MYHEALTHTEAM + PUBLICIS HEALTH MEDIA

PARTNERING TOWARD MORE EQUITABLE OUTCOMES

Actionable insights for pharma marketers to reach broader patient audiences

my Health team
A swoop Company

PHM

Introduction

The Role of Pharma Marketers in Improving Access to Care

Chronic Conditions & Reaching Underinvested Populations

More than half of the U.S. population is living with one or more chronic health conditions. Although our healthcare spend is far greater than other high-income countries, the U.S. still has the highest rate of people with multiple chronic conditions.[1] Patients who face systemic and implicit biases due to race and ethnicity are especially impacted.

If marketers look closely at disease-related quality of life across demographics, they can position brands to address these underinvested populations through tactical marketplace planning. This would expand total addressable markets and, potentially, improve ROI *while* improving health equity. If brands can understand the most significant hurdles faced by underinvested communities, they can improve pathways to diagnosis and treatment.

To better understand the impact of race and ethnicity on chronic disease patients, MyHealthTeam (MHT) and Publicis Health Media (PHM) asked patients on MHT social networks about their experiences. In early 2023, we surveyed more than 1,500 people across three conditions with variable impacts on patient quality of life: type 2 diabetes (diabetes), breast cancer, and multiple sclerosis (MS). We sought to better understand how the experiences of patients living with a chronic health condition differed across identities.

Action Needed to Communicate Pathways to Care

Results show that access to care and quality of care are significantly lower for Latino and Black patients than for non-Latino White patients. These patients also face more financial difficulty as a result of their health conditions and greater challenges around disease management.

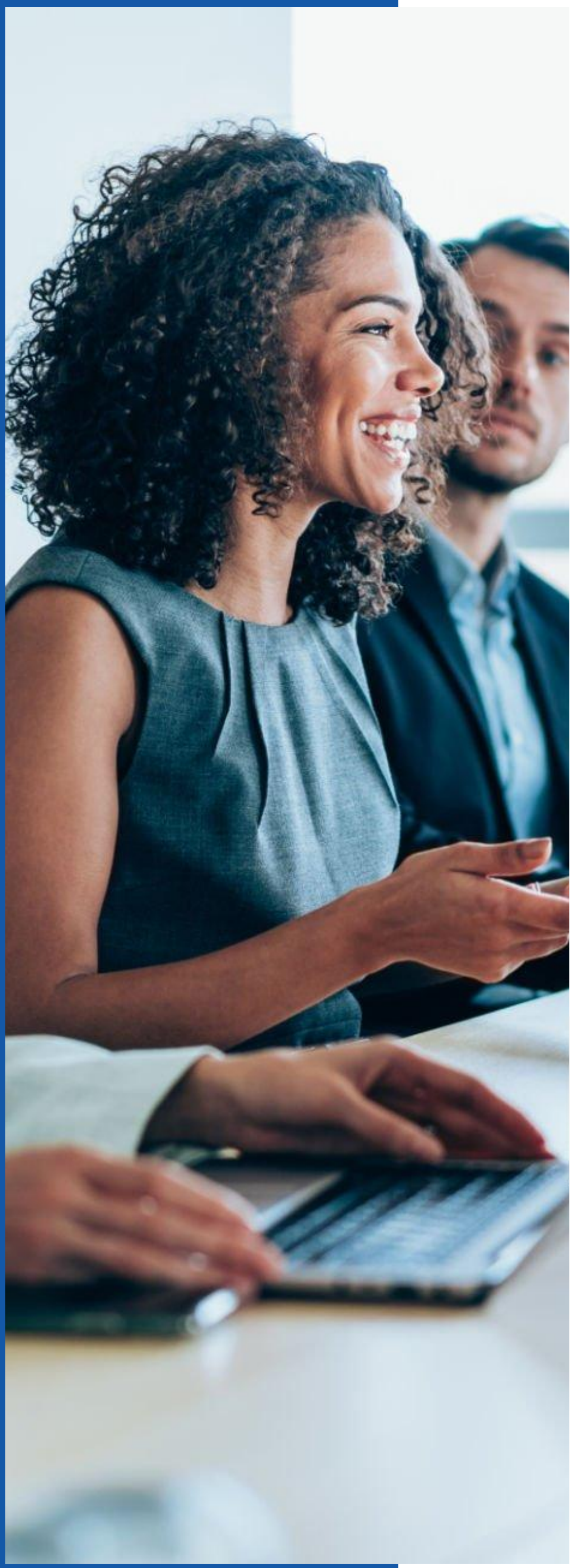
If brands dedicate marketing efforts to better communicating with these underinvested patient populations, they can significantly improve health outcomes overall while expanding marketplace reach. Read on for actionable case studies illustrating where priority messaging is needed to improve market reach, as well as select tactics for affecting change with these populations.

