



**Equity in Action:
Mapping the Multicultural Patient
Journey for Inclusive Strategies**

Executive Report and Exclusive Survey Data

OCTOBER - 2024

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Republica Havas Health and M3 MI partner to identify key barriers and drivers of a growing multicultural population to provide a road map for culturally relevant health programs serving diverse patients.



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Understanding the varied barriers and drivers faced by multicultural patients throughout their healthcare journey is essential for promoting health equity. This report provides healthcare professionals and marketers with insightful findings that enhance cultural competence, helping to bridge care gaps and tailor healthcare delivery to address diverse needs effectively.



Eirásmin Lokpez-Cobo, Executive Vice President of Brand Strategy at Republica Havas Health and the chief architect of the Executive Report

Equity in Action Mapping the Multicultural Patient Journey for Inclusive Strategies



The demographic makeup of the United States is reaching a tipping point based on age and the growing diversity of racial and ethnic populations.¹ Multicultural groups represent over two-fifths of the total U.S. population² and are driving the growth, and younger groups are increasingly multicultural.² People of more than one race along with Asian Americans and Hispanics are the fastest-growing segment of the U.S. population², and this trend is expected to continue for decades.³

The implications of this demographic shift are massive as they relate to healthcare utilization, treatment adherence, and health outcomes.⁴⁻¹⁰ They will directly impact the way providers, pharmaceutical companies, and other organizations and professionals in the healthcare ecosystem engage with patients across cultural, ethnic, and socioeconomic strata.

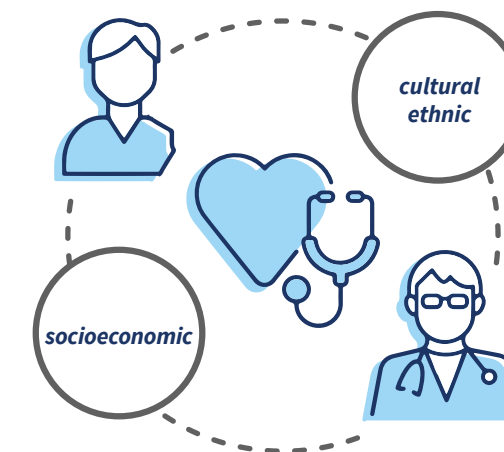
M3 MI's MARS Consumer Health Study, released May 2024, includes data from more than 40,000 respondents covering more than 100 health-related conditions and treatment types. M3 MI partnered with **Republica Havas Health**, Havas's cross-cultural healthcare and pharma marketing agency, to design a targeted Executive Report that examines some of the most persistent hurdles and behavioral-related

factors impacting the health of multicultural groups—including African Americans, Hispanics, and Asian Americans.

The Executive Report takes a deep dive into today's common cultural, psychographic, and socioeconomic barriers and drivers affecting multicultural patients, compared to their White-alone counterparts. A total sample size of 23,138 patients was analyzed of patients who self-reported chronic/lifestyle health-related conditions that are also common comorbidities for multiple indications with high prevalence in multicultural communities.

The findings are organized in six phases – Disease Awareness, Disease Education, Treatment Awareness, Treatment Considerations, Conversion, and Patient Adherence – to help healthcare professionals and marketers better navigate the common barriers of the patient journey.

By identifying persistent systemic barriers and health-related behaviors, this report delivers actionable insight for the industry toward strategically improved marketing and education about health and disease conditions more prevalent across underserved populations.



With the country's changing demographics, it's critical that healthcare brands and their agencies have reliable national data that is representative of our evolving population, like the MARS Study, so they can identify and understand the unique health needs, motivations, and channel preferences of multicultural populations.



Jayne Krahn, Vice President, Product & Research Operations at M3 MI, oversees the *MARS Consumer Health Study*

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The State of Multicultural Health

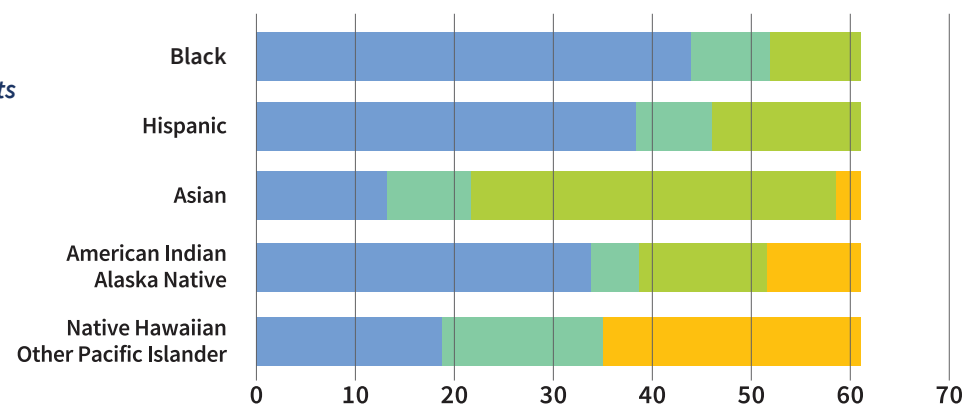
Even while the healthcare and pharmaceutical industries have made significant progress in extending the life expectancy for the U.S. population, there is a disproportionate burden of preventable disease for ethnic and racial groups when compared to their White-alone counterparts.¹

To better understand the health issues facing multicultural groups, consider the country's current health status. The Kaiser Family Foundation (KFF) provides a comprehensive chart pack that includes 61 measures of health coverage, access and use, health status, outcomes, behaviors, and social determinants of health across different racial and ethnic groups. This data reveals significant disparities in health and healthcare access.

