

# Becoming Woman Wise

Marketing to women is coming of age as they are learning more about their bodies and health than ever before. Coupled with increasing recognition that their healthcare needs differ from those of men, and that women represent a huge market, this trend provides growing opportunities for healthcare marketers.

by Daria Blackwell\*

\*This article was developed with input from the True North Women's Health Marketing Group, a team consisting of women representing multiple disciplines in communications, including healthcare marketing, consumer direct marketing, market research, public relations, and multicultural marketing. Members of the team were Christine Lenthe, Carol Nelson, Mary Prescott, Anne Bahr Thompson, Sheila Thorne, and Michele Wilkinson-Barnhart. Many thanks to them and all others who provided their thoughts and expertise, especially Lynn Karger of the Write Person, Inc.



**H**ealthcare companies are charging into the 21st century with steadily growing attention to the opportunities offered by marketing to women. Here are some current examples:

- Bristol-Myers Squibb has launched Vaniqa, a cream for the removal of facial hair and one of the first lifestyle products developed specifically for women.
- Lilly, given approval to market Prozac for premenstrual dysphoric disorder, decided to give it a unique positioning by changing the name to Sarafem.
- The success of Viagra has stimulated a search for medications that could also improve the sex life of women — an indication not likely to have even been mentioned a few years back.

Two simultaneous phenomena account for this growing attention to women as a distinct and highly profitable market.

First is the fact that women are taking much more responsibility for their own health, particularly as they age. The second is that the medical community has finally recognized that women's healthcare needs are very different from those of men. Not only do they have differing rates of disease prevalence but they may also metabolize drugs differently — and they represent a huge market.

Women now represent 51 percent of the population and are the primary healthcare “coordinators” for the entire family (which often extends to parents and grandparents) — making an estimated 64 to 80 percent of their households' healthcare decisions.

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According to “Marketing Healthcare to Women” by Patricia Braus published by *American Demographics*, women account for 60 percent of all doctor visits and 80 percent of drugstore purchases. No wonder healthcare marketers increasingly realize that women, and their healthcare providers, compose audiences that deserve to be marketed to with different messages and tactics based on women’s specific needs and interests.

### The size of the market

The National Center for Health Statistics (NCHS) reports that in 1996 there were more than 100 million women over the age of 18 living in the United States. At birth,

What these data clearly show is that marketing to women should go far beyond such “women’s conditions” as pregnancy and menopause, where traditionally much of the attention has been centered. For example, health information for American women has focused on breast cancer as a leading cause of mortality, but not nearly enough has been said to make them aware that it is lung cancer that’s the leading cause of women’s cancer deaths, and that cardiovascular disease — which is largely preventable — is their single biggest threat. Clearly, it is time to communicate with women and their healthcare providers more effectively.

proportionately afflict women. The causes of mortality identified in Exhibit 3 (see p. 68) clearly show the therapeutic areas that need to be emphasized in marketing products for women.

True, many of these diseases also afflict men, but as reported in the *New England Journal of Medicine*, new studies are showing gender-based differences in diseases that affect both men and women. For example, heart disease develops typically 10 years later in women than in men but, perhaps because it is often treated less aggressively, may be associated with higher mortality at one year (44 percent in women as against 27 percent in men). As awareness of these differences grows, alert pharmaceutical manufacturers are now conducting “gender-based research” to detect similarities and differences in how women and men develop diseases and respond to treatment.

Some of this research has begun to yield suggestions of gender differences in drug effects as well. In fact, CNN Interactive reported that differences in drug metabolism might cause women to respond differently to pain medications than men, while preliminary research presented to NIH and the FDA in May of 1999 showed that women experience side effects of some medications much more frequently than men. Finally, the Cerivastatin Study Group reported earlier this year that women taking cerivastatin had a greater decrease in LDL-C compared with men taking the same dose. Body size and hormonal factors may contribute to these disparities, but the underlying mechanisms are poorly understood, possibly because women have historically been excluded from clinical trials.

