

ISMPP InformED Podcast 8.6.2024

Multicultural Considerations in Medical Communications

Emma Hinkle (00:22)

This series is brought to you by ISMPP and is generously sponsored by MedThink SciCom. My name is Emma Hinkle and I am joined today by Stephen Millerman, Alessandra Richardson, and Rajni Parasarathy. The opinions shared here today are those of our own and do not necessarily reflect those of our employers. As for myself, I am a Senior Medical Writer at MedThink SciCom and I am looking forward to moderating this important discussion. And with that, I will turn it over to our group to introduce themselves.

Alessandra Richardson (03:19)

Hi, my name is Alessandra Richardson and I am the Senior Manager of US Medical Communications for Neurology and Immunology at EMD Serono. I'm excited to be here today.

Steven Millerman (03:40)

Hi everyone, my name is Steve Millerman. I am the general manager of FingerPaint Group and specifically of our FingerPaint Multicultural Division. Nice to see everyone.

Rajni (03:57)

Hello everyone, I am Rajni Parthasarathy, VP of Scientific Services and DEIB Lead here at the Healthcare Consultancy Group or HCG, which is a part of the Omnicom Health Group. It is wonderful to be here today.

Emma Hinkle (04:13)

Thank you all for joining us. are excited for this conversation. So just a little bit of background, at the ISMAP 2024 meeting about storytelling, there was a roundtable discussion about multicultural considerations, which was the impetus for this podcast. So Steven, to start us off, can you define what multicultural considerations are and how these multicultural considerations can apply to medical communications specifically?

Steven Millerman (04:40)

Yeah, definitely. You know, it's an interesting topic in itself in context of medical communications because we typically think about multicultural audiences and multicultural communications in

marketing and kind of brand communications and so on. But overall, whether it's in medical or marketing or anywhere else, we're talking about cultural nuances when we think about different cultures, whether it's the Hispanic group, African American group, different Asian subgroups and so on, we're looking at insights that are specific cultural differences and just having an awareness of what those differences are. What's interesting is those cultural nuances are not necessarily clinical in nature. So when we think about defining what that is, a lot of the times it's a little bit more behavioral, psychographics. They're a little bit more psychological. And these are nuances that could be driven by cultural backgrounds. It could be driven by generational perceptions from one culture that's being passed on from one generation to the next. So these are cultural perspectives.

The reason why it's sort of important in context of medical communications and defining this in context of medical communications is ultimately we want physicians to make better connections with their patients and the sort of the final outcome is, the patient following the doctor's orders. Maybe that's a good way to put it. And if the HCP is not necessarily considering, or is aware of some of those cultural nuances, that the orders may not be followed to that granular degree that the HCP is looking for. So whether that's taking place at the diagnosis level or at the treatment level of why a patient of a certain culture maybe diagnose a little bit later or get on a certain treatment or not get on a certain treatment, those are all related back at times to some of the cultural nuances and that's what we mean by incorporation of those cultural nuances in medical communications.

Emma Hinkle (06:56)

Yes, thank you for that definition. That's helpful and gives some background to this conversation we will have. So, Alessandra, from our group discussion at ISMPP during the roundtable, which you were a part of, what did we learn and what would you say are the focus areas for multicultural considerations, both within medical communications overall, as well as an industry, which is where you are currently?

Alessandra Richardson (07:20)

Well, we definitely had a robust discussion at ISMPP 2024. It was clear that this is a topic that many people are passionate about. And so some key takeaways that we got from this discussion included first that medical publication professionals should take the time to understand cultural differences. Second, once you recognize these cultural nuances, it is important to be inclusive and collaborative, pulling in a diverse working team on any project. And last, we strive to be adaptable and sensitive.

Remember, these are medical conditions we're working with and we should maintain sensitivity with HCPs and patients from diverse backgrounds. And then as a group, we came up with some specific recommendations from an ISMPP perspective. First, it's important on any project to involve diverse groups. A phrase that I kept hearing throughout the meeting was nothing about us without us.

And I think that's a really great way to encapsulate how multicultural thinking should first involve inclusivity of diverse populations of patients, HCPs, and MedComs professionals. And then recognize the importance of cultural differences and nuances that can inform how medical information is communicated. And then lastly, ISMPP has the opportunity to create educational content like this podcast, like articles, that highlight the importance and value of developing a plan that incorporates multicultural considerations but also has practical applications or case studies that bring it to life.