“By filling in some basic access and education gaps in the healthcare system by going directly to underserved patient populations, pharma brands can expand their audience and achieve solid ROIs,” said Eric Peacock, co-founder and CEO of MyHealthTeam.

To learn more about this study or ways to implement the best strategies for your brand, contact us at hellomyhealthteam@swoop.com.

Note: MS is a condition but, for simplicity, the word “disease” will be used throughout this document.

[1] Gunja, Munira Z., Gumas, Evan D. and Williams, Reginald D., *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023).



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Disease Impact

on Employment for Latino and Black Patients

We asked patients how their disease interferes with everyday activities including employment, mental health, exercise, and social life.

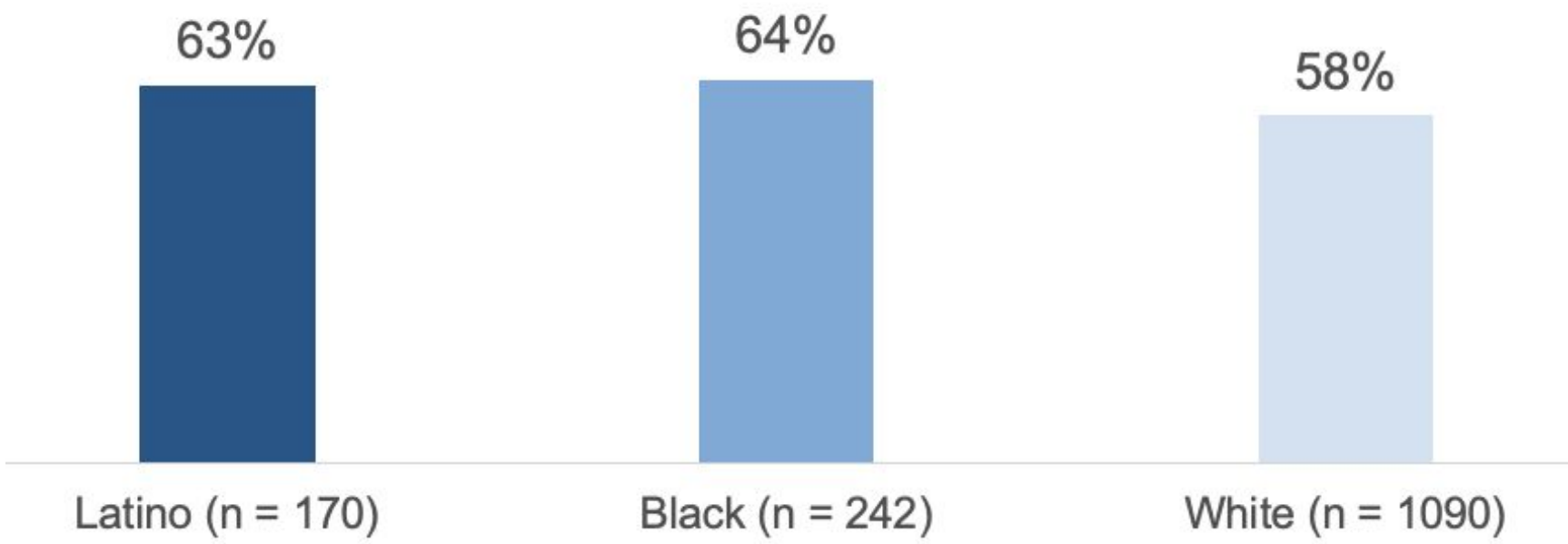
MS had the greatest negative impact for the quality-of-life metrics studied. Breast cancer and MS both take a significant toll on the family, with around 60% of respondents indicating a negative impact.

Overall Quality of Life Scores* by disease state:

- MS = 18.1
- Breast Cancer = 20.9
- Diabetes = 24.5

Notably, when looking at segmented survey results, Latino and Black patients experienced more disruption to employment than non-Latino White patients. They were also more likely to come from households with less than $50,000 in annual income and to be on disability as opposed to not working by choice. This may contribute to higher ER use observed among Latinos with MS in our sample.

