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standing out

The changing tide of pharma requires
a forward-looking investment plan that
combines both promotional and
non-promotional tactics

A JOB NOT YET DONE

ABPI president, Chris Brinsmead, speaks
about NICE, NHS collaboration and trust, and
addresses some pressing industry questions

BRIDGING THE GAP

Currency fluctuations have led to a
lucrative trade in parallel exports
for some UK pharmacists

THE EXTRA MILE

It is vital that pharma learns to engage effectively with the UK ethnic population



It's now almost a given that pharma companies, health charities and public sector organisations put the patient at the centre of their marketing activities. Patient-centric programmes are imperative and many of these organisations - and their agencies - make significant efforts to understand patients better and develop tailored communications based on patients' profiles.

Yet the reality is that the current composition of society demands a much deeper segmentation. By conducting micro social segmentation, companies can gain considerable actionable insights and a more in-

depth understanding of their audiences and their cultural nuances. After all, these nuances have immense impact on the lifestyle, attitudes and behaviour of patients.

Medical research comparing health attributes between ethnic groups has a long history. For clinical trials, ethnicity has proved to be a critical factor for medical researchers. Genomic and pharmacological research in many clinical areas has revealed interesting differences between ethnic groups in the natural history of disease and the efficacy of medication.

However, when it comes to the marketing plan ethnicity is still not considered by many leading companies. Are

they missing the point or are they simply not brave enough? Either way, they could be losing out on a massive opportunity.

Multicultural Britain

Everyone knows that today's Britain is highly multicultural. According to figures from the Office of National Statistics, the 2001 census, almost 8 per cent of the total population is from an ethnic background (see table below).

The data are now more than nine years old and considering the rate of immigration in the last decade, some experts believe that this figure may easily have risen to 12 per cent - amounting to more than seven million individuals with ethnic origin.

If you look at urban markets, the density of the ethnic population is much higher. For example, almost 45 per cent of London's population, 32 per cent of Birmingham, 35 per cent of Leicester's and 15 per cent of Manchester's population are multicultural. Moreover, the prevalence of certain health conditions in the ethnic audiences makes this market too important to ignore for the healthcare sector.

Prevalence of certain conditions

The prevalence of certain conditions is ethnicity biased: this is due to genetic and physiological influences, as well as external factors such as lifestyle choices. Because of the correlation between ethnicity, socioeconomic status and risk exposures, it is, however, often difficult to isolate the relative impact of genetics and external risk factors.

Many medical researchers have highlighted the influence of ethnicity in medical journals and in the US the FDA approved a drug called BiDil that was specifically developed for the African American audience.

In clinical trials, BiDil reduced deaths by 43 per cent and decreased hospitalisation by

39 per cent among African American heart failure patients. It also reduced heart failure symptoms. Researchers are uncertain why the drug works better among blacks than other races.

For the UK market, the development of a race-specific medication may be much further down the line but marketing to ethnic audiences is surely a priority for now.

To put this in context, here are some statistics on how widespread certain conditions are among ethnic audiences in the UK:

- The occurrence of type 2 diabetes is four to five-fold higher in the South Asian population (Indian, Pakistani, Bangladeshi, Sri Lankan), according to two research papers published in *Circulation* 2001;104: 2855-64 and the *BMJ* 1999;319: 215-20
- The excess coronary heart disease risk in South Asians compared with the population of England and Wales is estimated to be at least 40 per cent (*J Pub Health Med* 2000; 22: 375-85)
- Black and ethnic groups are the highest users of primary care services (ONS 1996)
- In the UK, black Caribbean and black African men are two to three times greater risk of being diagnosed with, or dying from, prostate cancer than white men
- South Asian women have 51 per cent higher coronary heart disease mortality rate than the whole population, for men the figure is 40 per cent, according to British Heart Foundation (BHF) figures from April 2004.

Multicultural marketing

Many government departments and charity organisations have already recognised the importance of ethnicity in the UK. The Department of Health and NHS have developed a number of marketing activities to reach out to ethnic audiences. Major charities like the

"Black and ethnic groups are the highest users of primary care services in the UK"

THE UK POPULATION: BY ETHNIC GROUP, APRIL 2001

	Total population		Minority ethnic population
	Count (m)	%	%
White	54153898	92.1	n/a
Mixed	677117	1.2	14.6
Asian or Asian British			
Indian	1053411	1.8	22.7
Pakistani	747285	1.3	16.1
Bangladeshi	283063	0.5	6.1
Other Asian	247664	0.4	5.3
Black or Black British			
Black Caribbean	565876	1.0	12.2
Black African	485277	0.8	10.5
Black Other	97585	0.2	2.1
Chinese	247403	0.4	5.3
Other	230615	0.4	5.0
All minority ethnic population	4635296	7.9	100
All population	58789194	100	n/a

BHF, Prostate Cancer Society and Diabetes UK have been running tailored campaigns for the multicultural market for many years.

