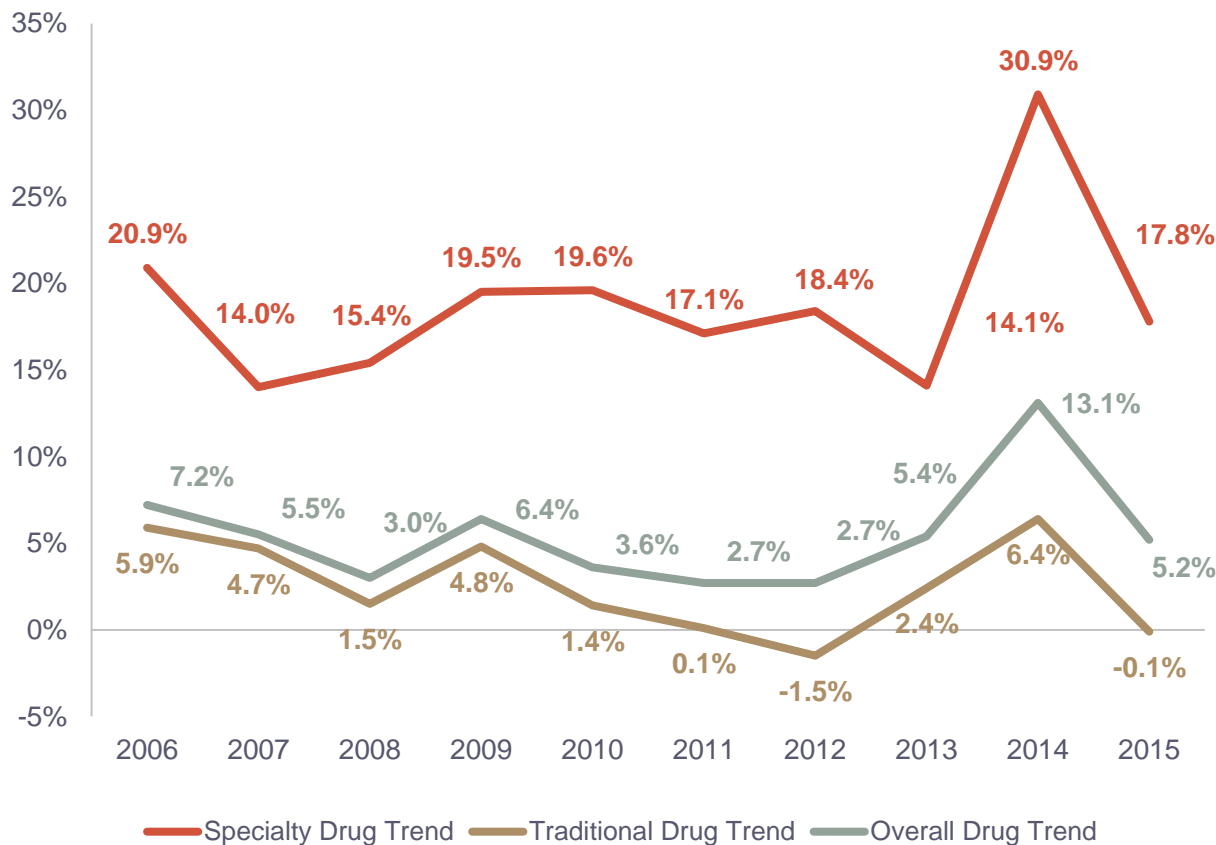
Express Scripts per-member-per-year spending on top 10 traditional therapy class drugs, 2015



Source: Express Scripts 2015 Drug Trend Report. Available at <http://lab.express-scripts.com/lab/drug-trend-report>.

