



# MARKETING IN A MULTIFARIOUS WORLD

In demographic terms, the United States is changing dramatically. By the year 2030, experts estimate, only 9.1 percent of consumer growth will be attributable to non-Hispanic, white consumers. In fact, by then nearly half (48.2 percent) of total U.S. consumer growth will be among Hispanic Americans alone (Ennio Quevedo-Garcia, foreword, *Hispanic Market Research*, M. Isabel Valdez and Marta H. Seoane, eds., Gale Research Inc., 1995, p. xiv).

Statistics such as these show why Catholic healthcare organizations should get ready to market their services to ethnically diverse populations. There are already legal reasons; under the Fair Housing Act of 1988, for example, it is unlawful for a facility selling or renting a dwelling (including nursing homes and assisted living residences) to "indicate any preference, limitation or discrimination because of race, color, religion, sex, handicap, family status, or national origin." But obeying the law should not be the primary motive. Catholic healthcare must reach out to ethnic populations in order to fulfill its mission, serving all people in need.

The question, especially for organizations inexperienced in serving diverse ethnic groups, is this: How do we carry out this marketing?

*Catholic  
Healthcare  
Organiza-  
tions Are  
Reaching  
Out to  
Culturally  
Diverse  
Populations*

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## PHASE ONE RESEARCHING NEW TARGET AUDIENCES

In any marketing initiative, getting to know your target audience is the first step. As populations grow culturally diverse, you must first identify the ethnic groups that make up your marketplace. Then you must learn all you can about their cultures, their relationships with the healthcare system, and their needs and wants.

Sources of demographic information in your service area include the U.S. Census Bureau; town, city, or state planning offices; community-based social service agencies; ethnic/minority publications; and marketing information service firms that sell this kind of data. Be alert as well for anecdotal information—for example, a newspaper item about a new community center catering to a minority group; or a flyer announcing a festival celebrating a particular culture—that indicates the emergence of an ethnic population in your area.

Although some demographic information is easy and inexpensive to obtain (Census Bureau data, for example), it is likely to have certain limitations. It may undercount minorities or may lump together distinct ethnic groups. "Hispanic," for instance, is a term that comprises Cubans and Puerto Ricans as well as people from the Dominican Republic and Mexico. "Asian" can comprise Hawaiians as well as Malaysians, Japanese, and Chinese (a term that itself covers several distinct groups). And not only does the census make no distinctions among the significantly different populations in such categories; it also does not differentiate between minority Americans born in other countries and those born in the United States.

Because of these limitations, to correctly identify the different ethnic populations in your area, meet with opinion leaders of the minority community, including church officials, politicians,





journalists, and members of affinity groups. (Do not simply invite them to your facility; go to their neighborhoods.) Visit social service agencies, including neighborhood health clinics, area agencies on aging, senior centers, and the local United Way. Do not overlook agencies affiliated with other religious denominations (the Boston area's Combined Jewish Philanthropies helped our organization identify a growing Russian population, for example). Area planning agencies, whose job is to identify and forecast demographic trends, can be a valuable resource.

### GETTING TO KNOW YOUR TARGET AUDIENCE

Knowledge of a target audience is the foundation to communicating with it. Before trying to develop a message about your facility or program, ask yourself these questions about target audience members:

- Are there any language barriers to reaching the audience?
- Does the group have any taboos against our program or services?
  - Where do they work and play?
  - Where do they get their healthcare information? Which sources do they trust most?
  - What newspapers and magazines do they read? What radio and TV programs do they tune in to? Do they follow only those media that use their native language?
  - What is their relationship to the healthcare system?
    - Do they have a particular illness or health condition that our facility could address?
    - What are their biggest objections to using our facility or program?
    - What advantages do our facility or program offer them?

The data sources suggested earlier can help you answer these questions (as can *American Demographics*, a magazine that sometimes covers ethnic and cultural issues). But in getting to know

local target audiences, the most effective tools are interviews and focus groups. Remember to:

- Hold them at a time and place that are convenient for participants, preferably on their own "turf."
- Employ an independent interviewer or facilitator, to encourage candor from participants.

- Provide participants with an incentive (breakfast, for example) to attend.

Never assume that you know what the members of your target audience think and feel, or just tell them what your organization offers them. Ask *them* what their community needs.