Health and Healthcare Among People of Color Compared to their White-alone Counterparts

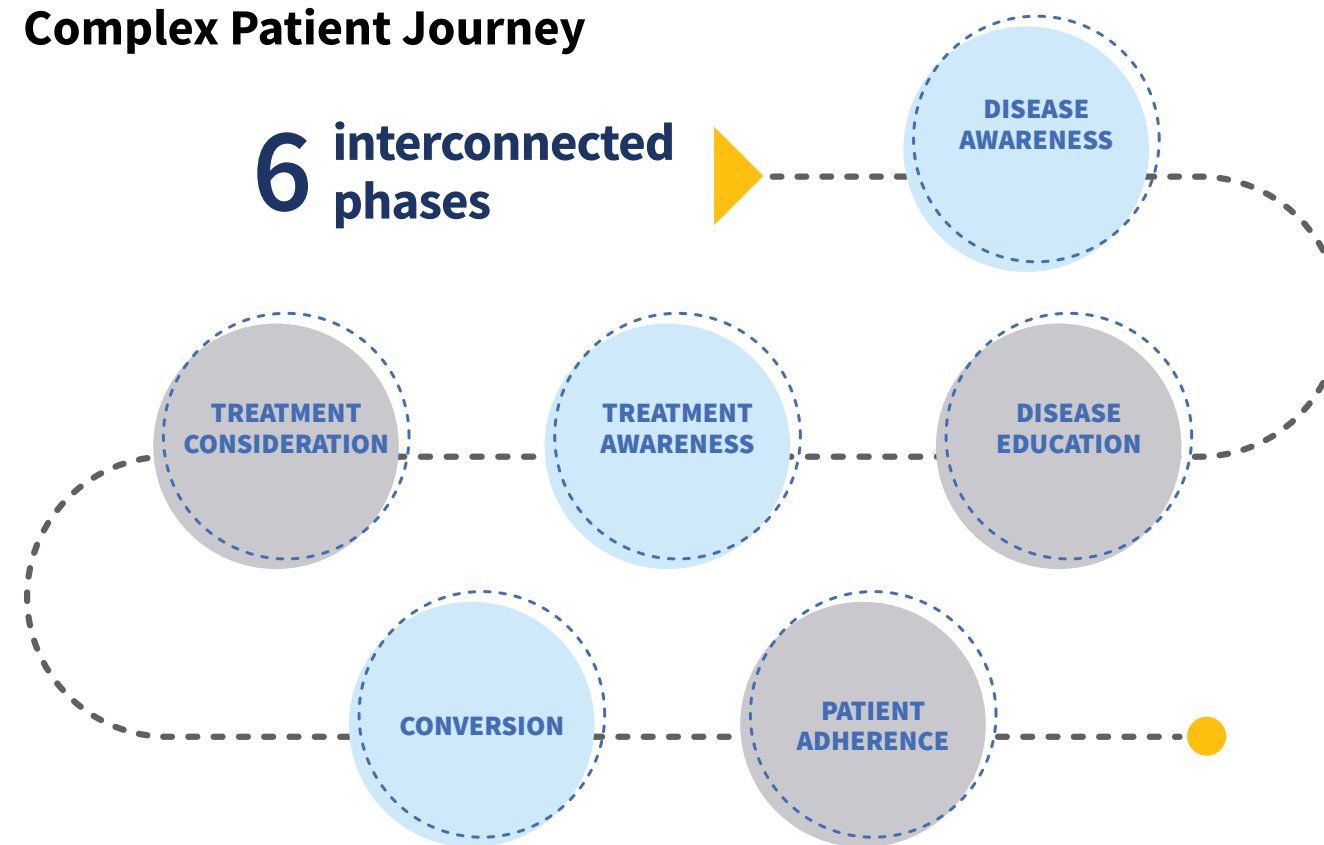
NUMBER OF MEASURES FOR WHICH GROUP FARED WORSE, THE SAME, OR BETTER COMPARED TO THEIR WHITE-ALONE COUNTERPARTS:

- Worse
- No difference
- Better
- Data limitations



Multicultural patients often navigate a complex landscape of socioeconomic barriers and culture-driven attitudes and behaviors that can impact their healthcare experiences. Socioeconomic barriers, such as limited access to quality healthcare, lower health literacy and income levels, and inadequate insurance coverage, can significantly hinder their ability to receive timely and effective medical care. Additionally, cultural differences in health beliefs and practices, media usage, language barriers, and discrimination can hinder healthcare information consumption and interactions with healthcare providers, leading to disparities in treatment outcomes.