Costly New Specialty Drugs Are a Major Driver of Increased Health Spending

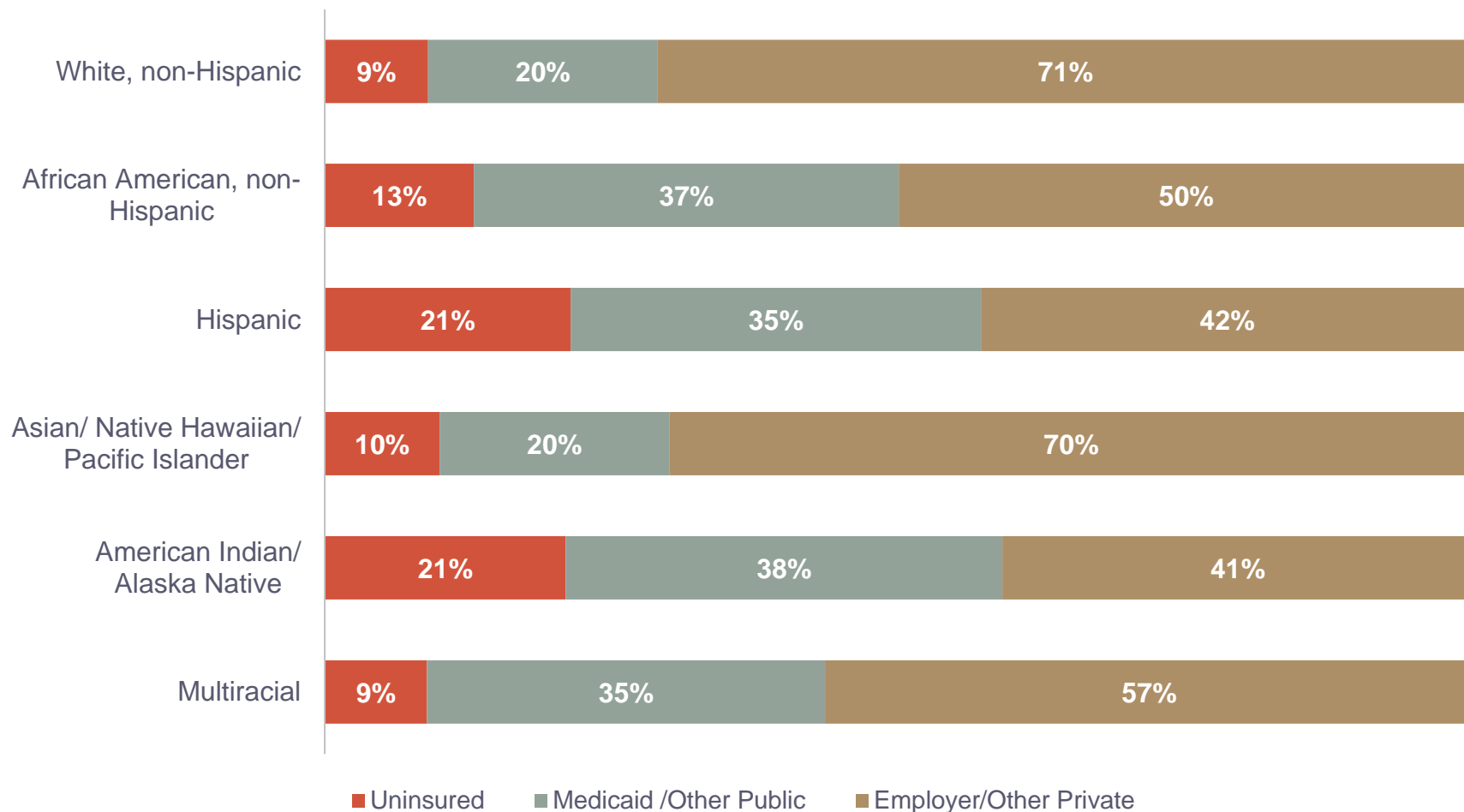
Express Scripts drug trend by therapy class, 2006-2015



Source: Express Scripts 2015 Drug Trend Report. Available at <http://lab.express-scripts.com/lab/drug-trend-report>.



