



# Marketing Health Care to Minorities: Tapping an Emerging Market

*Despite growing demand for services, health care marketers have been slow to cultivate the promising minority health care market.*

By Mary S. Harris

**S**tatistics reveal the growing significance of racial and ethnic minority groups in the United States. While growth in the non-Hispanic white population has slowed substantially, immigration and higher fertility rates have served to increase the size and importance of the African-American, Asian-American, and Hispanic populations. It will not be too far into the twenty-first century before minority group members actually outnumber the majority population.

While the public health community has long recognized this market, private sector health care companies and their marketers have been slow to appreciate its significance. Only in recent years have such companies begun to consider marketing health care to minority consumers. There are many reasons why this market has been neglected, including a number of myths concerning the minority population.

Limited knowledge of the health care problems that minority group members face has affected health care marketers, clinicians, and members of minority groups themselves. Although evidence shows that most minority groups are worse off on health status indicators than members of the majority group (and certainly the mortality statistics support this),

formal clinical research has largely excluded non-whites and other minorities. With some obvious exceptions—sickle-cell anemia and hypertension among African-Americans—little emphasis has been placed historically on the health needs of minority group members. A perception that African-Americans, Hispanics, and other racial and ethnic minorities had limited knowledge of their own health problems contributed to this neglect. Without a clear perception of health risks, minority group members could not be expected to actively seek

## EXECUTIVE HIGHLIGHTS

A number of myths have prevented the development of a formal health care marketing strategy for the 100 million-plus racial and ethnic group members in the United States, despite their relatively greater need for health services. This market continues to grow in numbers, resources, and influence as the majority market levels off. Marketers must look to minorities for new business, but traditional health care marketers have a long way to go before they are in a position to truly maximize this opportunity.

health services and, thus, were not considered prime marketing targets.

Many health care marketers have incorrectly assumed that minorities do not have money to spend on health care nor the interest in receiving care if they do. However, while poverty is, without question, more prevalent among certain racial and ethnic minorities, a large portion of the minority population does have the ability to pay for and an interest in consuming health services. Even though many minority group members must pay out of pocket because they lack insurance coverage, for some providers this may represent a more profitable revenue source than patients covered under managed care. Further, these populations are likely to become loyal customers if they are treated right and are not likely to be forced to switch carriers because of a change in managed care plans.

## **The upward trend of minority influence**

**The minority population in the United States will reach**

- **30% by the year 2000**
- **32% by the year 2005**
- **34% by the year 2010**
- **36% by the year 2015**
- **38% by the year 2020**

However, misconceptions concerning minority health care consumers were not the primary reason for their neglect by health care marketers. It is not only that health care marketers have thought the wrong thing, but that they have seldom thought about these populations at all. Ethnic and racial minorities simply have not been on the radar screen until recently. When the health care industry belatedly adopted marketing in the 1980s, the targets for this new endeavor were the dominant patient groups—middle-class whites with commercial insurance and older (mostly white) Medicare patients. Many providers made a conscious effort, in fact, to avoid Medicaid

patients and patients paying out of pocket, thereby excluding many minority patients at that time.

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## **AN EMERGING FORCE**

Numbers alone would make the huge minority population of the United States a major market for most products, even discounting for factors such as high poverty levels and the lack of available and accessible health care. In actuality, most factors that have made this a less than favorable market in the past are being rapidly ameliorated. Income levels for minority groups across the board are surging, and some minority subsegments have become among the most affluent in the country. Further, educational levels are rising faster than for the majority population. Along with education comes a growing appreciation for all types of health services (including lucrative elective procedures). Increasing income and education levels tend to boost the extent of insurance coverage within a population, with health-plan coverage expanding rapidly for many racial and ethnic groups.

Perhaps most important, these demographic trends presage a change in values for these populations. The historical apparent lack of interest in personal health and community resources is being replaced by a growing emphasis on individual health enhancement and interest in access to a wide range of services. While it is true that racial discrimination and lifestyle attributes have historically been a deterrent to obtaining timely health care, we now realize that barriers such as transportation, lack of access, and an absence of appropriate insurance coverage are just as important. As most minority populations move closer to socio-economic parity with the majority population, the lifestyle and structural barriers tend to fall away.

Our own experience suggests that once members of a minority group are exposed to a health issue, they tend to enthusiastically pursue its resolution. When our firm produced a breast cancer video, "To My Sisters. . . A Gift for Life," aimed at African-American women, we were swamped with African-American respondents requesting more information on this and other topics. This was a totally unexpected response and suggests there is, indeed, a huge unmet demand for health information that specifically targets minority populations. However, to be effective, the information must be presented within a cultural context that is comfortable and familiar to the minority consumer. This was the key to the video's success. We placed the information about breast cancer and mammography within a cultural context that was com-

fortable and familiar to the African-American woman. We told the story of breast cancer and the value of early detection through the eyes and situations of women to whom they could relate. A generic presentation of the material would not have been nearly as effective.