Disruption to Work and Employment by Race/Ethnicity (Somewhat/Strongly Agree)



* Total quality of life scores (QOL) are calculated by summing Likert scores on a scale of 1 to 5 for a 9-question battery. Lower total QOL scores indicate poorer QOL.

Disease Management

for Latino Patients

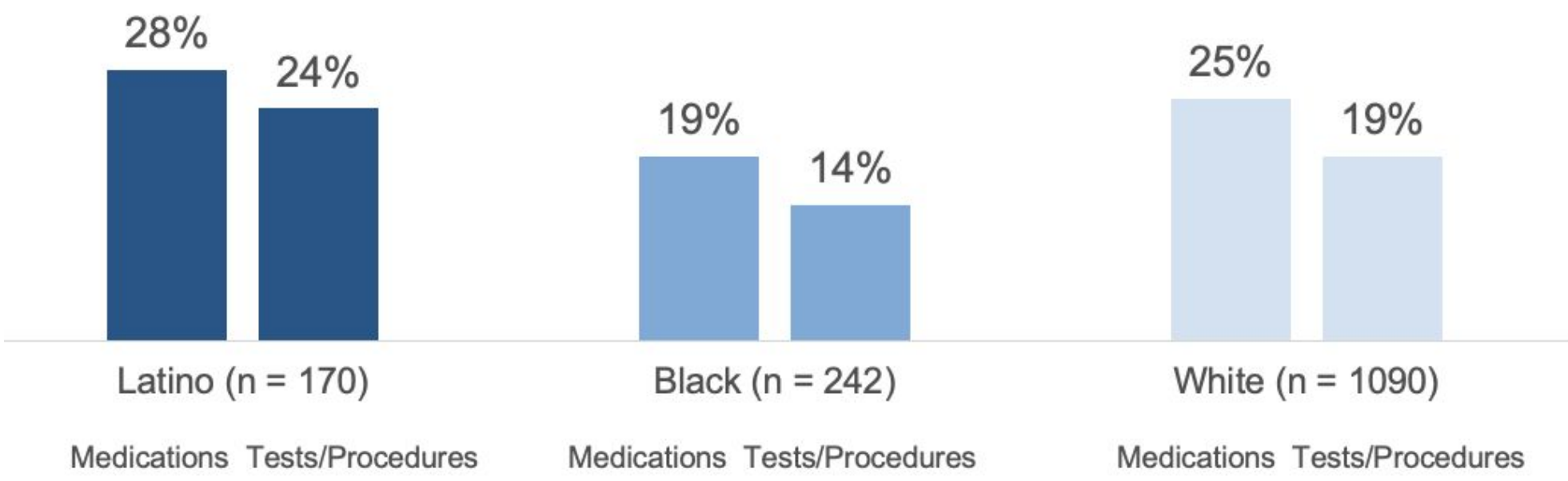
Ease of managing a chronic condition varied among respondents; race, ethnicity, and gender all played a role. Patients were asked about the degree of difficulty in managing their disease by a number of measurements, including:

- Ability to schedule tests, appointments, and procedures in a reasonable amount of time
- Access to their doctor to answer questions or schedule a follow-up appointment
- Insurance approval for medications, tests, and procedures
- Ability to follow a diet and exercise routine to manage their condition
- Affordability of medical care

Latino patients experienced more difficulty overall in disease management than either non-Latino White or Black respondents. This result was driven by difficulty getting insurance approval for medications, tests, and procedures.

Black patients reported statistically less difficulty in insurance approvals. This may be related to the fact that more Black patients surveyed were on Medicare or Medicaid. One hypothesis is that healthcare providers (HCPs) may be limiting their recommendations to those covered by the plans, thus reducing the likelihood of coverage issues.

Insurance Approval Difficulty by Race/Ethnicity (Top 2 Box)



CASE STUDY

Microinfluencers Make a Macro Impact

Help community advocates take the lead

MyHealthTeam has found success in starting upstream — not at the bottom of the marketing funnel. MyHealthTeam has used its microinfluencer program as an end-to-end solution — from identifying, sourcing, and training the influencer to giving them an audience on our active, condition-specific social media networks. For example, myHIVteam enlisted a Latino HIV advocate for such a program. To connect with the Spanish-speaking community, they shared five tips for thriving with HIV. That campaign resulted in **very high engagement rates, almost quadruple the industry standard**.