Insurance Coverage of Nonelderly by Race/Ethnicity, 2014

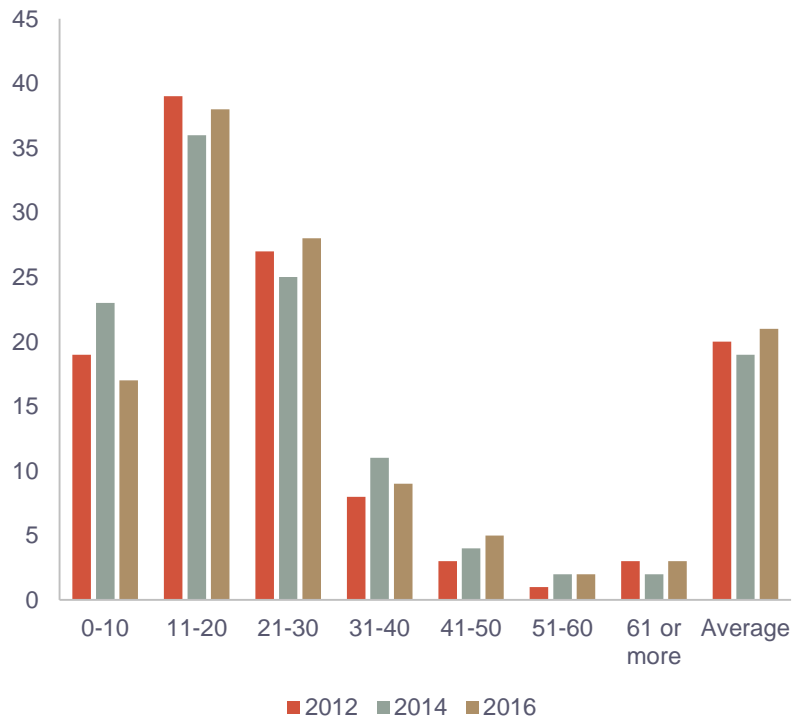


Notes: American Indian group includes Aleutian Eskimos. Data may not total 100% due to rounding.

Source: Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.

Physician Statistics

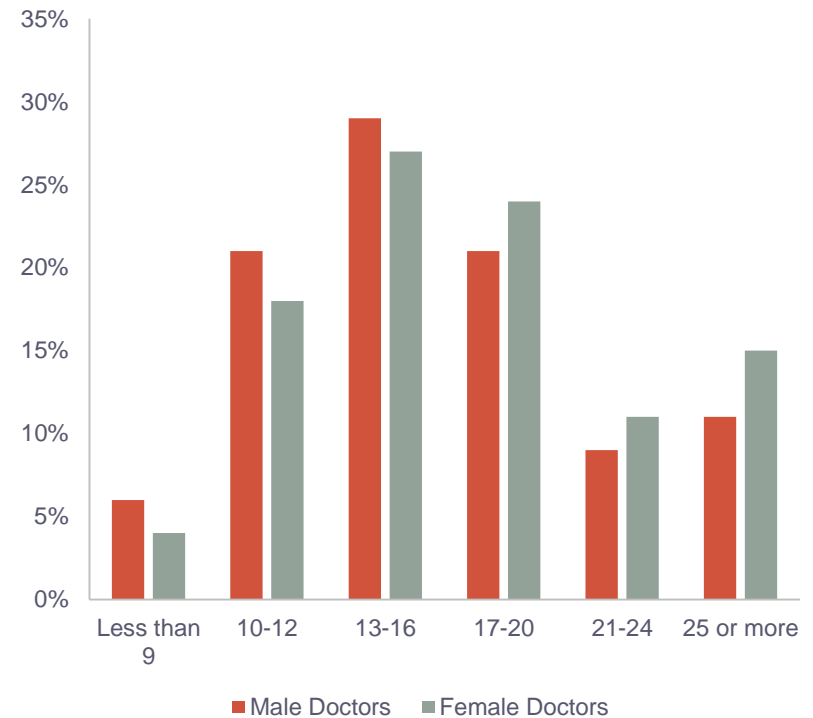
Number of Patients That Physicians in the United States Saw Per Day from 2012 to 2016



Source: © Statista 2016

This survey presents the average number of patients that physicians in the U.S. saw per day from 2012 to 2016. It was found that 39 percent of surveyed physicians reported that they saw an average of 11 to 20 patients per day. The average number of patients seen per day in 2016 was 20.6.