Complex Patient Journey

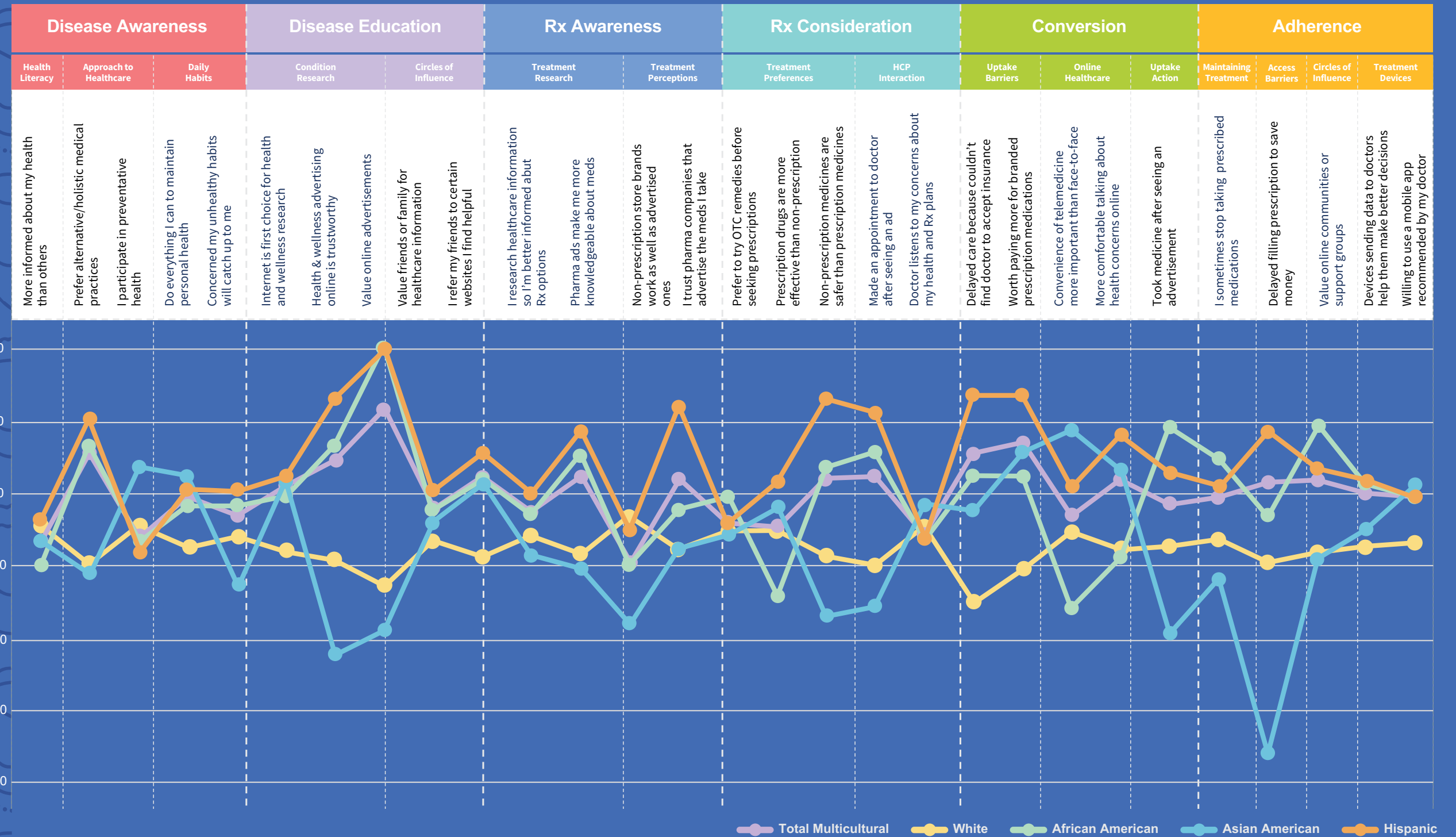


“ Fostering health equity requires a holistic approach that includes policies aimed at reducing socioeconomic inequities across all the components of the social determinants of health, cultural competence training for healthcare professionals, relevant cross-cultural healthcare information and targeted campaigns, and community engagement to bridge gaps in understanding and trust. A comprehensive approach is needed to empower patients to take consistent steps on the journey to prevention, assessment, treatment, adherence, and improved overall health outcomes. ”

Eirásmin Lokpez-Cobo,
Executive Vice President of Brand Strategy at Republica Havas Health

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Barriers and Drivers Across the MC Patient Journey



PHASE 1

Disease Awareness



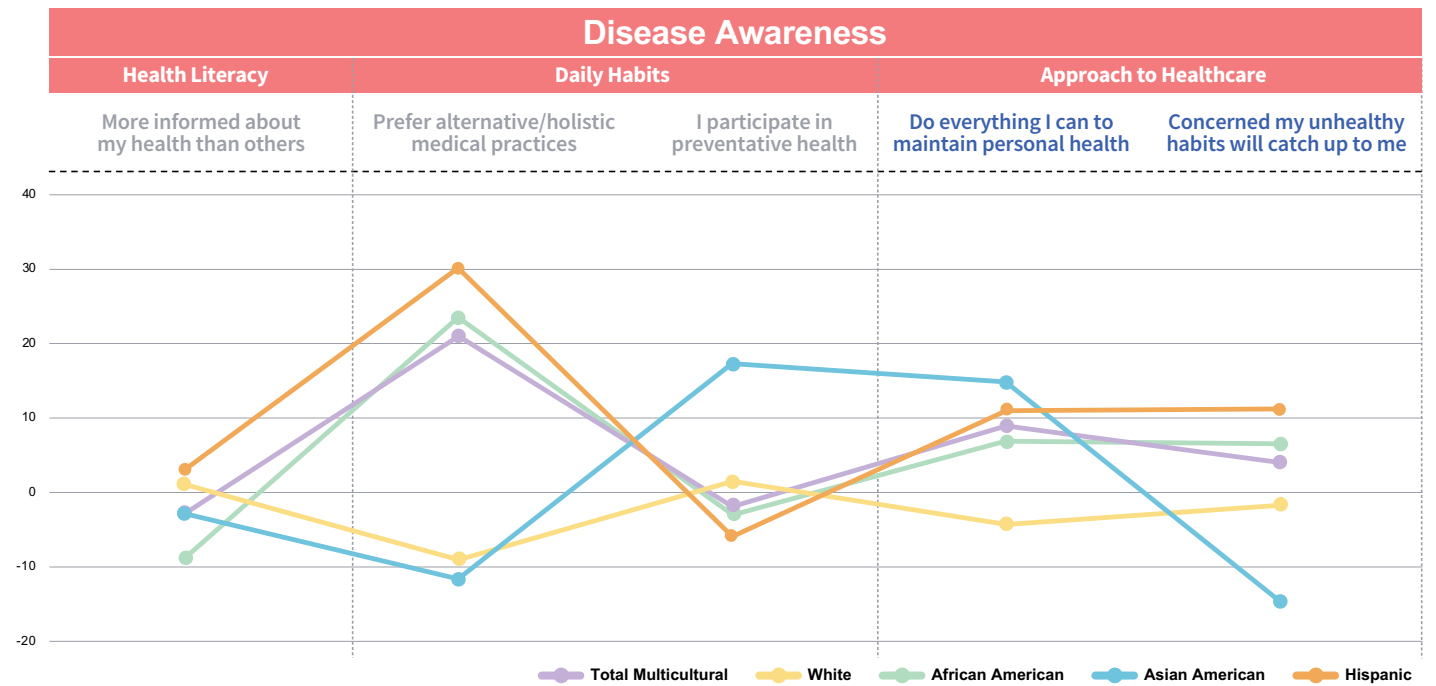
The American Health Information Management Association Foundation reports that nearly one-third of all Americans struggle to understand and access their health information, and the percentage declines for minority groups. This issue is consistently linked to poor health outcomes, which cost the U.S. economy an estimated \$236 billion (about \$730 per person in the U.S.) a year. Nearly three-quarters of Spanish-speaking patients have a limited understanding of health information.²⁰

A study titled "Health Literacy, Social Determinants of Health, and Disease Prevention and Control" concludes that **low health literacy negatively impacts disease self-management** and individual health behaviors.¹¹ In the MARS Study, multicultural respondents are less likely to report being better informed about their health than most people. This finding ranked lowest among African Americans (44%).