Find the leaders and communities within these populations, and leverage digital tools to give patients access to information from people who look like them and understand them.

Patient Empowerment Across Communities

Clear differences in patient experiences are seen in survey results across racial and ethnic groups. As detailed, certain groups experience greater difficulties managing quality of life relating to their employment. Other communities might experience health inequity as it relates to mental health management or logistical, insurance-related issues.

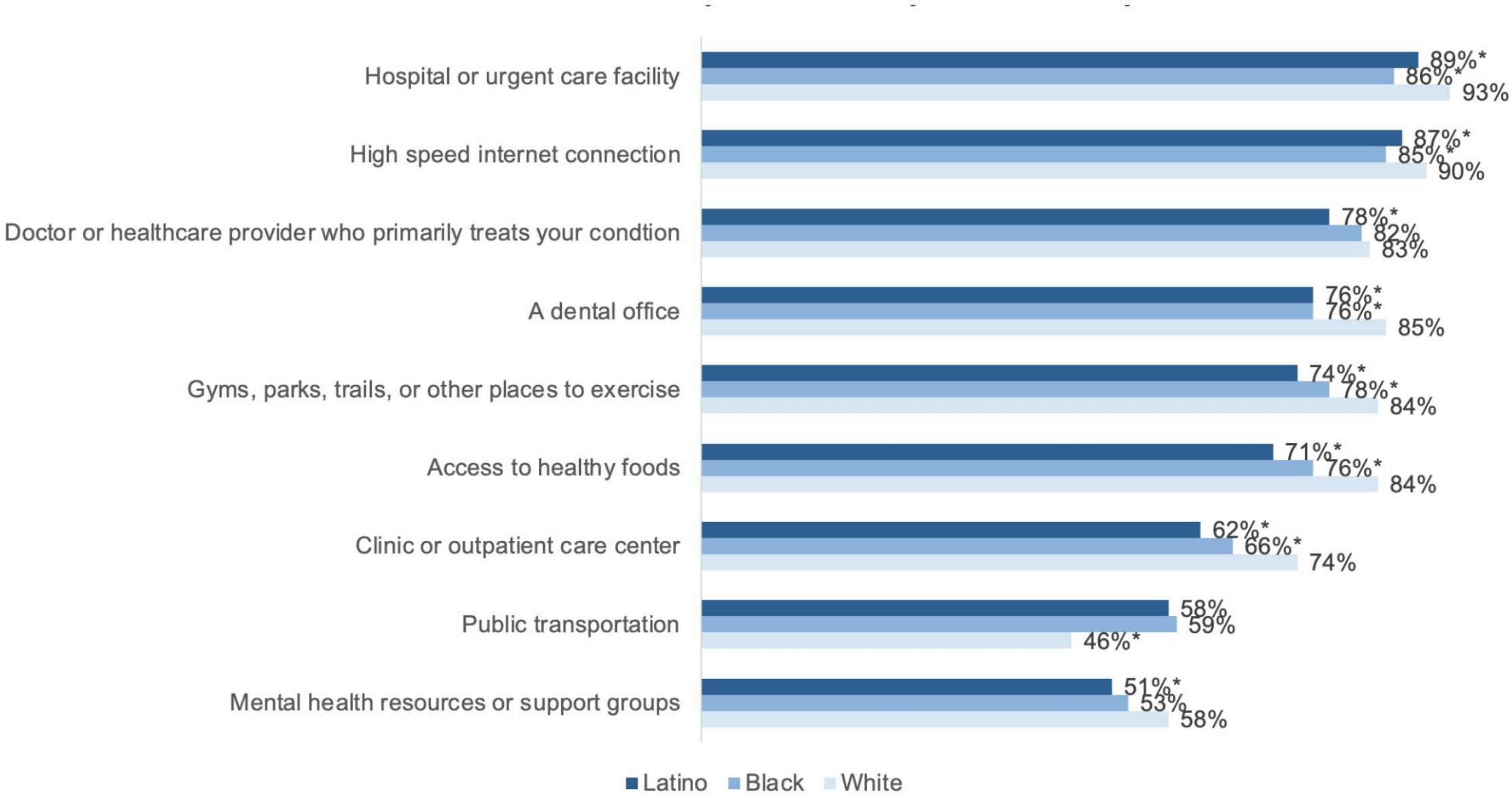
Black and Latino patients reported less access to community resources than non-Latino White patients in most metrics, including:

- Hospitals, clinics, and urgent care
- Dental care
- Healthy foods and places to exercise
- High speed internet
- Mental health support

Latino patients indicated having fewer community resources to assist them with disease management and the most difficulty regularly accessing HCPs.