Average Amount of Time a Physician Spends With a Patient

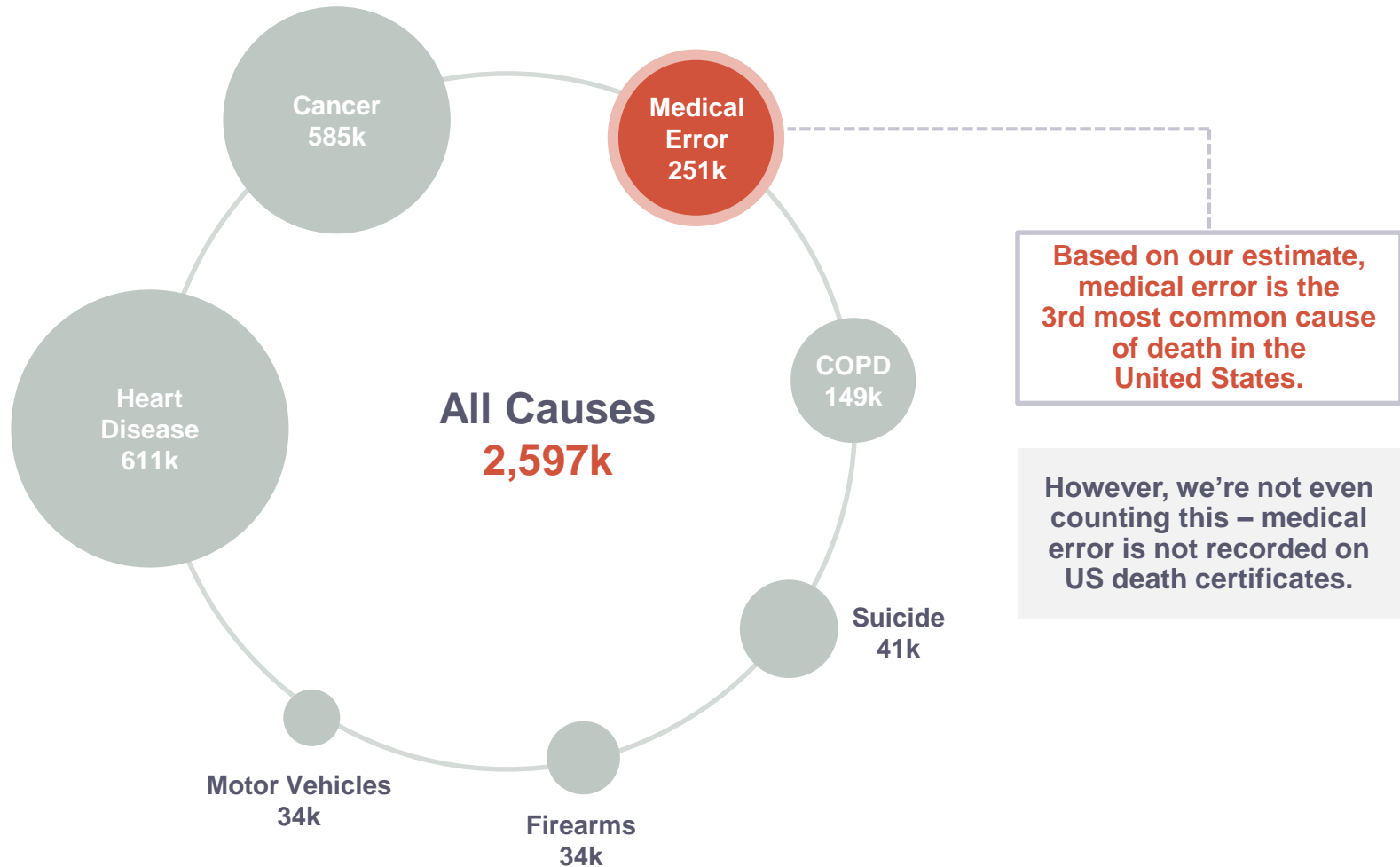


Source: Medscape

"Medscape Physician Compensation Report 2016" [found](#) most physicians spend between 13 minutes and 16 minutes with each patient.