The findings also suggest that cultural approaches to healthcare along with other socio-demographic variables can **negatively influence participation in preventive care**. Hispanics and African Americans are less likely to participate in preventive care. Asian Americans are more likely to practice preventive care.

Multicultural groups are less likely to visit healthcare providers unless they are very sick or injured. Nearly half of the respondents (47%) say they do not seek help from doctors or nurses unless they are very sick. Hispanics are also 30% more likely and African Americans 23% more likely to **prefer alternative/holistic approaches that could delay care**.

But there are promising signs. When it comes to disease awareness, there are important motivators for multicultural groups versus their White-alone counterparts that could help influence positive behavioral change:



- Desire to live a long life: **22%** more likely
- Hispanics are **21%** more likely to perform any caregiver duties
- 50%** Multicultural patients provide caregiving support
- Concerned that unhealthy habits will catch up with them: **42%** of multicultural respondents
- Physical appearance or "looking good" is very important: **74%** Hispanic, **72%** African American



TAKEAWAY: While data analysis notes challenges in engaging multicultural groups in their preventive healthcare, even with the higher prevalence rates and risk factors for developing certain preventable diseases, multicultural patients can be positively influenced through a targeted approach to disease awareness. Consider, too, that family caregivers are very important in multicultural communities and can influence health-related behaviors.

There have been many scientific studies in the literature examining the importance of disease awareness and its impact on patient adherence with recommended or prescribed therapies. As an example, one relevant study¹² of cardiac patients found that medication, diet, and physical activity improved substantially because of improved awareness of their disease(s).

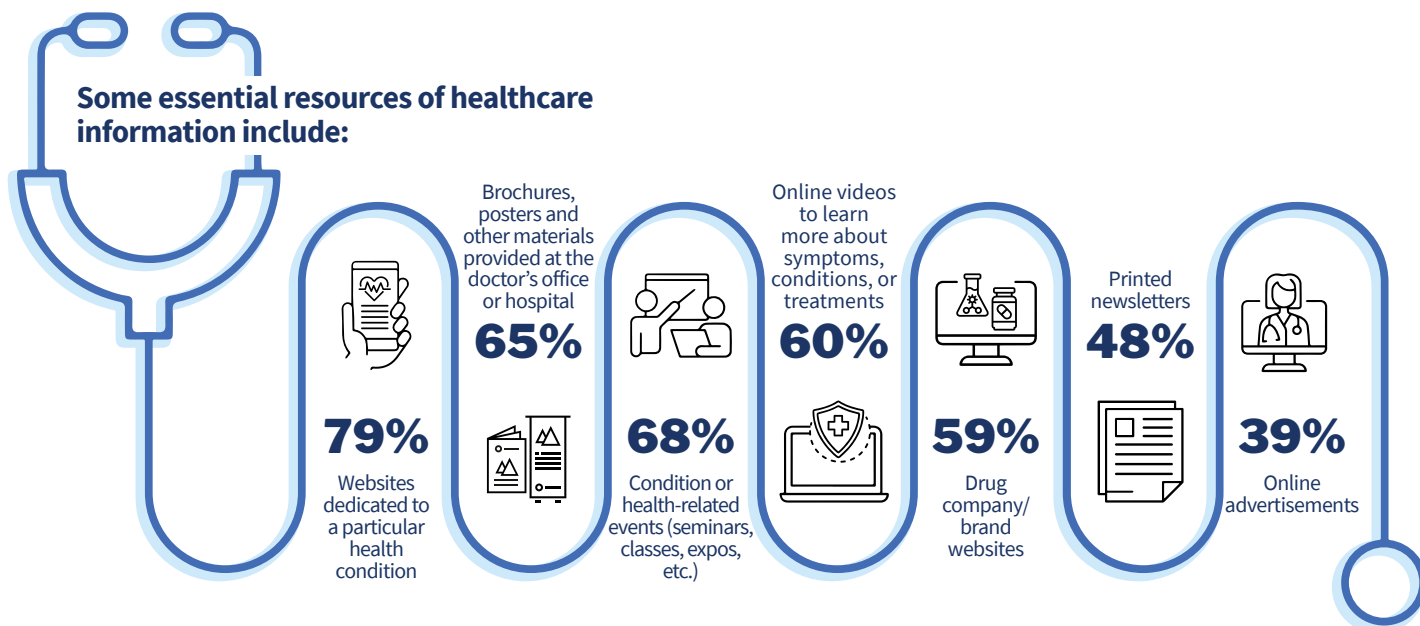
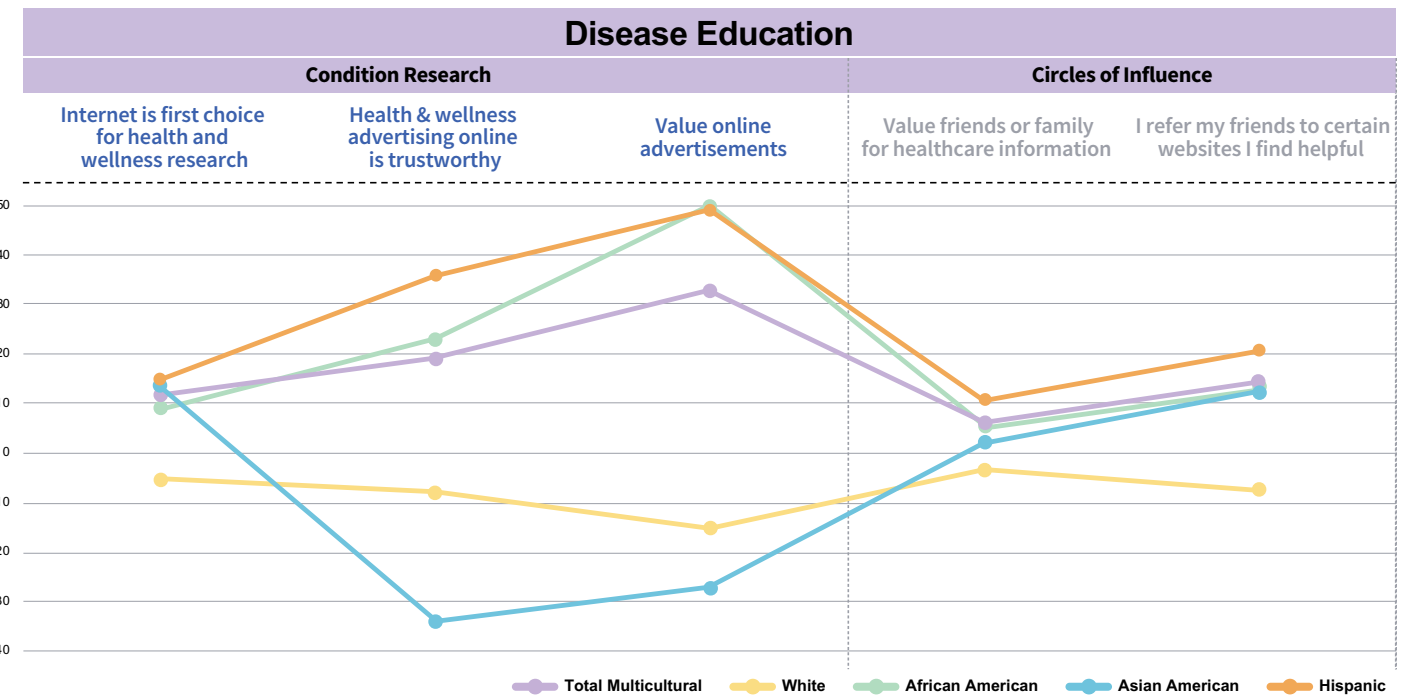
PHASE 2