Genetic screening for cancer risk will trigger one of the most problematic and as yet undefined areas of concern regarding women’s health. For women whose inherited characteristics predispose them to devastating illness it’s not a matter of whether it will happen, but when is it likely to happen. The difficult question that many

### Physical differences: the lifecycle issue

Because of reproductive/hormonal influences on a woman’s physiology, there are obviously gender-specific considerations in the management of women’s health. Exhibit 1 (see p. 64) puts these issues into one possible organized perspective. These are

mainly issues that pertain to maintenance of health, and they change with a woman’s body as she ages. Pharmaceutical companies are already targeting women’s health concerns at the different points in the lifecycle continuum (see Exhibit 2, p. 64). Five companies represent 59 percent of the total women’s obstetric and gynecologic market estimated at \$7.2 billion, not including gynecologic oncology which adds another \$2.7 billion.

These companies recognize that women expect to be treated as individuals, and are therefore adjusting their health management messages to reflect the different stages of women’s lives. The same premise needs to be kept in mind in going beyond health management to the prevention and management of the chronic conditions that dis-



Effective marketing based on women’s specific needs and interests

U.S. women’s life expectancy is now 79 years, up from 48 years in 1900, and almost seven years longer than for men. What this longer life expectancy means is that women are now living more than one-third of their lives after menopause, when their risk of such diseases as osteoporosis, heart disease, arthritis, Alzheimer’s, and colon cancer greatly increases. Again according to the NCHS, although women are at risk for fewer fatal diseases earlier in life, they have a higher risk of chronic and debilitating conditions later on. In fact, half of all women 65 and older suffer from arthritis, and despite common impressions that cardiovascular disease is primarily a threat to men, it is the leading killer of women in most of the developed world.

**Exhibit 1**

**WOMEN'S LIFECYCLE HEALTH CONCERNS: ONE APPROACH TO MESSAGE STRATIFICATION**

<b>Menarche (Age 13-20)</b>	<b>Childbearing Years (Age 21-40)</b>	<b>Peri-Menopause (Age 40-65)</b>	<b>Beyond Menopause (Age 65+)</b>
Sexual health (VD, OCs, UTI)	Reproductive health (OCs, fertility, UTI)	Infertility/Fertility	Sexual health
Nutrition	Nutrition	Nutrition	Nutrition
Fitness/Weight	Fitness/weight	Fitness/weight	Fitness/weight
Personal hygiene	Family health	Family health	Family health
Eating disorders	Metabolic disorders	Menopause management	Osteoporosis
Anxiety	Anxiety/Depression	Depression/Sleep disturbances	Depression/Sleep disturbances
Migraine/PMS	Pregnancy	Cancer	Cancer
Acne	Diabetes	Heart disease	Sight, hearing, dental
Immunity	Autoimmune disorders	Arthritis/pain	Arthritis/pain
Violence and abuse	Violence and abuse	Violence and abuse	Violence and abuse
		Plastic surgery	Plastic surgery
		Incontinence	Incontinence
			Accidental injury
			Memory loss
			Polypharmacy

women will face is whether they should remove healthy breasts or ovaries to prevent a disease they may never get. Such problems will become far more complex as genomics evolve, and they will call for tremendous accuracy and empathy in healthcare marketers' messages dealing with these issues. Lives will be at stake and so, if such matters are not handled with restraint and responsibility, will the reputation of the industry.

One thing is certain: women are learning more about their bodies and their health than ever before, and they are demanding personalized attention to their needs. Taking this trend into account, marketers can increase product interest, believability, and acceptance by providing helpful, well-presented personalized information.