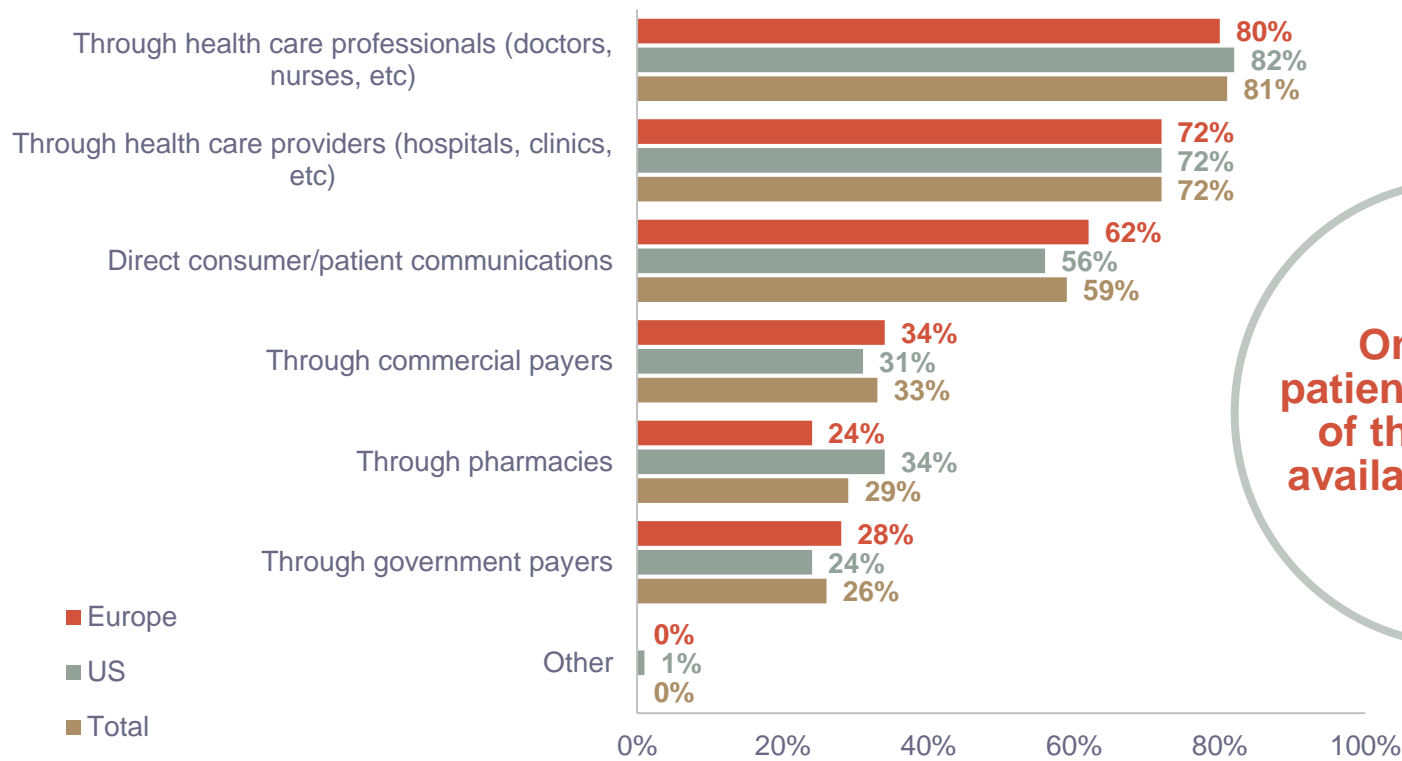
Possible Consequences

Causes of Death, US, 2013



Health Care Professionals Are the Most Commonly Used Channel for Raising Awareness of Services, Followed by Health Care Providers