Number of Community Resources Checked

Latino	Black	Non-Hispanic White
6.76	**7.09**	**7.52**



[2] Wolfe MK, McDonald NC, Holmes GM. *Transportation barriers to healthcare in the United States: findings from the National Health Interview Survey, 1997–2017*. Am J Public Health. 2020;110:815–22.

Breaking Down Barriers to Care

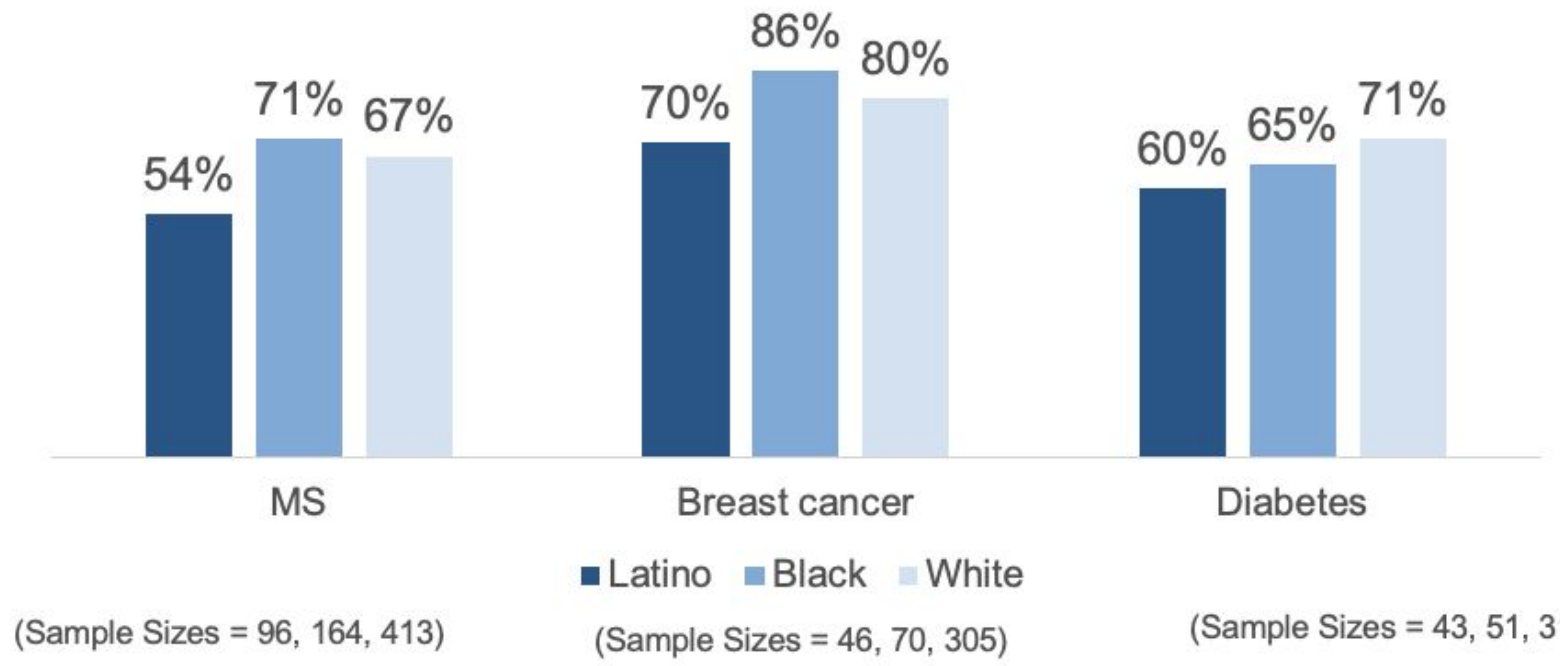
Address the specific needs of patients

The more specific and prescriptive we can be to help someone overcome racial discrimination relating to healthcare access, the more likely we can make an impact. In 2023, MyHealthTeam partnered with Dr. Adjoa Anyane-Yeboa of Massachusetts General Hospital and Dr. Florence-Damilola Odufalu of USC's Keck School of Medicine to tackle healthcare disparities in inflammatory bowel disease. Through a *Breakthrough Conversations* video series, they provided actionable tips for navigating care discussions — including how to ask for a referral to a gastroenterologist. This award-winning series garnered over 400,000 unique views and over 4,000 site section likes in its first year, highlighting the importance of targeted advocacy. It's crucial to consider the full landscape of underrepresented groups in our engagement strategies.