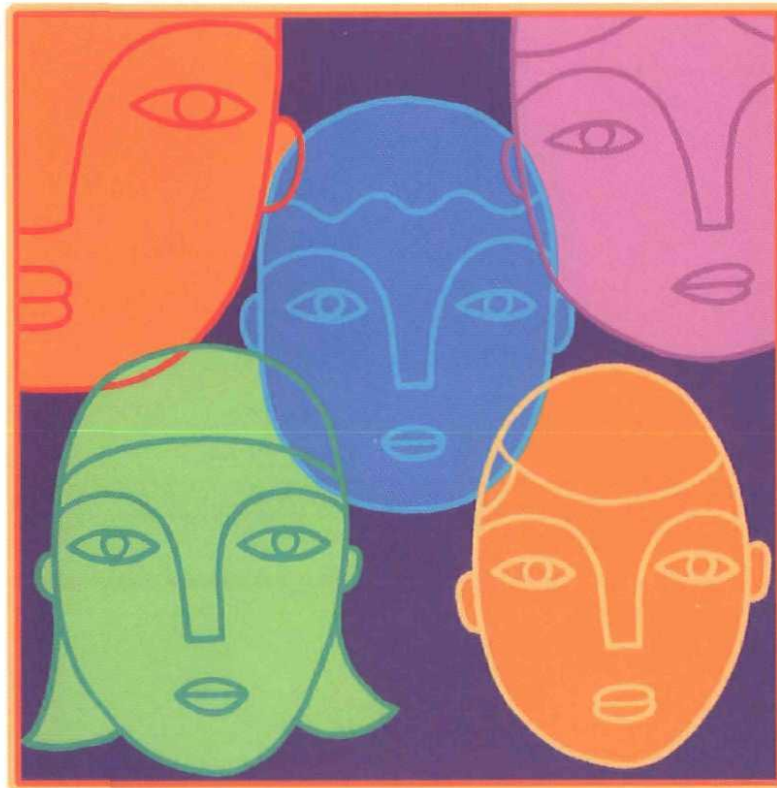
### GET TO KNOW YOURSELF, TOO

While you research and get to know your target audience, learn how prepared your program or facility is to serve diverse groups. Ask yourself and your colleagues the following questions:

- Do you hold stereotypes of certain ethnic populations?
  - Are you open-minded and able to appreciate other cultures' unique qualities?
  - If prejudice is found in your staff, will your leaders make an effort (e.g., through sensitivity training) to neutralize it?
  - Do you have a genuine interest in the target community's unmet needs, or are you just trying to sell your facility's services?
    - Are you willing to alter your program (e.g., providing information on diet or alternative medicine; refocusing its activities; or obtaining interpreters) to meet the target audience's needs?
    - Does your staff mirror the cultural diversity of the community you want to serve?

### PHASE TWO DEVELOPING AN EFFECTIVE MARKETING MESSAGE

Once you understand the members of the target audience, you can develop your message in terms







that will be meaningful to them. If, for example, respect and acceptance are especially important to the group you wish to reach, communicate with the audience in a way that demonstrates genuine respect.

### PHASE THREE SELECTING APPROPRIATE MARKETING TACTICS

After developing your message, design a promotional program. This entails matching up the available marketing tactics—for example, advertising, direct mail, publicity/media coverage, or special events—with what you know about how your target audience gets news and information.

**News and Advertising Media** Although it might seem logical to place ads in your city's largest newspaper, you could waste marketing dollars if your target audience does not read or speak English or distrusts the mainstream media.

It is vital to identify the information sources your target audience trusts, some of which may not be familiar to you. Subscribe to and study the local media your target audience relies on. Invite representatives of these media to all functions to which you invite the mainstream press. Ethnic media are interested in ethnic people; when sending a news release, include photos of people from the ethnic group that medium covers.

Radio stations that feature ethnic music or

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offer foreign language programs often have significant listening audiences. In many cities, ethnic radio personalities are trusted and valued opinion leaders. Ethnic radio stations often host promotional community events that your facility might participate in.

**Nonmedia Marketing** Other avenues besides news and advertising media are effective in reaching target audiences:

- Host a mini health fair after a church event, or sponsor a booth at a neighborhood festival.
- Conduct blood-pressure screenings at local churches; this could be especially effective among African Americans, in whom high blood pressure is particularly prevalent.
- Ask members of the target community to sit on your board or on a special advisory committee or task force.
- Offer your facility as a site for community meetings.
- Place brochures at community centers, neighborhood health centers, or social service agencies.
- Place posters with "take-out" brochures in neighborhood businesses.
- Exchange mailing lists with appropriate community organizations; or piggyback a mailing of your facility's material on another organization's regular mailing, offering to pay the additional postage.

## ATTRACTING THE HISPANIC ELDERLY

In late 1996, Mary Immaculate Nursing/Restorative Center and Mary Immaculate Residential Communities, of Lawrence, MA, both members of Covenant Health Systems (CHS), found themselves attracting a relatively small number of the elderly among the city's growing Hispanic population. To find out why, Barbara Grant, Mary Immaculate's administrator, asked CHS to conduct a market study of the area.

The study revealed, among other findings, that:

- Lawrence's Hispanic residents are not a monolith. They have come to the city from 17 different Spanish-speaking countries, each with its own language variations and cultural traditions.
- Many of the city's Hispanic elders speak no English.

• Hispanic elders traditionally live with younger family members; because of this, it is especially hard to "sell" them on residence-based eldercare programs.