BHF research shows that people of South Asian origin are up to 50 per cent more likely to die from a heart attack than the rest of the UK population. For the young the difference is even bigger: a young Asian is three times more likely to die from heart problems.

Consequently, the BHF develops bespoke multimedia campaigns for the British Asian audience. The campaigns are targeted at Indians, Pakistanis and Bangladeshis in the UK. In 2007-08, BHF released TV campaigns for this group; the ads were developed in Hindustani, a dialect used in Bollywood movies and therefore understood across South Asian countries.

One ad showed a father and son playing cricket (a passionate subject for all South Asians). It ran on popular South Asian channels like Sky's Star TV, Zee TV, ATN, Bangla TV and Sony. Print ads were run in Bengali, Urdu, Gujarati and Punjabi in the leading vernacular publications. The BHF also organises outreach programmes to spread the awareness of the emergency helpline for chest pains.

Another good example of multicultural marketing is the Co-operative Pharmacy. It runs a Ramadan campaign to help Muslim patients manage their medicines during the month of fasting.

The Co-operative saw that many Muslims on prescription medication continue to observe the fast - even though those who are ill can be exempted from fasting during Ramadan - resulting in patients often not taking medication at the correct time intervals which, in many conditions, alters the medicines, interaction with food and efficacy.

Many of the Co-operative Pharmacies are located in areas where there is a high Muslim population. Last year, staff at 79 Co-operative Pharmacies were trained to provide tailored 'medicine check' services for Muslim patients

"The DH and NHS have developed marketing activities to reach out to ethnic groups"

during Ramadan. The trained pharmacists discuss various aspects of the prescribed medicines to minimise problems and improve the patient understanding. The Muslim Council of Great Britain supported the initiative and recommended that the community make use of the service.

So it is clear that ethnicity is an important factor in healthcare, and one already recognised - and acted upon - by some organisations. That said, engaging ethnic groups requires significant investment in understanding cultural nuances - but surely this is not beyond an industry now priding itself on patient centricity?

Reality check

To maximise the therapeutic potential of massive recent technological advances, it is now essential that much fuller account be taken of the fact that healthcare has cultural and social, as well as biological dimensions.

Yet the reality is that a massive multicultural population of seven million - with much higher prevalence of various health conditions and a very high urban concentration - still remains a relatively untapped segment for pharma. These audiences may not be very easy to engage with but a bespoke and culturally sensitive approach has been shown to be successful in several cases.

Fundamentally, multicultural marketing is not about ticking the boxes or stereotyping but about engaging with the audience effectively to shift its attitudes and sometimes belief systems to influence behaviour. This can really only be achieved through long-term, focused, marketing activity.

It is vital that the industry learns to engage effectively with ethnic groups, and it may have to go the extra mile in order to do this. Addressing the needs of the ethnic population is not just a social necessity but a business opportunity.

The Author

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A few things to remember when targeting ethnic audiences

1. Age is a critical factor to consider when understanding a patient from an ethnic background. There is a huge difference among first generation, second generation and the third generation in terms of language understanding, media consumption and overall lifestyle.
2. In many ethnic communities the younger generation takes the lead with regards to a parent's treatment and, therefore, in many cases addressing the carer of the patients can be more effective.
3. The language barrier is one of the biggest issues in providing useful information. Key patient education pieces should be translated in various languages, especially for populations where conditions like diabetes, heart problems and rheumatoid arthritis are prevalent.
4. Educational communications in the ethnic media have proven useful in spreading awareness.
5. Reaching a hard-to-reach audience is always a challenge. However, there are many well-established community networks. Working with such networks can be an efficient and effective way of engaging the audience.
6. Involving community leaders can also be very effective. The BHF trained Imams on raising awareness of heart health issues, particularly diet and smoking cessation.
7. South Asians are passionate about cricket and Bollywood. A cinema ad in theatres showing Bollywood movies or outreach activities at cricketing events can be good platforms to engage with this audience.
8. Community 'Melas' (ethnic carnivals) are popular events for black and South Asian communities and they are visited by thousands of people on a regular basis. Well thought out outreach activities at such events can be very effective.
9. Basic cultural orientation is always worthwhile acquiring, especially for healthcare professionals. Knowing a little bit about the culture can make a massive difference in the treatment delivery and outcomes.