Discrepancies in Patient Empowerment

Latino respondents were statistically less likely to feel they had access to the healthcare provider treating their disease. Latino patients with MS, specifically, were more likely to use the ER for issues related to their condition than Black or non-Latino White patients with MS (35%, 24%, and 24% respectively).

Ease of Access to HCP



The Patient Voice in HCP Education

MyHealthTeam's Research Team partners with pharmaceutical companies to understand and address real-world patient priorities. This collaboration aims to bridge the gap between HCP perceptions of patient priorities and the actual priorities voiced by patients. See sample studies previously showcased at healthcare conferences:

Patient-Reported Health Inequities Among Breast Cancer Patients
Patient-Reported Health Inequities Among Multiple Sclerosis Patients

In 2023, MyHealthTeam research was featured at more than nine medical conferences focusing on health equity, treatment satisfaction, and disease burden across various medical conditions. This approach — ongoing information-sharing between patients, healthcare professionals, and pharmaceutical/biotech companies — is vital for collectively enhancing health outcomes.

Opportunity for HCPs to Act With Greater Care for Latino and Black Patients

While patients overwhelmingly reported being satisfied with their care in general, they did not report equitable interactions with their HCPs.

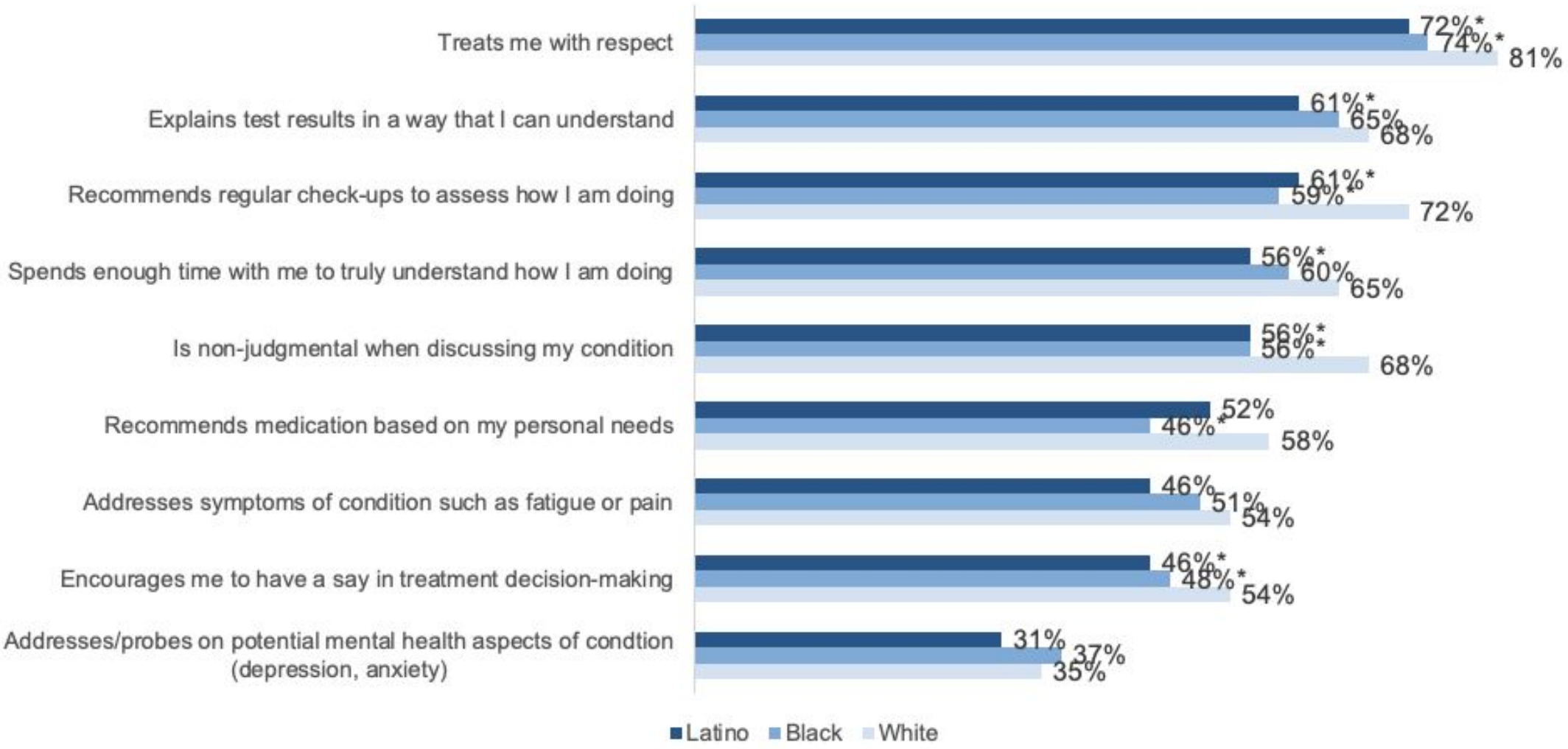
When asked about specific characteristics of the doctor-patient relationship, a higher number of Black and Latino patients felt their HCP did not treat them with respect, listen to their needs, or act in a nonjudgmental manner, compared to non-Latino White patient respondents.