Disease Education

Education remains a powerful next step to help patients and caregivers make informed healthcare decisions. Multicultural patients face numerous challenges in disease education, significantly impacting their health outcomes. **Limited English proficiency** hinders health information understanding and effective communication between patients and healthcare providers.¹³⁻¹⁴ **Socioeconomic factors** also play a crucial role, as lower income and education levels often correlate with reduced access to health information and resources.¹⁵⁻¹⁶ **Cultural differences** can lead to varying health beliefs and practices, and social circles can be sources of disease education, causing confusion and potential misinformation.¹⁷

Multicultural respondents in the **MARS Study** who said they **rely mainly on the internet as the first source of information** (61%), are more likely to value online advertisements than their White-alone counterparts, and **consider health & wellness and internet-based wellness advertising to be trustworthy** (19% more likely).

Multicultural groups often self-advocate because of lower disease understanding and lack of trust in the healthcare system, seeking information from diverse, multimedia resources that cater to their cultural and linguistic needs as well as from their friends and family as perceived credible sources. These consumption patterns highlight the importance of culturally sensitive healthcare communication strategies that leverage trusted sources and accessible channels.



TAKEAWAY:
 Multicultural groups impacted by lower disease literacy are more likely to rely on self-advocacy and social circles for healthcare information. The internet is the first source of health information. Advertising, website information, video, and health-related events remain important drivers for teaching multicultural groups about specific diseases. Multicultural respondents value and share healthcare education with their friends and family and are willing to share websites that they find helpful.

Another relevant and well-known finding is the **importance multicultural groups place on friends and family for healthcare information**. Overall, 73% of multicultural respondents note friends and family as key influencers. They are more likely to refer friends and family members to websites and to have friends come to them for healthcare and medication advice.

PHASE 3

Treatment Awareness

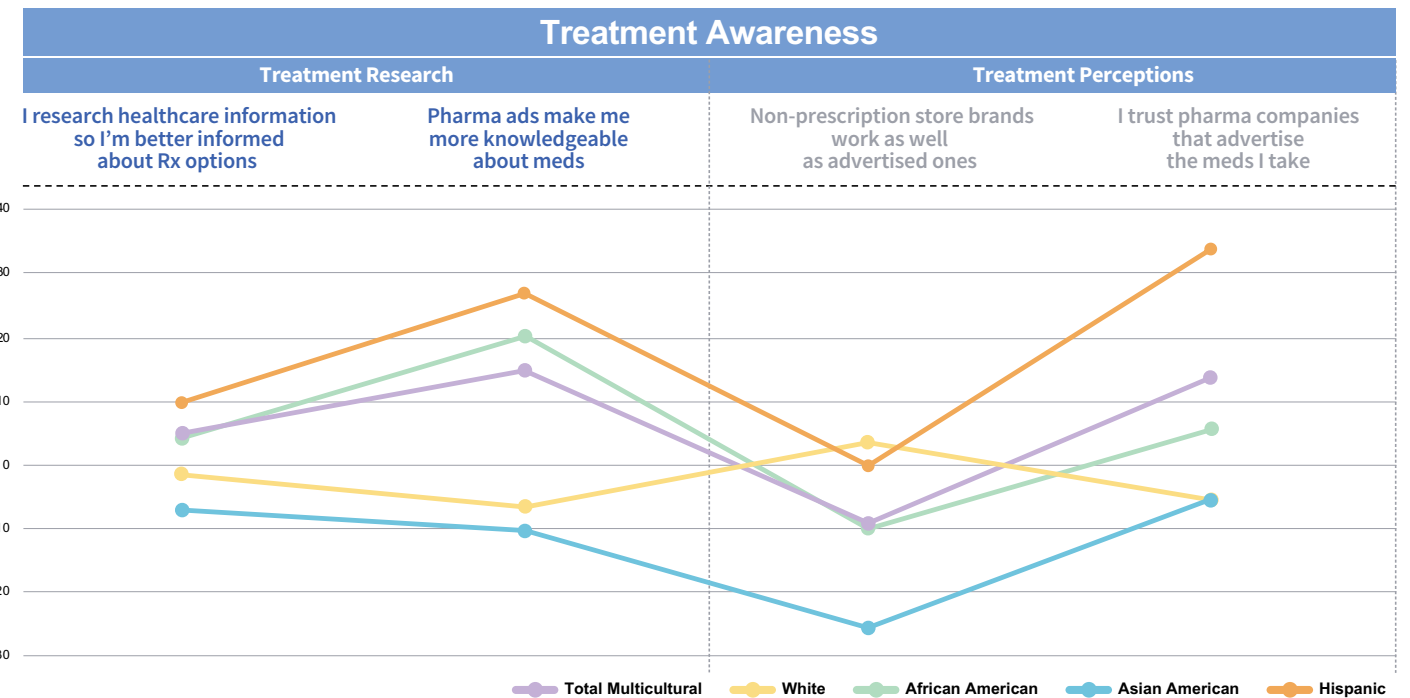


When patients or caregivers reach this stage in their journey, they are **actively seeking information about prescription medications** to stay informed about the best ways to treat a disease.