**Exhibit 2**

**THE TOP 20: SUMMARY OF 1999 U.S. SALES BY COMPANY FOR OBSTETRIC/GYNECOLOGIC CONDITIONS\***

<b>Company</b>	<b>Total Ob/Gyn Estimated Factory Sales (\$ Millions)</b>	<b>Primary Areas of Interest</b>
1. AHP/Wyeth-Ayerst	1582	ERT/Contraception
2. J&J/Ortho	1312	Contraception/Gyn Infection
3. Merck	591	Osteoporosis
4. GlaxoWellcome (SKB)	413	Gyn Infection/Osteoporosis/Douches
5. Novartis	335	ERT/Osteoporosis
6. Lilly	285	Osteoporosis
7. Pharmacia	247	Multiple categories
8. Akzo/Organon	210	Contraception/Infertility
9. Ares-Serono	194	Infertility
10. Schering AG/Berlex	190	Contraception/ERT
11. Warner-Lambert (Pfizer)	169	Contraception
12. Bristol-Myers Squibb	149	ERT/Contraception/Gyn Infection
13. Watson	118	Contraception
14. Abbott	91	Endometriosis/Osteoporosis
15. 3M	84	Gyn Infection
16. Solvay	72	ERT
17. Sanofi-Synthelabo	39	Obstetric
18. Forest	35	Obstetric
19. Roche	35	Osteoporosis
20. Aventis	30	Infertility
Other	992	
<b>Total</b>	<b>7172</b>	

Source: The Genesis Group POV Report, *Women's Health Care...Emerging Business Opportunities and Threats, 2000.*

\*Defined as Contraception, Endometriosis, Gyn Infections, Infertility, Menopausal Disorders, Osteoporosis, Obstetrical products, Douches. Does not include gynecologic oncology.

**Psychosocial differences: the lifestyle issues**

Second only to the physiological factors, lifestyle issues impact on a woman's needs and decisions about healthcare. It is here that the overlay of career, family, and friendships come into play. For one thing, more U.S. women today are working than ever before, so they have less spare time and encounter greater stress. Thus they look for and need practical information they can trust. Making their lives easier (through better diagnostics, more effective treatments, better tolerated drugs, more flexible and efficient healthcare delivery) is a service the healthcare industry is in a unique position to provide.

Making this challenge more difficult is the fact that not all women approach healthcare the same way. Multicultural factors have a strong influence on how they view, seek, and manage their healthcare needs. For example, African-American women tend to consider menopause a natural life process, so convincing them to accept estrogen replacement as a means by which to protect against osteoporosis and heart disease can be a difficult challenge. Also, Hispanic women have a

### Exhibit 3

#### AGE ADJUSTED DEATH RATES FOR LEADING CAUSES OF DEATH (U.S. FEMALES 1991)

Causes of death (per 100,000 population)	Rate	Total deaths (%)
All causes	386.5	100.0
Cardiovascular disease	138.5	35.8
Malignant neoplasms	112.6	29.1
Lung	26.5	6.9
Breast	22.7	5.9
Colorectal	13.2	3.4
Cerebrovascular	24.7	6.4
Unintentional injuries	17.2	4.5
Chronic lung disease	15.5	4.0
Diabetes	11.1	2.9
Pneumonia/influenza	10.6	2.7
Suicide/homicide	8.8	2.3

Source: American Board of Internal Medicine: "What internists need to know: Core competencies in internal health."

high incidence of diabetes, but getting them to change their culture-based diet can be a monumental effort if you don't speak to them in a way they trust. It's possible to speak to women about healthcare quite accurately, yet have the message fall on deaf ears by not taking such cultural factors into account.

It's also important to note that women, and especially Hispanic women, are often more willing to consider alternative medicine as part of healthcare. In fact, alternative medicine may be the first step for many women, regardless of ethnic background, and not recognizing this fact can lead marketers to make critical errors.

#### How to communicate effectively with women

*The "oxygen mask" syndrome:* One of the strongest factors influencing women is the need to protect their family. Some have called this the "oxygen mask syndrome" — the natural instinct of a woman in an air travel emergency to place an oxygen mask on her infant first, even though it means she passes out. That's why flight attendants routinely remind women to take care of themselves first so they can then help their babies, but this behavior flies in the face of a lifetime of conditioning to put the family first and

look to their own needs later. Perhaps that is also why women so often neglect debilitating chronic disease — why for instance the percentage of men with cardiovascular disease who undergo bypass surgery is considerably higher than it is among women.

*The "gatherer" effect:* When an illness occurs, whether their own or their families', women often search high and low to find information about their condition and to learn about the prognosis and treatment options. As data presented later in this article show, women are increasingly turning to online sources as the first stop because it's so easy and because the Internet is so compatible with women's lifestyles. They can go online whenever they have time, when no library is open.