Key areas for improvement include:

- Personalized medication recommendations
- Suggestions for regular check-ups
- Quality time spent with patients to understand the appropriate care plan
- Respect for patient agency in regard to treatment decisions

Average Doctor Quality Score

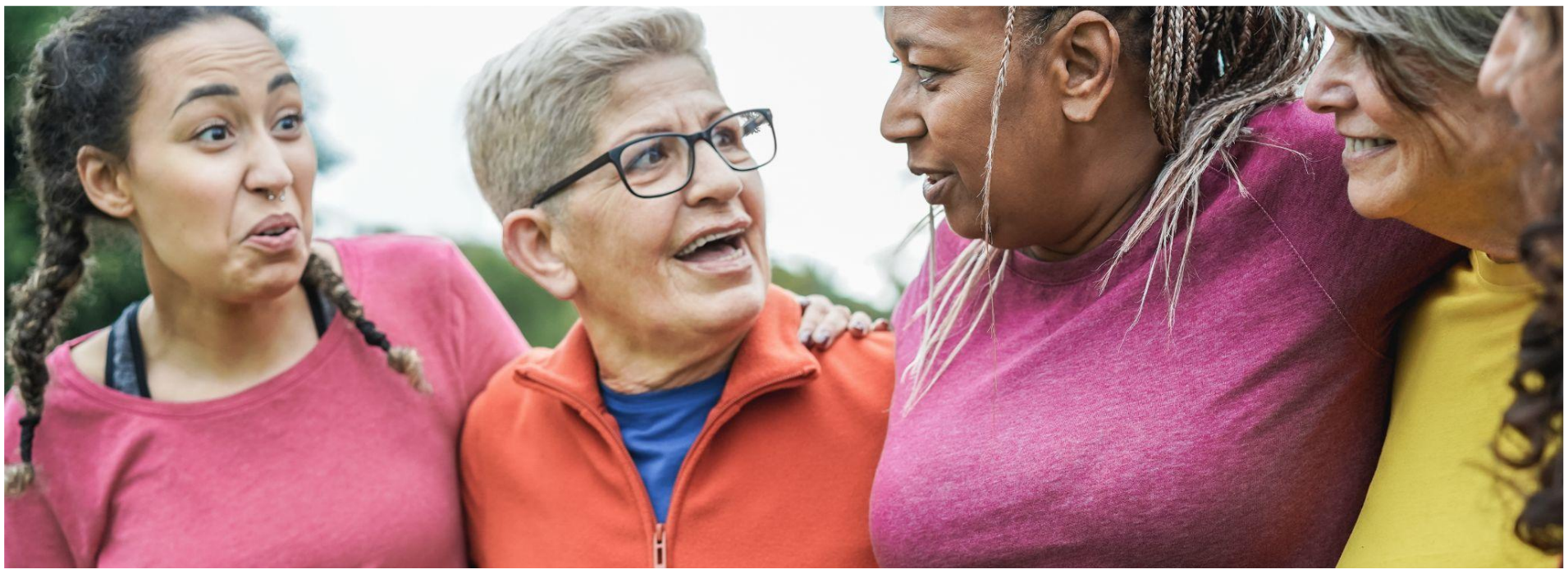
Latino	Black	Non-Hispanic White
6.57	**6.64**	**7.31**



CASE STUDY

Reframing Health Equity: Meeting Patients Where They Are

At MyHealthTeam, we have found a discrepancy between industry and user lexicons for addressing racial inequities. While a marketer may use the term “health equity,” it is important to focus on the needs of those with a condition first. The term “health equity” is rarely searched for or used in MyHealthTeam community conversations. Instead, people living with a chronic condition talk about the problems they’re facing and getting the care they need. Address symptoms and daily-life applications, such as *Plaque Psoriasis: Pictures Across Skin Tones* or *Ways To Incorporate Latin Foods in a Crohn’s Diet.* For equity conversations to happen, the environment for sharing needs to provide support, community connection, and relevant information.