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## ADDRESSING MINORITY NEEDS

While health care has been slow to respond to the opportunities within the minority community, other industries have been much quicker to appreciate the significance (and spending power) of America's minority populations. Health care marketers, in fact, have a lot to learn from other industries. The fast-food, alcohol, and sporting-goods industries, for example, have successfully targeted various racial and ethnic groups. The tobacco industry has geared certain products (and hence its advertising) to minorities. It is no accident that, when African-Americans smoke, they are likely to smoke a menthol cigarette.

Health care marketers are only now appreciating the extent of this market. This slowness reflects a health care mindset that says, "If it is good for you, you'll do it." This maxim is thought to hold regardless of demographic characteristics and reflects the traditional notion that health care is not a luxury but something that everyone must consume. Conventional wisdom held that everyone would show up at the hospital door eventually. The fact is, however, that many minority group members have not been showing up at any door. Their lack of understanding of the system and the system's failure to relate to them has meant that the only one that is certain of getting their business is the mortician, as life-threatening conditions go untreated and minority group members delay getting needed health care or, worse, stay away from the health care system altogether.

The health care needs of minority populations are not being completely met largely because no one has really asked these populations what should be done to make the health care experience compatible with their culture's worldview. Market research follows a traditional model, and factors that are relevant for minority groups are often not considered in this model. Lists of information sources (e.g., magazines, television shows) often do not include the sources most likely to characterize those outside the majority population.

It's important to remember, incidentally, that we are not talking about a monolithic minority market. While members of most minority groups may have common characteristics that set them apart from

the majority population, significant differences exist among racial and ethnic minorities with regard to health status, health behavior, and their perceptions of health care. Thus, the first step in any market-research initiative should be to determine the likely differences among minority groups.

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## RELATING TO THE MARKET

Now that health care organizations are beginning to appreciate the significance of the minority market, the challenge becomes how to relate meaningfully to this population. Minority consumers are not going to simply show up at the provider's office, visit a health Web site, or purchase a specific medication. Marketers will have to make a significant effort to reach out and earn their "business." A sort of professional arrogance with regard to marketing assumes that a good marketing initiative will succeed regardless of the target. However, nothing guarantees a default response, and advertising as usual will not necessarily reach this population.

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Successful marketers in other industries have realized the importance of adapting to the culture characterizing a particular minority group. Yet, in health care those who are interested in tapping this market often don't see the cultural dimension as important. For example, the notion of *fatalismo* that many Hispanics maintain regarding cancer may prevent compliance with treatment regimens. Talking about breast exams to Asian women should be done with care and sensitivity to the fact that they are often discouraged from touching their own bodies. Or questioning African-American women about their sexual history with references to promiscuity may have implications that the health professional did not intend.

## What Do You Know?

Any health care organization that wants to cultivate minority markets, particularly on a national scale, should be familiar with the following icons from minority cultures. Test your minority marketing IQ by identifying the entries below. (See the following answers.)

T.D. Jakes  
Tom Joyner  
CNBC  
Alpha Kappa Alpha (AKA)  
*Essence*  
*Latina*  
National Medical Association

### Answers:

T.D. Jakes is a Dallas, Texas-based African-American clergyman and author of *Woman, Thou Art Loosed*. He has written seven other books, all of which hit the Christian best-seller's list. He has a weekly television show viewed by millions on the Trinity Broadcasting Network and Black Entertainment Television. He has an especially strong following among African-American women who attend his annual national conference.

Tom Joyner is a national African-American talk show host who reaches over 5 million African-American listeners every weekday morning.

The Congress of National Black Churches (CNBC) is the largest coalition of African-American churches, accounting for most of the mainstream denominations serving this population.

Alpha Kappa Alpha (AKA) is the oldest African-American sorority. Women join during college but remain active through local chapters throughout life.

*Essence* is a widely read magazine catering to African-American women.

*Latina* is the most prominent magazine serving Hispanic females.

The National Medical Association is the African-American equivalent to the American Medical Association.

Once a health care organization decides to cultivate minority populations, how does an organization begin to reach a population that it hasn't served before? The actual mechanics, of course, depend on the nature of the market and will likely require a combination of marketing approaches. If the target market is radio-oriented, this is an obvious direction for pursuit. If they are newspaper-oriented, highly involved in church, or tied into specific community leaders, it's worth considering these routes for promotional activities.

Whatever approach marketers take, the first step is to gain information on the culture and the role that health care plays in that culture. This market research should identify demographic attributes, health status, current health behavior, consumer attitudes and knowledge, as well as myriad other characteristics. And this needs to be *informed* research, designed to fully elicit the information needed on this market. Too often a standard research approach does not get to the heart of minority issues, and media sources that are patronized by minorities are seldom included in the research (e.g., African-American and Hispanic-oriented magazines).