*Empowerment and respect:* Studies of DTC advertising of prescription products by both *Time* and *Scrip* suggest that women are more likely than men to talk to their doctors about the medications they see advertised. They are also likely to get their information from multiple sources, presumably because they want to be empowered to participate in decisions regarding their health and their lives.

Empowering a woman to make rational, informed decisions is a very powerful tool, but again accurate targeting is essential. In

addressing women who are juggling responsibilities for young children, a household, a career, and possibly older parents, brevity is essential. But if the audience is the older retiree with time on her hands, comprehensiveness may be more appreciated.

In either case, it doesn't pay to be condescending. In an interesting study of how women relate to technology conducted by Condé Nast Publications and IntelliQuest in 1996, women were asked how they responded to the marketing of computers. More than half the respondents felt that computer advertisements showed a lack of respect for their technical knowledge. Similarly in the healthcare arena, Jackie Reed, an independent healthcare consultant, points out that whereas a basic rule about patient materials once was that everything had to be written at grade school level, that's simply not true any more. Today's women are far better educated. "Women with breast cancer want to know exactly what Herceptin is, how a monoclonal antibody works, and what the outcome is expected to be," Reed claims. "They're tired of stick figures and being talked down to. They take charge and want to know the facts ... including the technical facts. They want to be treated with respect."

*Trust:* That brings up another essential element in successful marketing to women: the fact that women process information differently from men. Because women often internalize and analyze before making decisions, they tend to be skeptical when it comes to healthcare decisions. It's important, therefore, to provide the right mix of information to stimulate the analysis and arrive at the "right" conclusions. It helps to use a woman as the provider of information, but that alone won't be convincing if that person is not a trusted expert. Give a woman what she needs to make her own informed decision, and you will earn her trust ... and brand loyalty and compliance will usually follow.

*Independence:* Women have long fought for the right to their personal independence. According to Dana Maiman, executive vice president, director of client services at FCB Healthcare NY, a key insight learned while marketing Fosamax for osteoporosis, is that women guard their independence fiercely. “The thought of physical disability that can interfere with that independence is extraordinarily motivational for women. If you can market to that desire to preserve independence, you will increase your rate of success substantially.”

### **Speaking to women from their point of view**

Sylvia Reitman, president of the Healthcare Businesswomen’s Association, believes that women are not only the major decision-makers for the family about everything from computers to college selections, but that they are more inclined to research their purchasing decisions. “They approach healthcare the same way, searching for information they can use to ‘take care of things,’ so your marketing message is very likely to be heard if it is appropriately directed” (see Exhibit 4, p. 70).

In addition, women tend to be highly brand loyal and relationship oriented. A marketer who develops a relationship with a woman in her teens, therefore, has the potential to remain a partner for a lifetime ... provided the marketer grows with her and respects the relationship over time. Unfortunately, in an effort to save money by speaking to “everywoman,” marketers often end up speaking to no woman at all. Smart targeting calls for establishing the relationship on a good footing initially, and then continually to review it to find out what’s working and what isn’t through sophisticated direct marketing and research techniques.

Multiple resources are available for analyzing how different demographics and psychographics affect women’s response to different media. Some are obvious.



Clearly, for example, it’s more effective to speak to Hispanic women in their own language on their favorite radio station or cable TV programs. Less obvious is that young, single women who are adventure-

seekers will not respond to brand promotion the same way as women who are aspiring to reach their career goals while nurturing a young family. In other words, women are too diverse a group to be

#### Exhibit 4

### SEVEN STRATEGIES FOR IMPROVING THE EFFECTIVENESS OF HEALTHCARE MARKETING TO WOMEN

1. Segment according to specific lifecycle and lifestyle variables.
2. Conduct market research to quantify each segment's value.
3. Stratify your messages to specific needs of each segment.
4. Speak to each segment from their point of view, and with respect.
5. Empower women with the information they are seeking.
6. Ask permission to continue to provide information over time (i.e., develop a trusted relationship).
7. Integrate DTC communications with marketing efforts to the physician and managed care.

considered a single target audience, and marketing efficiency depends on effective segmentation. Market research can not only quantify each segment's value, but also determine lifecycle and lifestyle variables so as to stratify the marketing messages for the various segments.

