

THE INVISIBLE INFLUENCERS

Baby boomer caregivers are heavily involved in their parents' healthcare. They seek a wealth of treatment information online and wield huge influence over the healthcare decisions and treatment regimens of their elders. They are exploding in number. So where are all the pharmaceutical marketers? By James Chase



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55% of boomer caregivers look after a sick parent at least once a week, and another 56% had prompted the parent to get diagnosed.

For as long as there have been medical ailments, regular people have been taking care of family members and loved ones. What is changing is the demographic of the caregiver population. As baby boomers get older and find themselves in the position of caring for their elders, the amount of information they seek and the increasingly influential role they play in the diagnosis and treatment of conditions make them an important focus of attention for pharmaceutical marketers. Or at least they should be. Up to now, it seems that this group has remained largely invisible.

There are 50-plus million caregivers in the U.S., according to *Caring Today* magazine, which predicts that by 2007, one-third of all households will be involved in caregiving. Healthcare communications agency Campbell-Ewald Health estimates that around 13 million baby boomers are presently caring for a parent. Naturally, this figure will increase sharply as the boomer generation ages further.

Campbell-Ewald Health recently completed an extensive study of boomer caregivers and their parents, which confirmed that not only are boomers heavily involved in every aspect of their parents' care, but they also wield enormous influence over healthcare decisions. David Lockwood, senior vice president and director of research at the firm, says the findings suggest implications for marketers in terms of the life-stage triggers for boomers who are often finding themselves in caregiving roles for the first time. "These are people that tend to be in situations where there is a tremendous need to get new information fast," says Lockwood. "They don't have a road map, typically, and they're exploring how to make a smart decision. The earlier you can reach people in that transition period, the more influential you can become in terms of educating them, bonding with them and being all their side."

Campbell-Ewald Health interviewed 406 boomer caregivers

(between the ages of 40 and 60) and 409 parents of boomers, focusing on medical conditions in four key areas: arthritis/pain management, cardiovascular conditions, obesity/diabetes and mental health. The study found that 56% of boomers care for their parents at least once a week, with around half those providing care on a daily basis. And 56% of boomers said it was their concerns about symptoms that had prompted their parents to visit the doctor. After noticing the symptoms, 38% of boomers said they had made the appointment with their parent's doctor, 17% had called the doctor to discuss it, while 21% used the Internet to research the symptoms. And this is where it starts to get really interesting for pharma marketers. When respondents had asked their doctors about specific brands of drugs, 77% of boomers and 81% of parents said that the doctor was "Happy to discuss" it (Fig. 1). And where a discussion had taken place about a specific brand, 78% of boomers and 72% of parents reported that the doctor eventually prescribed that brand.

After the initial diagnosis, while 64% of parents "spoke with a friend/family about it," 36% of boomers headed for the Internet to research symptoms further. And when it came to exploring specific treatment options, the Internet again stood out as a prime source of information: 45% of boomers scoured a medical information Web site, 9% visited a pharma company Web site, 8% used an advocacy group site and 7% went to a health insurance site (Fig. 2). And of those who used multiple information sources, 44% of boomers and 41% of parents scored medical information Web sites as the best source—beating "another doctor" into second by a distance (Fig. 3).

The types of information sources boomers are using highlight a key characteristic of the emerging boomer caregiver population. "Boomers have extremely time-compressed schedules," says Lockwood. "They are most likely working, they have kids, and on top of that, they get this unexpected herd from a parent who's been diagnosed with something. It becomes a difficult situation to try and get smart quickly. We know the Web is one of the first places they turn, and they're trying to absorb information as quickly as they can to get up to speed. When they're in that stage, it's the perfect opportunity for a pharma marketer to reach out and connect with them and help them through that entire process."

Armed with treatment information, boomers and parents begin discussing specific brands with their doctor and family (Fig. 4). And for those who held such discussions about specific brands, 47% of boomers cited medical information Web sites as having been influential resources and a further 11% named pharma company Web sites as influential. Interestingly, DTC came into play for the first time, with 16% of boomers and 14% of parents claiming that a TV or print ad had been influential in a discussion of brands (Fig. 5). The study also found that one in four boomers actually lives with

Fig. 1 Receptivity of physician toward drug brand inquiry

Boomer	77%	Parent	81%
Happy to discuss	21%	Refusal/reluctant	18%
Unhappy to discuss	2%	Unhappy to discuss	0%

Fig. 2 Sources of information used to explore treatment options

Boomer	45%	Parent	37%
Medical info Web site	44%	Another doctor	49%
Friend/family	26%	Pharma company Web site	34%
Another doctor	15%	Advocacy group Web site	7%
Library	9%	Health insurance Web site	8%
Pharma company Web site	8%	Did not do anything	3%
Advocacy group Web site	7%	Source: Campbell-Ewald/Health	19%
Health insurance Web site	7%		
Did not do anything	22%		