Please rank the top three ways in which you make your patients aware of your services (Mentioned in top three)

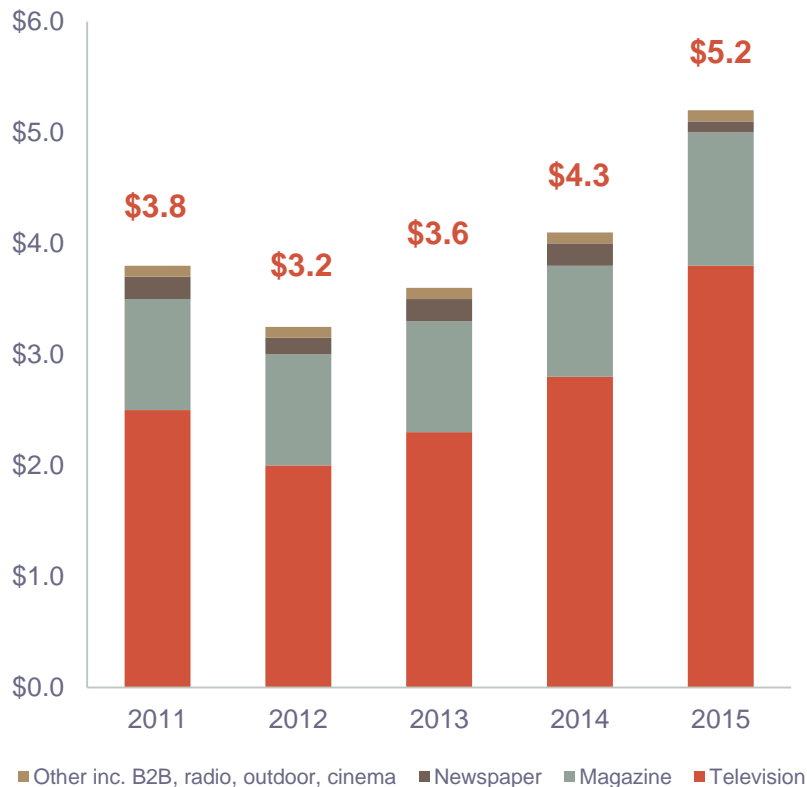


Only 1 in 5 patients are aware of the services available to them.

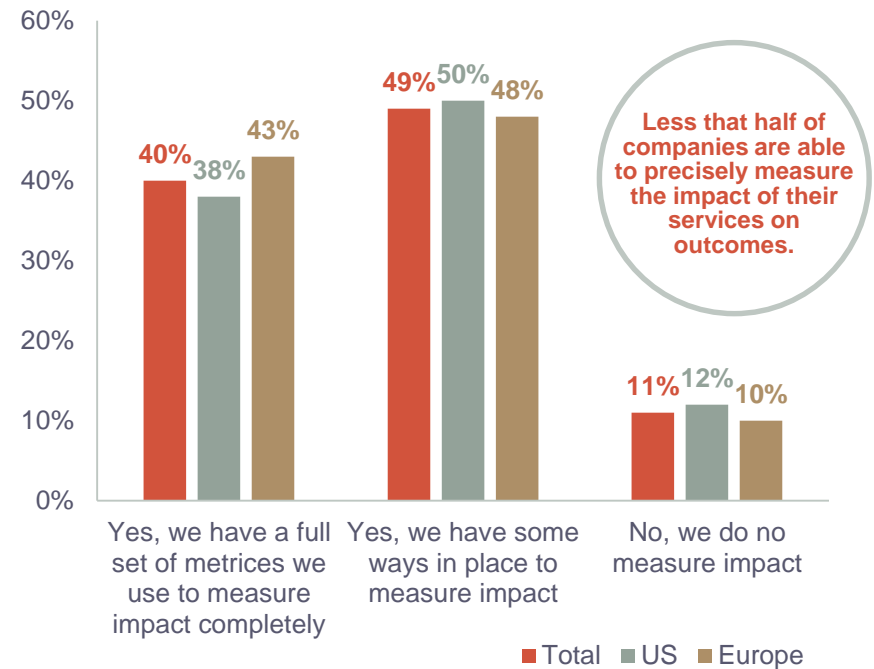
Source: Accenture Life Sciences, Rethink Reshape Restructure...for better patient outcomes. The Patient Is IN. Pharma's Growing Opportunity in Patient Services, Key Findings from a Survey of 200+ Patient Services, Executives in the Pharmaceutical Industry in the US and Europe, 2016. https://www.accenture.com/us-en/_acnmedia/Accenture/next-gen-2/patient-services-survey-pharma/pdf/Accenture-patient-services-2016-survey-results-web.pdf.