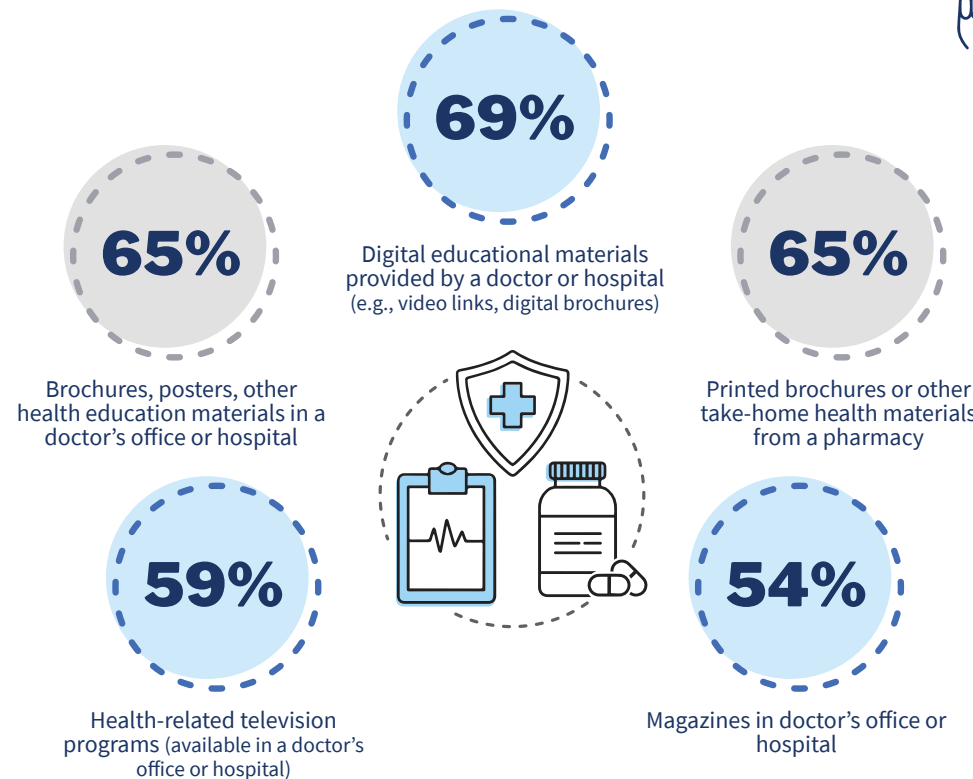
Nearly 56% of multicultural respondents report that **pharmaceutical advertisements "make me more knowledgeable about medicines."** Hispanics and African Americans are 27% and 20% more likely to believe this over indexing, compared to Whites. Multicultural patients are also 14% more likely to trust pharmaceutical companies that advertise, and 9% less likely to believe that store brands work as well as nationally advertised brands.

Point-of-care advertising is highly valued by multicultural groups as a source of treatment information. Examples include television/digital screens in waiting rooms, digital educational materials, links provided by doctors, and printed brochures and magazines.

Multicultural respondents are more likely to **TRUST** pharmaceutical companies that advertise



Here are some of the most referenced sources and response rates:



TAKEAWAY:
 Compared to their White-alone counterparts, multicultural respondents are more likely to trust pharmaceutical companies that advertise and less likely to perceive store brands as effective as advertised products. Not only do respondents find advertising useful when learning about treatment options, but they also report that advertising at the point of care is valuable and can be a key place for brand promotion for pharmaceutical companies and marketers.

PHASE 4 Treatment Considerations

Multicultural respondents (52%) prefer to try an OTC medication before seeking a prescription when considering treatment options. Hispanics and African Americans are 36% and 17% more likely to believe that OTC medications are safer than prescription drugs. By contrast, Asian Americans are 23% less likely to consider that prescription medications are safer.

After seeing a healthcare advertisement, multicultural respondents are 15% more likely to schedule an appointment with a healthcare provider, and Hispanics are 32% more likely. This finding reinforces that multicultural respondents trust and learn about disease conditions and treatment options from pharmaceutical advertisements.

Even though multicultural respondents reported being as likely as their White-alone counterparts to feel that their doctor listens to their concerns about a prescription plan, lack of cultural competence can have implications for treatment uptake delays or later adherence to provider recommendations.

Some other interesting data points:

- Less than half of multicultural respondents are willing to ask their doctor for a prescription or drug sample after seeing or hearing an advertisement. Asian American respondents are the least likely (20% less likely) to make this type of inquiry.



- However, resources provided by their healthcare providers are considered relevant.

