

## Issues in healthcare for vulnerable populations

It is my pleasure to introduce the special issue on “Issues in Healthcare for Vulnerable Populations” to the readers of *International Journal of Pharmaceutical and Healthcare Marketing*. This topic crosses the boundaries of many disciplines, including economics, public policy, sociology, health care, marketing and general business. The special issue offers a forum to address problems that affect vulnerable populations and provide applicable and implementable strategies for addressing the problems. This issue includes three research articles, two conceptual articles, one viewpoint and one case study. Two of the articles focus on treatment issues related to senior citizens, one article investigates communication strategies with low-income groups, while two other articles look at food availability and choice for vulnerable populations. One article proposes a new business model as a disruptive innovation in health care, while another article looks at public policy issues associated with managed care. I hope you find that these articles provide insightful and diverse discussions about vulnerable populations and the unique healthcare issues they face.

The first article titled, “Variations in involvement: Motivating bystanders to care for Senior Citizens”, by Sarah Keller and Timothy Wilkinson, investigated the impact of a senior service advertising campaign that was designed to increase volunteerism and financial donations among bystanders. The study found that high involvement individuals viewed the ads more favorably and exhibited stronger senior caretaking intentions. While low-involvement consumers were less likely to see their own potential contributions to senior care services as effective. The authors suggested that nonparticipants in pro-social helping may fail to notice the need (low awareness), fail to view the cause as urgent (low perceived susceptibility) or have low prior experience with the issue. The primary conclusions and recommendations suggest that messaging campaigns should include specific tactics for increasing awareness, susceptibility and involvement. An engaged public will become active players in the care of our senior citizens.

Our second article, “Communicating with underserved audiences: Focus group findings from two studies testing messages with low income Hispanic, African-American and White audiences”, by Robyn J. Goodman *et al.*, studied how low income, ethnically diverse, Medicaid recipients’ interpret culturally tailored health communications, specifically health plan report cards and health intervention/wellness program recruitment materials. The paper used qualitative research methods to collect focus group data from several vulnerable groups. The results highlighted how underserved populations interpret the visual and verbal aspects of health communications. Key findings indicated that health communications should include cultural tailoring, and monetary incentives for health improvement program participation, but for greater effect, the messages should also include a theme of respect and visuals with symbolic models that support and expand the verbal message.

The third article “Listening to Immokalee Moms: How stages of change theory guided the discovery of healthy eating messages to Latino Mothers”, by Cynthia Morton *et al.*, provides a very insightful description and discussion of the research steps taken to identify message directions for a community-wide health communication campaign aimed at supporting healthier eating behaviors among the Immokalee community in Florida. The study focused on Latino mothers in order to understand their beliefs about children’s healthy eating needs. The study also identified communication campaign opportunities that would reinforce choices



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made in the home surrounding meal planning, food selection and preparation and portion sizes. The findings suggest that the mothers were aware and participatory in the effort to serve healthy meals for their children at home. The time and money associated with buying nutritious foods and cooking healthy meals daily was stressful, but they were receptive to communication efforts to help them maintain their commitment to give their children healthy foods. Test results found that the target was most receptive to message strategies that acknowledged the responsibility of both parents to model healthy eating practices to children.

The fourth article titled “Disruptive Innovation in Rural American Healthcare: The Physician Assistant Practice”, by Eric R. Kushins, Henry Heard and J. Michael Weber, proposes a new disruption in health care, through the development of a Physician Assistant business model. This study reviews the current state of the healthcare system in terms of Physician Assistant utilization and primary care shortages in rural communities. The implications of the Physician Assistant-owned and -operated primary care business are that it is a viable solution for providing primary care for rural communities with educational, financial, transportation and other resource limitations. In total, the authors conclude that this study logically defends the proposed business model as a disruptive innovation in that it:

- focuses on an underserved market;
- has lower costs;
- has few competitors;
- offers high quality; and
- provides a sustainable competitive advantage.

The fifth article “Innovation for Elderly with Dementia - Localization Technology Transfer”, by Tobias Ebbing and Marzenna Cichosz, contributes to the discussion of transferring modern technology from industries such as logistics to help elderly patients suffering from dementia organize and streamline their cognitive organization of tasks and memories. The conceptual discussion was based on findings from a series of projects in the healthcare sector, IT development and consultancy. The findings suggest that several barriers prevented large-scale implementation of the technology. Primarily high price and market skimming strategies were preventing greater adoption. The paper highlights how this market condition presents an opportunity for a disruptive innovation that focuses on smart IT for dementia care. A disruption strategy of using a market penetration pricing, with caregiver focused messaging, could develop a significant share in the market while also improving the life of many elderly and their caregivers.

The sixth article “Managed Care Medicaid: How the Delivery of Healthcare to the Most Vulnerable Healthcare Population Is Changing: A General Review”, by William Trombetta, is a viewpoint paper that examines the impact of the Affordable Care Act (ACA) and Managed Care Medicaid (MCM) on the access to health care by vulnerable populations. Historically, access to quality healthcare has been mitigated by barriers such as low income, place of residence, health lifestyle, age and literacy levels. The ACA and MCM have the “Triple Aim” goals of enhancing access to and satisfaction with health care, improving patient outcomes and lower costs through coordinated care. The evidence suggests that states have generally been well served by moving to MCM and that Medicaid can not only lead but also innovate in improving healthcare and lowering costs to vulnerable populations. Yet, the author notes that significant challenges remain, including non-adherence to health regimens and medications resulting in readmissions, hospitals are still prone to mistakes and are expensive, lack of healthcare access in rural areas and limited

competition as a moderator for price/costs. Overall, the study has the view that the ACA has created a significant market disruption because it has enhanced healthcare access for the most vulnerable healthcare population and slowed the growth of Medicaid spending. This allows for even tighter delivery of comprehensive healthcare and socio-economic services at a fairly predictable cost to a more diverse population even as MCM plans are being held more accountable for delivering improved healthcare outcomes in a patient-centric market.

Our last and seventh article “Vulnerable Populations in Food Deserts: A Case Study”, by Van Wood and Manoj Thomas, is a case study that examines the realities of food deserts and vulnerable populations in urban areas. Food deserts have been described as areas of relative exclusion where people experience physical and economic barriers to healthy foods, the effects of which impact long-term health issues. Some of the most striking recommendations from the case study suggest that:

- reliable and sustainable transportation can moderate the realities of food-deserts and aid vulnerable populations, by providing access to healthy food options; and
- education and training in food selection and preparation created positive attitudes about the possibilities and results associated with healthy cooking.

In total, the seven papers provide a diverse discussion regarding healthcare issues that impact vulnerable populations. The papers covered subjects ranging from involvement level, communication and messaging strategies, consumer behavior and choice, business and technology innovations, public policy, to education/training. We hope this special issue adds value to healthcare marketers, healthcare strategists, policymakers and researchers who are constantly seeking new and innovative studies that explore healthcare issues and vulnerable populations.

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