Spend and Impact

Spending on Prescription Drug Advertising by Source (Digital Outlets Not Included)



Are You Able to Measure the Impact of These Services on Patient and Business Outcomes?



Source: Accenture Life Sciences, Rethink Reshape Restructure...for better patient outcomes. The Patient Is IN. Pharma's Growing Opportunity in Patient Services, Key Findings from a Survey of 200+ Patient Services, Executives in the Pharmaceutical Industry in the US and Europe, 2016.
https://www.accenture.com/us-en/_acnmedia/Accenture/next-gen-2/patient-services-survey-pharma/pdf/Accenture-patient-services-2016-survey-results-web.pdf

MULTICULTURAL OPPORTUNITY

Reasons for Pharma to Invest

The combined multiethnic segment represents over a third of the US population, a bloc nearly the size of Russia's entire current population.¹



The US Hispanic market, comprising about 55 million consumers, is expected to more than double by 2050. If this bloc were a country, it would be the 16th largest economy in the world.¹

The African American market is about 42 million consumers and is also growing faster than the non-Hispanic white segment.¹

The Obama administration's Affordable Care Act (ACA) further heightens the opportunity specific to the multicultural health field.¹



In **2008**, the US presidential campaign showed the power of marketing to and building brand loyalty with US minority populations.¹

In **2010**, the US Census came out with the latest population projections highlighting the tremendous growth of minority ethnic and cultural communities.¹

In **2011**, the Centers for Medicare and Medicaid Services developed a program to prompt US health care practitioners to use electronic health records-full usage being "meaningful use." Stage 3 of this program will be the use of EHR data to prove that health care providers are improving patient outcomes.

Make the Business Case



What is the prevalence of occurrence that a particular race / ethnicity commonly suffers from that particular disease state?



What is the potential revenue that could be generated by targeting a multicultural segment?



What part of the health care system will be paying for treatment option?



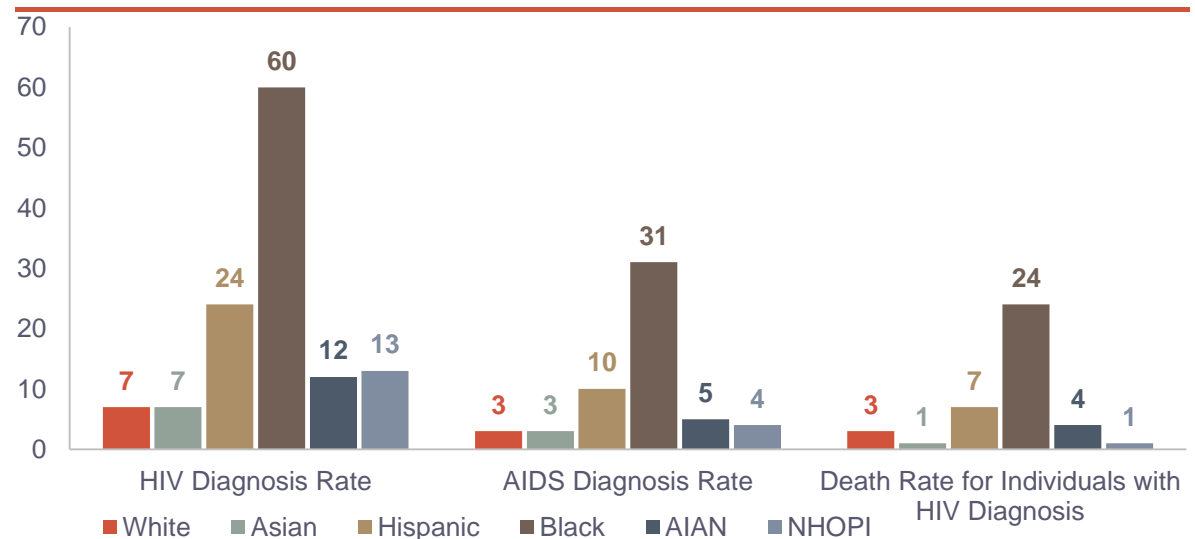
Example of a Business Case for Multicultural Marketing