Emma Hinkle (08:42)

Thank you for sharing that. Yes, it's really great that there are some actionable recommendations coming out of the round table that we were a part of. So Rajni, at ISMPP 2024, you presented a poster titled, Inklusivity in Action, HCP Perspectives on Diversifying Clinical Trials. Can you explain how you decided to conduct this research, what you found, and how this research ties into multicultural considerations?

Rajni (09:08)

Sure. So there are certain communities that often face a higher burden of diseases such as diabetes or autoimmune diseases, etcetera, and they are still frequently underrepresented in clinical trials, the very research that could actually lead to better treatments. And this could actually have serious consequences such as less effective treatments, compounded health disparities, wasted resources, increased economic burden everything ultimately leading to poorer quality of care. So we thought about what is being done to address this. The FDA has come up with guidance encouraging sponsors to diversify their trials and pharma companies are actively engaged in this and creating resources to reach out to minority communities. But the effectiveness of these efforts is still quite unclear. And that is where our research came in to assess how we as Medcom's professionals can work together in maximizing these efforts.

So we surveyed US -based HCPs that are actively involved in clinical trials through SERMO and received responses from over 50 HCPs across a wide spectrum of specialties. And the key learnings were that while HCPs acknowledge the ongoing efforts, there still exists significant barriers to diverse trial recruitment, such as a lack of awareness and mistrust of healthcare systems. Now, these HCPs indicated that the most impactful efforts would be to empower HCPs by providing them with the right tools and the right information that they need to reach out to a wider range of potential participants, which I think is very valuable for us to know, and patient-centric protocols and patient-friendly resources to make the trials more appealing and accessible to participants from diverse background, which is very much in line with what I've come across in my experience as well.

There was an instance where a patient advocacy group said that patients prefer we talk to them rather than talking at them, which I think was quite eye opening. And in terms of resources, the most preferred ones that emerged from the survey included digital tools, for investigators and study site coordinators, use of AI for patient recruitment, and training on cultural awareness and

sensitivity to enhance diversity in clinical trials, which is very much in line with what Steve alluded to in the beginning. And to ensure wider culturally appropriate outreach, we need to utilize the right channels that resonate with our target audiences, such as ethnic or local newspapers, local TV or radio channels, or even the right social media platforms that are popular in specific communities and countries.

Emma Hinkle (12:01)

That is all so fantastic. And I think it's incredible that you were able to pull so much information out of those surveys, especially because we hear so often all the time of we need more diversity in clinical trials. So to actually, have some actionable insights for that is incredible. This next question is for all three of you to answer. Based on your experience, what would you say are the practical considerations for incorporating multicultural elements in medical affairs?

And Rajni, would you mind kicking us off answering this question just based on the research from your poster as well as your experience in agency?

Rajni (12:39)

Absolutely, you hit the right spot by saying we need actionable insights. It's so critical that we conduct the right market research and collect the right data and understand the specific needs and preferences and cultural nuances of these target patient populations to then help inform how we can communicate the right messages to different audiences. And that includes consideration of multiple factors, be it language, be it health beliefs, traditional beliefs, access to healthcare, et cetera, et cetera. And based on the identified gaps from this market research, providing the right cultural competency training to address any unconscious bias.

Now, one example that comes to mind based on my personal experiences and professional experiences is how even communication styles vary across cultures. How in places a very strong emphasis on respecting authority figures and social hierarchy in general can affect how the communication style could be more formal and indirect. So the way you convey a message needs to be altered and tailored accordingly.

Another key factor is considering cultural beliefs to ensure our messages are sensitive while being informative. Like there are certain cultural practices that are so deeply rooted in traditions and beliefs that belittling them or condemning them to convey some kind of a medical piece of information might actually backfire. And some examples that come to mind again based on experience are food and dietary practices and fasting among different cultures, traditional healing practices, or even traditions such as consanguineous marriages in some cultures which can significantly raise the risk of genetic diseases. So instead of condemnation, the right strategy should be to collaborate and to co-create culturally appropriate resources wherever possible. We basically need an approach that fosters understanding and empowers communities to make informed choices more than anything else.

And lastly, I would like to say that engagement is a two-way street. So it's absolutely critical to partner with diverse patient advocacy groups or establish diverse patient advisory boards that can then allow us to gain valuable insights directly from the communities of interest. And their feedback can then help refine our communication strategies and materials. So expanding accessibility of culturally sensitive materials is absolutely key.