67%
of multicultural respondents

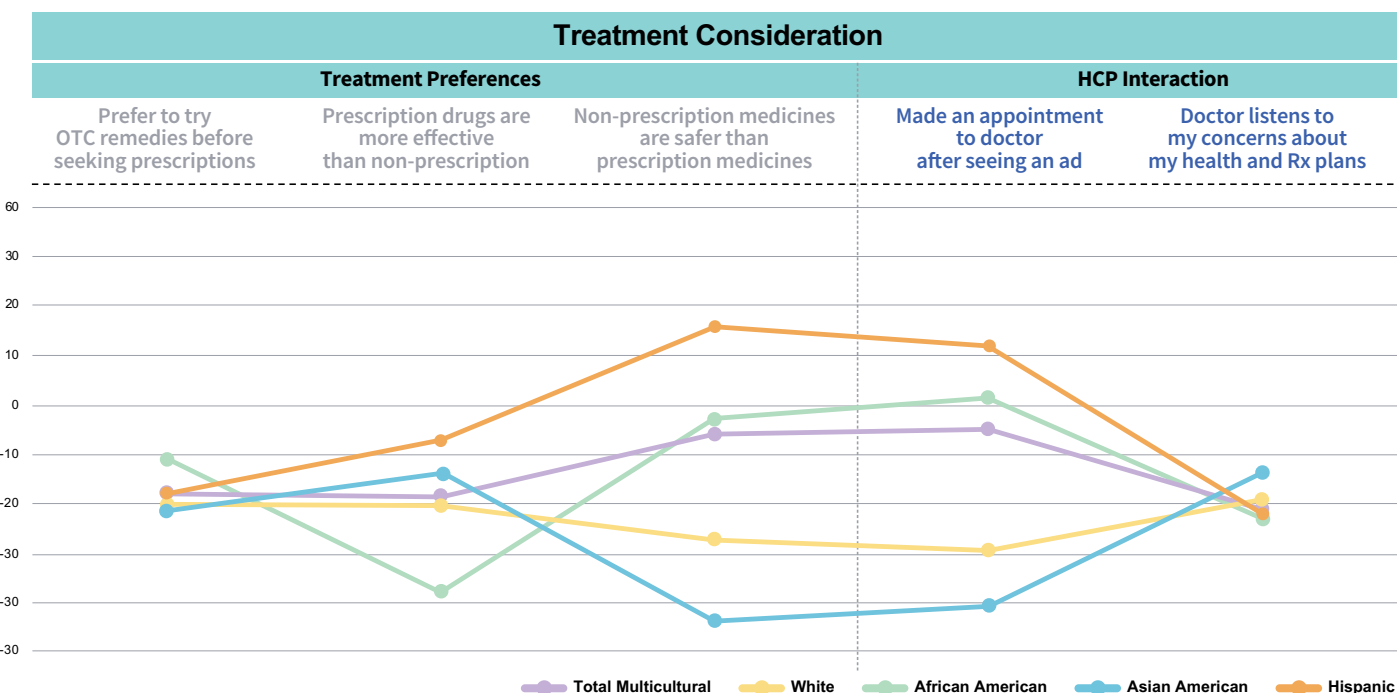


consider themselves more likely to visit a website recommended by their physician or seen in the office at the time of an appointment.

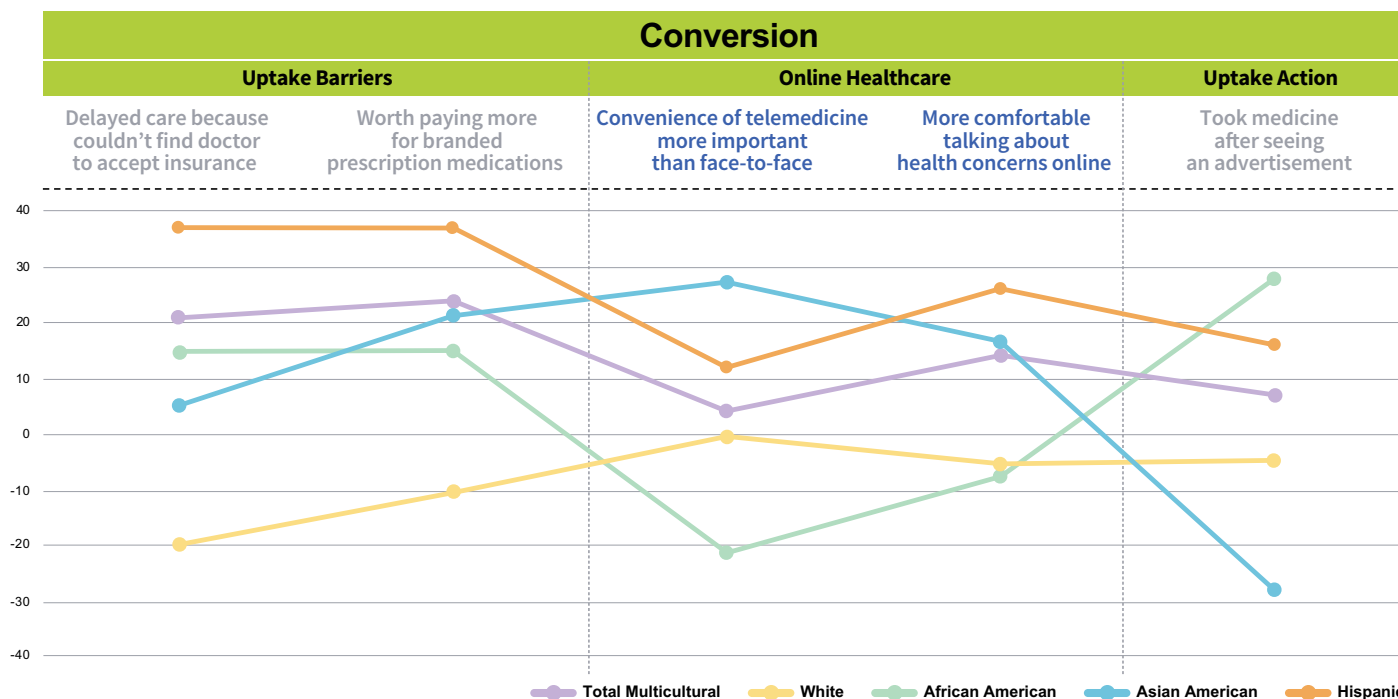


TAKEAWAY:

Pharmaceutical advertising remains an essential and trusted information source for multicultural respondents. Multicultural respondents credit advertising information with prompting them into action to improve their health, the study shows. Yet culturally relevant campaigns are still underutilized to increase treatment understanding and decrease safety concerns among a growing population segment in the United States. In addition, even though healthcare providers are trusted sources of health information, lack of cultural competence and representation strains patient/doctor relationships and can impact treatment uptake and later adherence.



PHASE 5 Conversion



TAKEAWAY:

Socioeconomic disparities are still a significant barrier to healthcare access. While underinsurance can hinder treatment uptake, multicultural patients are more willing to pay out of pocket for prescriptions not covered by their insurances. Also, Hispanics and Asian Americans express openness to using telemedicine to engage with healthcare providers due to convenience and feeling more comfortable discussing health issues online. The theme of trust with educational and promotional marketing materials can create a call to action to increase prescription uptake.