Tibotec Therapeutics is doing far more than simply speaking the language of its multicultural audiences. Last fall the Johnson & Johnson subsidiary launched a multifaceted campaign aimed at keeping African American and Hispanic women in HIV/AIDS care. The effort followed the company's GRACE Study, which focused on women (particularly women of color) who had received HIV treatment in the past and helped increase understanding of patient needs. Group product director Ben Kozub explains that 25% to 33% of last year's budget went to understanding patients through market research and implementing the campaign.

Source: "Multicultural Marketing: Cultural Conundrum", Tanya Lewis, Medical Marketing & Media, May 14, 2010. <http://www.mmm-online.com/features/multicultural-marketing-cultural-conundrum/article/171046/>.



Age-Adjusted Death Rates per 100,000 for Selected Disease



Rates are not subject to sampling error variation; therefore, significance testing is not needed to detect differences. Note: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons categorized by race were not Hispanic or Latino. Individuals in each race category may, however, include persons whose ethnicity was not reported. Includes individuals age 13 and older. Data for HIV and AIDS diagnoses are as of 2014; death rate is as of 2013.

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, viral hepatitis, STD, and TB prevention (NCHHSTP) Atlas, 2014. Exhibit 3.9: Age-Adjusted HIV or AIDS Diagnosis and Death Rate per 100,000 Among Teens and Adults by Race/Ethnicity.

Challenges

Business case is not strong enough

Limited budget

The marketing approach your organization is taking with multicultural marketing (cross-cultural or total market)

Companies and marketing teams lack the capabilities of trans-creating the “general marketing message” to one that suits a particular targeted ethnic segment

Lack of Employee Resource Groups (ERGs) to help drive a business case with marketing teams

Limited multicultural capability with your organization

- Lack of understanding the health care disparities across cultures within diagnosis, treatment, and adherence rates
- Awareness level
- Treatment rates across cultures compared to non-Hispanic white patients are lower

Possible Prescriptive Solutions

Reexamine your business case to include sensitivity response data by multicultural breakdown

Solicit support from your Employee Resource Group

Partner with physician associations, patient advocacy, managed care, and publications

Find synergies in tactics that mutually serve both a physician and patient audience

- Support a disease state awareness article in a patient publication that is in both English and Spanish. This resource provides the physician and patient with an educational resource. Ask the publication to distribute the article to certain zip codes that have a high percentage of Hispanic patients. Have market analytics track the prescription behaviors of those zip codes to monitor ROI.
- Develop a brand and consumer website that contains several resources in multiple languages. An effective way of developing this is to have, for example, English on one side of the page and Mandarin on the other side. This will serve as an educational resource for the physician and the caregiver who may have forgotten the terms to correctly translate to their seniors in their native tongue.

Repurpose promotional assets that may have been created by some of your global marketing colleagues (eg, Spanish, Korean, Mandarin)

Target appropriately where resources should be promoted and distributed

Ensure leadership supports the custom allocation of resources and understands the larger level of return by taking this approach (eg, digital, media, advocacy support)

Ask a multicultural marketing agency to do a lunch and learn with your key stakeholders (Legal, Regulatory, Medical, Marketing Teams, ERGs) on the nuances of trans-creating pharmaceutical promotional assets to different ethnic groups

Assess ROI of every tactic and continue to build the case for further budget allocation

QUESTIONS