That is not to say that there are not also commonalities. In an interesting insight, Mary Prescott, president of

#### A revolution in marketing to women

In her book *How to Market to Women*, Carol Nelson says: "The woman of the 1920s wouldn't have dared to make a bold suggestion to her doctor. Today, she feels guilty if she doesn't." This one fact alone illustrates the tremendous changes marketing healthcare products for women has undergone in recent years, and not only marketing directly to women but also to their health professionals.

Kathy Wickman, v.p., marketing for Warner Chilcott, has seen a lot of these changes in her career of marketing women's health products, including oral contraceptives and hormone replacement therapy. One major development, she points out, is that

women have become very open and frank in discussions about their health. "More than ever," Wickman says, "women are not reluctant to discuss their personal health issues in open forums. The Internet is one example. But more important to the marketer is that women are talking about what they learn with other women openly and publicly. If you can identify and reach your core of women advocates, they will share that information with many others."

Acting on this insight, companies such as Novartis and Wyeth-Ayerst have taken bold steps forward in relationship marketing. By establishing and maintaining a loyal group of users, they not only encourage word-of-mouth support but also pursue a far more efficient and economical form of promotion than having to generate new customers, especially in light of the high rates of failure to fill prescriptions and discontinuation. As a past nurse practitioner, Kathy Wickman is particularly concerned about the compliance issue, especially in management of menopause, arthritis, and infection. "Women tend to treat symptoms," she explains, "and don't grasp the need to continue medications for long-term intangible benefits. Perhaps we're just not giving them enough reasons to comply. Despite major consumer marketing efforts, we're still not getting through. We need to become more benefit oriented." Wickman also believes that women are very attuned to reports of side effects, adding to the discontinuation rates, and recommends that all patient communications should strongly advise women to consult their healthcare practitioners before changing how they take their medications.

#### Reaching women through the new media

As all the special challenges and opportunities of marketing to women clearly show, one-to-one relationship marketing is a natural for communicating with women, and the Web is the perfect medium for establishing such relationships. Contrary to popular belief, moreover, women are rapidly adopting Web technology. In a report called *America Online*, eMarketer reports that women account for 49 percent of active adult Web users; that number represents 37.1 million women online, a total that's expected to grow to 45 million by 2001.

In contrast to what men search for on the Internet (i.e., financial information, auctions, sports news), women search



Marketing efficiency depends on effective segmentation

BSMG Medical and Health Communications in Chicago, has found that "regardless of age category, women tend to think of themselves as 10 years younger than they really are." While recruiting candidates age 75 and older for clinical trials of Celexa, most of them women, the agency signed up significantly more patients in the desired age category when the visuals showed younger women than those actually targeted.

more often for information about health-care. In a survey conducted in June 2000 by the Pew Internet & American Life Project, a research group studying the social impact of the Internet, 61 percent of women with online access had searched for healthcare information, compared with 47 percent of men. On any given day, online women were more than twice as likely as men to be getting healthcare information (nine percent versus four percent). As the study says, the influx of women to the Web is “reshaping America’s social landscape.” According to a second report issued by the Pew Research Center in November 2000, 93 percent of the women who have used the Internet to gather healthcare information searched for specific information about a physical illness and its symptoms, with 39 percent doing so after a visit to a doctor.

Not surprisingly, e-mail is the primary Internet activity favored by women, which opens up a fantastic opportunity for e-mail delivery (with their permission) of trusted healthcare information.

Given these different patterns of Web usage, it’s apparent that the approach to marketing to women online should be very different from the approach to men. Beyond that, these technologically adept women have different patterns of other media usage. Nielsen Media Research showed that women ages 18 to 49 who have home Internet access watch less TV, are more likely to watch certain channels on cable TV, and view different syndicated TV shows than other women. And as young women who grew up with the Internet mature, strategies of communicating with them will have to mature as well.