Grant came to see that the language barrier made it especially difficult for Mary Immaculate to attract Hispanic elders to its adult day care program. For example, the program needed Spanish-speaking clerical staff members to help applicants, many of whom are on public assistance, complete the necessary paperwork, which is mostly in English. The program also needed a registered nurse who could speak to Hispanic elders about their medical problems. The food service company produced meals unfamiliar to clients, and almost all the program's games, books, and

newspapers were in English.

In October 1998, with the aid of a \$30,000 block grant from the city, Mary Immaculate opened a new adult day care center. To attract Hispanic elders to the program, Mary Immaculate has:

- Recruited a Hispanic registered nurse as program director; other staff members are also bilingual and bicultural.
- Solicited bids from local Hispanic restaurants to prepare the program's meals.
- Produced marketing material (brochures and radio commercials) in both Spanish and English.

The response to the new day care center has been so positive that, Grant says, it will soon have to be moved to a larger building.



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ou may want to hire an outside agency that specializes in marketing to culturally diverse populations.

- Develop, in the target audience's language, printed materials such as calendars and health information pamphlets bearing your facility's name, address, and phone number. Give this material away at community events.

- Provide speakers—members of your medical and nursing staffs—for community meetings.

**Printed Materials for Ethnic Audiences** It is as important to take cultural nuances into consideration in designing printed material as it is in conducting face-to-face conversations. Here are some tips for producing effective printed material:

- If you are uncertain about the content or tone of your material, ask a community leader or opinion leader from the target audience to review it.

- Never assume that members of your target audience cannot read English; print materials in both their language and English.

- When translating the material from English into another language, have the copy translated back into English to make sure nothing was lost in translation.

**Attractive Facility Design** The design of your facility can itself have an enormous impact—either positive or negative—on targeted audiences.

- If you are targeting Chinese people, look for ways to incorporate *feng shui* principles in your interior design. *Feng shui* is an ancient Chinese art in which room furnishings are arranged to create balance and harmony in the environment.

- Be sensitive to color choices. Blue and white banners suggest a funeral to

many Asians, for instance.

- Decorate your facility appropriately for special holiday celebrations: Kwanzaa for African Americans, for example, or the August Moon for Chinese Americans.

**Marketing Help from Outside** If your facility lacks the necessary resources, you may want to hire an outside agency that specializes in marketing to culturally diverse populations. To identify the specialists in your area, consult local community leaders, advertising clubs and professional marketing associations, or the Yellow Pages.

## PHASE FOUR OBTAIN REGULAR FEEDBACK

The final—but equally important—phase in creating an effective marketing plan is evaluating results. Get regular feedback from the target audience. Like former New York City Mayor Ed Koch, who used to walk the streets asking constituents “How am I doing?” you can elicit both criticism and suggestions from your target audience. You can do this either formally (e.g., through a focus group or survey) or informally (e.g., through a phone conversation with a member of a patient's family.)

Do not be discouraged by negative feedback. Criticism will show you how to change your facility or program so that it better meets community needs.

Finally, be patient. Organizations launching new marketing initiatives often expect instant results. This is a mistake. You are not selling widgets; you are building relationships—and that takes time. □

## “CULTURAL COMPETENCE”

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them how they feel about working with a physician not of their race. He also asks patients how they think they are getting along with him and whether patient and doctor are understanding each other.

### DIVERSITY AND HEALTH POLICY

In addition to changing medical practice, America needs public policy initiatives that respond to its growing ethnic diversity and changing demographics. “My biggest concern is that in Social Security and Medicare reforms we not try to balance the costs on the backs of immigrants,” said Clayton Fong, executive director, National Asian Pacific Center on Aging, Seattle. He fears that such reforms will lead to a two-tiered healthcare system. “We no longer have a safety net for immigrants coming here since 1986. A time bomb is ticking.”

### IMPLICATIONS FOR HEALTHCARE PROVIDERS

The conference's messages point to a role for all U.S. healthcare organizations—Catholic and non-Catholic alike. They must proactively advocate at all political levels policies that increase access to adequate care for all cultural and ethnic groups, as well as research that provides guidance for caring for all subpopulations.

Organizations and their staffs should also advocate cultural competence initiatives in hospitals, nursing homes, clinics, and all other sites where health and social services are delivered to various ethnic groups. They should support changes in the training of physicians, nurses, and others so that the entire healthcare team provides culturally competent care.

Cultural competence cannot be optional for Catholic organizations, which have an explicit mission to recognize the inalienable human dignity of each individual; to care for the poor and vulnerable; to provide holistic care; and to promote the common good. Their *raison d'être* is to carry on the healing mission of Jesus Christ, who treated all people equally. By embracing cultural competence, Catholic organizations can strengthen their mission while enhancing the lives of individuals of all cultures, ages, and genders.

—Judy Cassidy

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# HEALTH PROGRESS®

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