Living with chronic disease takes a toll on patients physically, mentally, and emotionally. Patient materials and resources should be designed to be as clear and easy to access as possible, while respecting the patient as a person. Including unbiased, comparative information on treatments, financial assistance, or costs upfront will help patients make informed treatment decisions.

There is also a need for HCP education on how to provide culturally competent care, as well as discussion guides for patients to help them verbalize their questions and needs to care teams.

Summary for Pharma Marketers

Chronic disease patients face unique barriers to care. Social and systemic inequities due to race and ethnicity can further distance patients from the quality care they deserve. As healthcare marketers and media partners, we and the brands we represent have a unique opportunity to help address the needs of underinvested populations.

The MyHealthTeam and PHM study highlights key differences in how patients living with breast cancer, diabetes, and MS manage their diseases and access care, respective to socioeconomic differences and healthcare biases:

MARKET INSIGHT	OPPORTUNITY
Lack of cultural competency from HCPs	• **Create trainings and materials for HCPs** to educate them on cultural differences between patients, potential sources of mistrust, and how best to tailor discussions to address all patients' disease-related concerns.
Communication gaps between patients and HCPs	• **Provide doctor discussion guides, pre-HCP-visit patient videos, and educational materials** written in clear, patient-friendly language. Include information caregivers can download for patients who aren't fluent in English.
Challenges around disease management	• **Connect patients** to local resources for ride-sharing, caregiver relief, prior authorization assistance, patient financial assistance programs, nurse navigators, and medical interpreters. • **Assist low-income patients** with identifying healthy dietary options and accessible in-home exercise programs.
A need to reach diverse audiences	• **Develop creative assets that are inclusive and culturally competent**. • **Be intentional** about including partners from diverse backgrounds in media plans. • **Place information where audiences spend time**, e.g., in culturally relevant media spaces. Be specific about investing in diverse-owned partners. • **Include on-site printed materials and outdoor advertising** to reach patients who may not have high speed internet or the time to search online for information. This includes doctors' offices, pharmacies, and community clinics.

Marketers can help by leveraging the above insights to better educate HCPs in effectively assisting patients in underinvested communities. With each unique case, it is important to work with knowledgeable consultants who can really tailor their recommendations to the particular topic at hand, considering how to best reach target audiences at that particular moment in time and weighing all relevant marketplace and sociocultural factors.

When considering the information presented in this case study, it is important to note that respondents to this survey are particularly health literate because 1) they are already involved in an online support community and 2) they are engaged in knowledge gathering. Expanding this research more broadly would likely reveal an even greater need for marketers to disseminate specific content to educate HCPs in how to better support Black, Hispanic, and Latino patients.

ABOUT MYHEALTHTEAM

MyHealthTeam, a Swoop Company, believes that if you are diagnosed with a rare disease or chronic condition, it should be easy to find the people, support, and medically approved information you need to best manage your condition. Each year, 30 million people visit our fast-growing network of over 60 condition-specific communities, from DiabetesTeam to MyLungCancerTeam, reaching across all therapeutic areas and rare conditions, including Spanish-language communities. Leveraging proprietary zero-party data and advanced patient-targeting capabilities, MyHealthTeam creates precise, relevant, and personalized content that ensures a highly engaged and high-quality audience. Our performance consistently delivers exceptional results for media partners, maximizing impact and ROI. To learn more, email hello@swoop.com.

ABOUT PUBLICIS HEALTH MEDIA

As the industry leader in health, Publicis Health Media is passionate about reimagining media's role in healthcare. Together with our clients and network of media partners, we create powerful experiences that matter, driving better health outcomes as a result. We're powered by a deep commitment to innovation in healthcare, fueled by a boundary-breaking Product Lab as well as sophisticated data and content practices to revolutionize health and wellness for consumers and HCPs. Visit publicishealthmedia.com to learn more.

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