Emma Hinkle (15:19)

I loved your emphasis on just the collaboration point and making sure that patients and the HCPs are collaborating across to make sure that they're understood together and it's really important work. So Alessandra, for on the industry side of publications, how would you say that multicultural considerations are being discussed and incorporated? I know Rajni had mentioned some about like the right message at the right time.

Alessandra Richardson (15:43)

Yes, so from what I have observed at EMD Serono, we're taking a multi-pronged approach to bring diverse perspectives to the table. So on the HCP side, we support health disparity fellowships in oncology and neurology that support research within the field of health disparity under those therapeutic areas and then supporting those fellows themselves. So amplifying the research and helping them along their career journey to get networking access and continue their research beyond the fellowship period.

And then in terms of advisory boards, we're keeping diversity in mind throughout. So this includes diversity of geography, age, ethnicity, race, and gender. This is always a topic whenever we're discussing inviting advisors to an advisory board. And then on the flip side, from the patient perspective, my department head actually, Marie Ange, is working on piloting an initiative called My Health in Motion.

So basically this would be kind of a shipping container full of patient centric above brand health materials that will travel around the country to communities with predominantly Black or Hispanic populations. And we'll be partnering with local community organizations and patient advocacy groups to host events around these tour stops. So sharing information with patients, also understanding what are those factors in their treatment journey that are most important to them, because you really don't know until you ask the questions. And so really trying to continue that dialogue and make it more of a collaborative effort like Rajni said, rather than just talking at people.

Emma Hinkle (17:16)

That initiative sounds great and I'm very interested to hear how that goes and it seems like it's definitely meeting a need in these communities, which is fantastic. So Stephen, pivoting back to the agency side, how can multicultural considerations be folded into educational elements, sort of

what Alessandra's mentioned a little bit, and can you provide us an example of what this could look like within medical communications?

Steven Millerman (17:40)

Yes, certainly. I think we touched upon a little bit in some of the other questions as well. When we think about any type of communications, it ultimately comes down to content and the platforms and the channels that are being used. And at the end of the day, content is king for this particular topic because we're ultimately, again, looking to address insights, cultural insights that are being driven for years from one generation to the next, even amongst some of the younger generations that are seeing physicians just at the same rate. And so when we think about the platforms that are available, they're pretty traditional platforms. And so when we think about everything from simple HCP medical websites, content could easily be dispersed throughout simple websites that everyone is doing down to investigative meetings for example or conferences. You know, for instance, Rajni was talking about clinical trials. When we roll out clinical trials, there's always training that takes place with investigators, there's meetings that takes place with investigators. That is a perfect platform and a perfect example where that content, those cultural nuances could be addressed during the enrollment phase of the trial. They just as much as they could be addressed during the ongoing trial, make sure people are not dropping out of the trials because some of those reasons and some of these insights could also be driving some of those behaviors for patients as well. Those are cultural behaviors.

But ultimately, you know, the content could be delivered in any platform. Another great example is just simple speaker programs that probably every one of us has done when we develop decks and there's speakers and KOLs. All of those programs could also be used to develop content that are specifically addressing those key nuances.

But I think, one of the key elements is a lot of the times not just understanding what it is and doing the research to understand what the insights are, but also frankly, disproving and debunking some of the perceptions that may exist in the industry on some of the cultural nuances that have been talked about for years, for decades, that may or may no longer be true. And that is a critical element that I think Rajni also mentioned about research and understanding cultural competency. There are certain elements, and a perfect example is, know, trust gets discussed a lot because you're looking to build trust between a physician and the patient. But a lot of the times, trust may or may not be the issue. It could just be simple disconnects in a conversation where the doctor by understanding some of these nuances will actually have a better connection with the patient.

But it may not necessarily be trust, which is a different challenge. And so sometimes it's not just what it is, but also what it isn't. But some of those examples could be delivered through the content of understanding those key nuances. Again, whether it's a investigator meeting, a publication, a conference, a website, or a speaker

Emma Hinkle (21:00)

Yes, this gives a lot of food for thought, just all of these different elements that need to be considered. But I want to thank you all for your insights. This has been a great conversation and I think it will open up a lot more conversations within the ISMPP community. So thanks for listening to Informed. For medical communication professionals, please take a minute to subscribe to the show on your favorite podcast app, inform your colleagues and rate our show highly if you liked what you heard today. Join ISMAPP today to become a part of our community.

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