Fig. 3 Best information source (for those who used more than one)

Boomer	44%	Parent	41%
Medical info Web site	22%	Another doctor	37%
Another doctor	19%	Friend/family	9%
Friend/family	15%	Other	11%

Fig. 4 People with whom medication brands were discussed

Boomer	33%	Parent	51%
Your/parent's doctor	31%	Your parent/child	34%
Your family members	20%	Other family members	21%
Did not discuss brands	48%	Source: Campbell-Ewald/Health	34%

Fig. 5 Influential resources for those who had discussed brands

Boomer	47%	Parent	28%
Medical info Web site	41%	Friend/family	43%
Friend/family	32%	Another doctor	41%
Another doctor	16%	TV or print ad	14%
TV or print ad	11%	Pharma company Web site	6%
Pharma company Web site	8%	Library	5%
Library	8%	Advocacy group Web site	4%
Advocacy group Web site	24%	Other	11%
Other	17%	None of the above	23%

Fig. 6 Boomer's involvement in parents' diagnosis

Boomer's opinion	Boomer	Parent
Very to extremely involved	42%	29%
Not at all involved	15%	28%
Boomers living with parent	55%	37%
Boomers not living with parent	11%	17%

Source: Campbell-Ewald Health

Fig. 7 Boomer's involvement in symptoms identification

Mental health conditions	All conditions
I and/or someone else in my family began to notice the symptoms	51%
My parent complained of the symptoms	12%
When the doctor diagnosed it	16%
After the doctor diagnosed it	11%
Source: Campbell-Ewald Health	26%
	23%
	20%

Fig. 8 Individuals who made the final decision regarding treatment plan

Mental health conditions	All conditions
Doctor	57%
Parent	56%
Boomer	22%
Source: Campbell-Ewald Health	14%

Fig. 9 Problems reported with the treatment regimen compliance

Boomer	Parent
Forgot medication	33%
Ran out of medication	25%
Incorrect dosing of medication	11%
Loss of medication	6%
Boomer	29%
Parent	20%
Forgot medication	44%
Ran out of medication	26%
Incorrect dosing of medication	15%
Loss of medication	6%

Source: Campbell-Ewald Health

the parent for whom they provide care. Unsurprisingly, their influence increases under these circumstances, with 55% claiming to have been "very to extremely" involved in their parent's diagnosis compared with 37% of boomers not living with the parent (Fig. 6). Boomers living with the parent are also more involved in healthcare assistance, including pharmacy visits (80% vs. 37%), and living with the parent, doctors' visits (85% vs. 61%) and—crucial to compliance—reminders to take medicines (69% vs. 38%), and medication dosing (52% vs. 13%). Live-in boomers are also more concerned about the impact of caregiving on their personal life and well-being. Nowhere is the involvement and influence of boomers greater than those caring for a parent with a mental health condition. Of this group, 51% said that either they or someone else in their family first noticed the symptoms before their parent's illness was diagnosed (Fig. 7).

**Caring Today, one of the few conventional media vehicles for reaching boomer caregivers.**

"Mental health requires some sort of interaction with other people to see the diagnosis," says Lori Laurent Smith, senior vice president at Campbell-Ewald Health, "whereas something like diabetes or arthritis is more symptomatic."

Moreover, 22% of boomers made the final decision regarding treatment of mental health conditions, versus 14% for all conditions (Fig. 8). And when it comes to compliance, boomers caring for a parent with a mental health condition were far more likely to report difficulties with taking medication, such as forgetting (44% vs. 33%), running out (26% vs. 25%) and incorrect dosage (15% vs. 11%). Their parents, however, did not always agree (Fig. 9), which reinforces the important role of boomers in treatment compliance in the mental health category.

So, having established that boomers can and do act as early-warning systems for diseases contracted by their parents, that they travel the Internet for as much information as they can find, that they wield considerable influence in the doctor's office and that they are heavily involved with helping parents take their pills properly, pharmaceuticals should be fighting for their attention. Well, aren't they?

Apparently not. "Pharma marketers are falling far short of really taking full advantage of the opportunities," notes Campbell-Ewald Health's Lockwood. "In terms of Web sites, for example, they could be creating distinct spaces for caregivers to get tips to connect with other caregivers, to learn more about what to expect throughout the process. While there are some cursory and surface-level references to caregivers, they tend to be cast more as spouses, caregivers or just traditional communication of to the physician, or to the patient."