### **The major areas for growth**

The pharmaceutical industry is researching almost 350 medicines specifically for women. Among these products are those designed to reduce the risk of osteoporosis, decrease the incidence of breast cancer in



high-risk women, reduce the disability of arthritis, and make living with diabetes easier (see Exhibit 5, p. 72). Already, companies like Glaxo Wellcome have begun to develop drugs that work better in women

for certain conditions — like irritable bowel syndrome.

If Rx R&D does not represent sufficient marketing opportunity, think of the myriad non-prescription products that will be

## Exhibit 5

### PHARMACEUTICAL RESEARCH ON DISEASES WITH MAJOR IMPACT ON WOMEN: 348

Disease	Number of drugs in development	Number of women affected
Alzheimer's disease mostly women	23	4 million patients,
Breast cancer each year	60	175,000 new cases
Depression	17	12.6 million
Diabetes	19	8.1 million
Lupus	4	117,000
Migraine headache	10	12.6 million
Multiple sclerosis	14	200,000
Osteoporosis	24	8 million
Ovarian cancer	38	25,200 new cases each year
Rheumatoid arthritis	24	1.5 million

Source: www.phrma.org

## Exhibit 6

### FIVE STRATEGIES FOR HELPING HEALTHCARE PROVIDERS COMMUNICATE WITH WOMEN

1. Provide primary care practitioners (PCPs) with advance notice of DTC promotion.
2. Supply women's health programs and marketing expertise to managed care organizations.
3. Communicate the gender differences for diagnostic and therapeutic needs of women.
4. Help providers appreciate women's involvement with healthcare decisions and interest in alternative/complementary medicine.
5. Integrate provider, consumer, and managed care communications.

sought after by women as they live longer, more independently, and more prosperously than ever before. Nutraceuticals are likely to be at the top of the list as women embrace the concept of nutraceuticals in ever-increasing numbers, believing that diet can be a factor in development of disease and maintenance of health. Because nutrition is still conspicuously absent from most medical school curricula, nutraceuticals must reach the consumer directly, at least until marketers break through the barrier and start educating healthcare professionals as well.

Another trend that marketers need to keep on top of if they are to reach women most effectively is that women are having children later in life. Yet "the ads still show young women regardless of the fact that doctors say older moms are the norm, at

least on the West Coast. It's frustrating," says consultant Jackie Reed, who herself fits the profile of the career woman who becomes a mom in her 40s.

#### Healthcare professionals also need — and offer — help

Recent research by both *Time* and *Prevention*, show that about 30 percent of patients respond to a DTC communication (whether an ad, a mailer, an article, or a Web page) by requesting an advertised product, and *Scrip* further reported that women are more likely to initiate that discussion than men. This suggests multiple opportunities for providing marketing support for healthcare professionals (see Exhibit 6, above). One of the simpler ways is to provide doctors with advance notice of DTC campaigns, with a compan-

ion guide to the subject, while integration of consumer campaigns with physician and managed care programs can improve the results of all three.

Other ways to assist healthcare practitioners; help them improve their patients' adherence to prescribed medication schedules, and provide them with information about the special nutritional, endocrine, and psychological needs of women. All this, of course, applies to nurse practitioners and physician assistants as well as to physicians.

Which brings up the important point that there is an audience composed of influentials and consumers in one: the huge number of female nurses, nurse practitioners, and doctors. The American Medical Women's Association (AMWA) has more than 10,000 physician and student members. The AMWA estimates that, whereas 21 percent of all physicians were women in 1996, by 2010 that percentage will rise to 30. In addition, half or more of medical students will by then be women.

Women also form a large segment of the employees who make decisions regarding employer healthcare plan purchases and HMO formularies. If you can reach a female decision-maker who not only chooses for herself and her family but can also affect the choices made on behalf of numerous patients, you can stretch your marketing dollars (and win loyalty from a group that has most likely been ignored by your competitors) all in one shot.

It's just one more example of how "out-of-the-box" thinking about marketing to women can not only offer immediate financial opportunity, but also increase the efficiency of communicating with all the decision-makers responsible for women's health, and position your company for long-term growth. And the marketers who succeed in reaching women's minds will move up in the rankings of investor's minds as well. ■