Some approaches, such as superficially converting mainstream health care messages to another culture, won't work. Simply having an African-American person say it or translating directly from English to Spanish does not guarantee that the message is culturally appropriate or effective. The cultural perspective of the target must be taken into consideration.

Much of the failure to date boils down to the tendency to market *at* people rather than *to* them. In fact, successful marketers will be the ones emphasizing an approach that involves marketing *with* the target. In many ways, health care marketing is still a white, middle-class endeavor. This cultural bias must be eliminated through constant, in-depth dialogue with members of the target groups.

Relationship marketing is a current "buzzword" in health care, and relationships do in fact provide the basis for virtually any transaction within minority groups. Health care information initiatives have historically been episodic, fragmented, and short-term. The African-American community and other segments of the minority population are looking for something long-term that they can tune into regularly to maintain an ongoing relationship. The organization must connect with the consumer and engage him or her for the long haul. Creating a comfort level that could support a long-term relationship should be the goal.

These efforts also should relate to community institutions. To win the loyalty of individual minor-

ity group members, it is often necessary to demonstrate support for the community. In many cases, these efforts must also be coordinated with indigenous efforts in the community. This may mean becoming heavily involved with local churches, especially to the extent that many minority churches have established "health ministries."

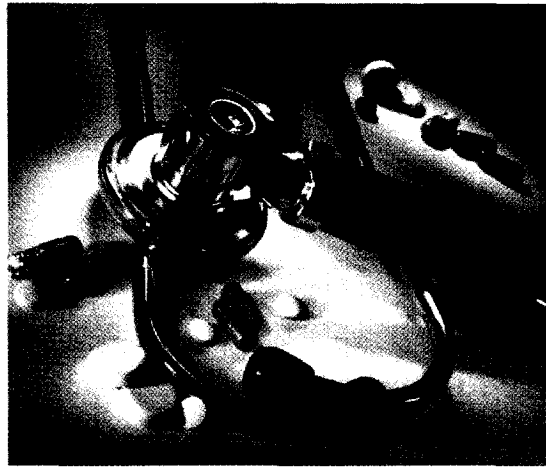
Minority group members often feel they do not get a fair shake from the media and that no one is providing the information that the minority community needs. Except for the few outlets that are geared directly to minority populations, the mainstream media provide very limited resources to these populations. Contemporary technology could probably be a factor here, and marketers may need to invest in a stepped-up Internet-based effort to reach this population. Although minorities have been slow to come online, they are now adopting the Internet at a rate faster than majority group. However, few minority-oriented Web sites exist. In fact, only six of the 20,000 health-oriented Web sites are targeted to African-American users. The "dot-coms" that develop these sites are going to need guidance on how to reach these markets. The processes involved in collecting the information, designing the site, writing the text, and all related activities will require an understanding that has not been available to date.

A health care organization (whether they're selling information, products, or services) developing an ethnic-oriented initiative also must clearly define what the organization wants from the minority population. Is it hospital admissions, urgent-care visits, health-plan enrollment, visits to a Web site, purchase of a drug? What is the organization prepared to do to make the minority health consumer feel comfortable? Just hiring someone who speaks Spanish or placing the photo of an African-American model on a generic brochure is not enough. Earning the business of minorities and capturing the minority health dollar requires an organizational adjustment with a commitment from the top down.

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## LOOKING TO THE FUTURE

It is clear that any growth in the health care pie will come from minority markets. The slowed population growth of the majority market coupled with rapid increases in the minority market means it is time to begin carving up a different pie. In a competitive health care market, health care organizations must look to populations and markets that have been traditionally ignored. Fortunately, these markets are becoming more attractive over



time, and health care organizations that can successfully develop services geared to these markets will create a win-win situation for their business and for the minority consumer.

Even if the provider does not aggressively seek out this population, a review of demographic trends indicates that the people showing up at the provider's office are going to be increasingly racially and ethnically diverse. While emergency-room physicians have been most exposed to diverse patient populations in the past, racial and ethnic diversity will be a growing issue for all providers in the future.

However, it's worth noting that opportunities to cultivate minority groups may be rare. Once they have been "captured" by a provider, a pharmaceutical company, or a health plan, they are going to be less likely to switch over minor issues. This means those organizations that position themselves to address the needs of minority populations will hold a competitive advantage in the future over those that continue to conduct marketing as usual. ■

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## ABOUT THE AUTHOR

**Mary S. Harris** is president and founder of BioTechnical Communications Inc., an Atlanta-based marketing and communications firm. Her interest in minority health issues has resulted in funding from the National Institutes of Health for social-marketing activities geared to the African-American population. Harris and BioTechnical Communications have received numerous awards for their work in this field. Comments should be directed to Harris at [marysh@earthlink.net](mailto:marysh@earthlink.net).