Laurent Smith adds that no more than five of the top 50 brand medications from the four categories in the study "even acknowl-

edge caregivers on their Web site." She cites Alzheimer's treatment Aricept, co-marketed by Eisai and Pfizer, as an example of a Web site that does acknowledge caregivers but still falls short. "There could be so much more," Smith says. "Alzheimer's is just so draining for a caregiver—there could be a lot as far as social community, networking or even just an area for questions they might have."

In fact, a cursory glance online at the Alzheimer's category shows Aricept to be the only brand with any kind of presence outside its own Web site, with online ads adorning the Alzheimer's pages of WebMD and About.com. On clicking through the ads to the Aricept Web site (alzheimerscarearea.com), visitors are greeted with at least some caregiver prominence on the home page, via some video

What caregivers really talk about online

These are real conversations that took place in an online forum for Alzheimer's caregivers. Note the numerous mentions of drug brands.

Thread 1:

A: My mother-in-law was diagnosed with Alzheimer's today, most likely stage 4. Her physician does not want to start her on any medication because he says it causes terrible side effects, but from what he read, I don't enjoy treatment either. I'm wanting to see how she progresses? If anyone has any thoughts, I'd appreciate your input. We're not sure what to believe and how to advocate for her best interests.

B: I definitely think my Mother's early start on Aricept has helped with the slow progression of the disease. She was not able to take Namenda, so she is still on Aricept for 5 plus years. Mother is now 85 and doing quite well on Aricept with Remeron, an antidepressant.

C: My husband has been on Aricept for over 8 years, and I am sure it has slowed the disease. If your mother-in-law is already in stage 4, I'm not sure what effect it may have, but it is definitely worth a try. He has had absolutely no side effects that I can see. He had Prozac for several years to help calm him down, but he's off that now. We tried Namenda along with the Aricept (Namenda is not effective taken alone, I'm told) but I could see no improvement at all so we dropped that. I personally think the less meds, the better for him. Good Luck!

Thread 2:

X: Hello to all... this is my first day on here. My mother was diagnosed 4 years ago and has been on Aricept (Orig. called Cereolin). Her doctor just said after 2 weeks ago on a new drug called Cereolin. I must say that I have seen a big improvement with her... she is now reaching phases and different things. It's such a joy to hear her call my name again... talk to your doctor about this new drug... Cereolin.

Y: This is also my first time here and am interested in hearing how Cereolin is working for your mother. My mom was diagnosed last April and has been on Aricept ever since, and an antidepressant. There was a word of difference, but the Alzheimer's seems to be progressing more quickly now. Our doctor doesn't seem open to trying new meds. I would like to present them with some actual results. Thanks.

Z: Here is a website for cereolin... www.cereolin.com/index.php. It has a lot of info—maybe you could print out and take to her doctor?

shorts of caregivers. There is also a section titled "Helpful ideas to get someone to the doctor," but not too much beyond that.

Novartis' Web site for its Alzheimer's drug Exelon surely holds one advantage for boomers seeking answers—the domain name alzheimersdisease.com. Again, caregivers are given prominence on the home page with links to tips and articles. There is also a "Virtual Support Network," where users can obtain the e-mail address of another caregiver. Other areas of the site carry ads for coupons and trial offers for Exelon. Forest's Web site for its Alzheimer's therapy Namenda is similarly adorned in caregiver acknowledgment, including a "Resource Library" of links for support and reading references, but there is no attempt at creating an online community. So why has pharma been so slow to woo boomer caregivers?

Lockwood thinks it's because they've been otherwise engaged. "Over the past six to 12 months, many pharma marketers have been deeply involved with reassessing their media mix efficiency, and I think that's a kind of pulled their eyes off the issue of whether there are any targets or new influencers they should be looking at."



Forest's site for Alzheimer's drug Namenda lists many resources but does not have its own forum.

Caring Today is distributed to doctor's offices, hospitals and via professional home care services and is set to go bimonthly this year, with an increased circulation of 750,000. The year-old title is complemented by an online resource and forum. Few other titles cater to caregivers. Today's Caregiver has been around for 10 years and has 50,000 paid subscribers, while the Alzheimer's Foundation of America produces CareA Divulges a free quarterly title.

So what can pharma marketers do to tap into this market and build relationships early with these highly influential boomer caregivers? The challenge, as with most consumer healthcare markets, is to crack the technology through which people communicate. Boomers know how to find what they are looking for online; pharma companies need to be there when they find it. Moreover, patients and caregivers are having the kinds of conversations in online chat rooms and on message boards that once took place in the doctor's office (see left). Not only are they helping one another through the rigors and frustrations of caregiving, but they are discussing specific drug brands and regimens, and offering advice based on their experiences. Pharma marketers cannot control these exchanges, but they have to find a way to harness their power. ■