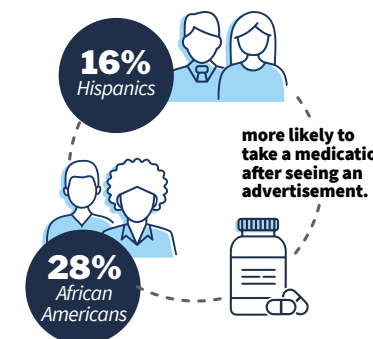
Lower health literacy, language proficiency, cultural beliefs and practices, and historical mistrust can impact multicultural patients' treatment uptake. In addition, access barriers like financial constraints, higher uninsured rates, and limited access to healthcare facilities, can prevent patients from starting recommended treatments.^{16, 18-19}

Even though uninsured rates have decreased since the enactment of the Affordable Care Act in 2010, there are still insurance gaps.²¹ CDC data shows socioeconomic barriers to conversion such as the acceptance of insurance by providers or financial stress related to paying medical bills.¹ When compared to Whites, multicultural respondents delay care because they cannot find a provider to accept their insurance coverage. Hispanics are 52% more likely and African Americans 15% more likely to delay care.

MARS data shows that despite the economic concerns, multicultural respondents do find brand prescriptions worth paying more for (24% more likely) and 40% are willing to pay extra for drugs not covered by their insurance.

Another interesting finding:

- Trust created through advertising can motivate multicultural respondents to act.
 - African Americans and Hispanics are 28% and 16% more likely to take a medication after seeing an advertisement over indexing compared with their White and Asian American counterparts.



Findings Overview



“ Multicultural groups are crucial yet underserved healthcare market segments. To create effective strategies that deepen trust and improve treatment uptake, adherence, and health outcomes, it is crucial to provide culturally competent care, develop in-language and in-culture cross-cultural communications, and implement targeted community programs. ”

Eirásmin Lokpez-Cobo,
Executive Vice President
of Brand Strategy at
Republica Havas Health



The combined population of multicultural groups, which are estimated at comprising over 40% of the U.S. population and driving the current and projected population growth, make up important, distinct, and growing healthcare market segments.

Unfortunately, systemic, socioeconomic, and cultural barriers grounded in the social determinants of health impact multicultural patients’ approach to healthcare, healthcare access, treatment adoption, and adherence, leading to health disparities across the patient journey.

Some of the most prevalent diseases facing the United States – like obesity, type 2 diabetes, heart disease, high blood pressure, and high cholesterol – are also comorbidities for multiple conditions, and some multicultural groups carry a heavier burden.

These diseases can be positively influenced by changes in behavior and enhanced access to healthcare and drug therapies as well as improved awareness, education, and adoption of new assistive technologies designed to help track and monitor patients.

The pharmaceutical industry and healthcare providers will need to pivot today to further engage with this important population of Americans to advance a global goal of improving health and preventing, treating, and curing disease.

This Executive Report documents that multicultural groups tend to have lower disease awareness and understanding and are more likely to rely on self-advocacy and social circles for healthcare information.

Preventative healthcare is less common among multicultural patients, who typically adopt a more holistic approach. Although healthcare providers are trusted sources of health information, a lack of cultural competence and representation can strain patient-doctor relationships.

Multicultural patients, compared to their White counterparts, are more likely to trust pharmaceutical advertisements and use them for both awareness and education about specific disease conditions. They also are more likely to act based on healthcare advertising and to trust advertised prescription treatments.

Financial constraints, higher uninsured rates, and limited access to healthcare facilities are still significant uptake barriers. However, the implementation of the Affordable Care Act has led to a decrease in uninsured rates. Also, telemedicine has become increasingly important in multicultural communities, helping to alleviate some barriers.

Adherence to treatment can also be a challenge, particularly for Hispanic and African American patients. Implementing savings or co-pay programs can help address the barrier of high healthcare costs. Utilizing technological tools and fostering online/onsite communities can further promote healthy behaviors and provide support to caregivers and patients.

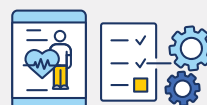
Taking Action Through Inclusive Strategies



To effectively address the unique challenges faced by multicultural patients, healthcare and pharma organizations must adopt tailored approaches that account for cultural, linguistic, and socioeconomic differences. The following actionable recommendations provide an initial road map for enhancing engagement, improving health outcomes, and breaking down barriers at every stage of the patient journey.



- Acknowledge Cultural Diversity in Healthcare Attitudes and Behaviors**
 Different races and ethnicities have unique healthcare attitudes and behaviors. Understanding these, along with socioeconomic barriers, is key to improving patient engagement and outcomes.



- Leverage Data to Tailor Programs and Messaging**
 Use data, such as the MARS Consumer Health Study, the insights from this Executive Report, along with primary research to understand multicultural groups' preferences and challenges. This will help design targeted programs and messaging to better engage these audiences.



- Enhance Cultural Competence and Relevance**
 Invest in cultural competence training for staff and conduct cultural relevance audits to ensure that healthcare services and marketing campaigns resonate with diverse patient groups.



- Dedicate Resources to Cross-Cultural Marketing and Community Engagement**
 Allocate budgets for cross-cultural marketing campaigns, with relevant brand strategies, creative concepts and executions, targeted media buys, and community programs to improve health literacy, treatment uptake and adherence in multicultural communities.



- Actively Break Down Barriers to Treatment**
 Provide tools and resources like language-proficient doctor locators, culturally relevant educational content, and targeted financial assistance to reduce treatment barriers for multicultural patients.



- Stay tuned for our upcoming Executive Reports** that analyze multicultural patients' approach to healthcare and healthcare utilization by gender and age groups across the journey, and offer targeted CX strategies across the journey.

By focusing on cultural competence, data-driven strategies, and inclusive marketing efforts, healthcare and pharma industries can foster stronger connections with multicultural patients, ensuring that every individual, regardless of their background, receives the care and support they deserve throughout their healthcare journey.

ABOUT

M3 MI

Kantar Media
Healthcare Research

M3 MI – Marketing intelligence and media insight from M3 MI, previously part of Kantar, support leading pharma brands’ and other healthcare advertisers’ marketing strategy and media plans. Clients trust M3 MI’s independent, unbiased syndicated research for deeper understanding of patients and healthcare

professionals, and how to connect and communicate with them most effectively. Part of M3, a global research and data company focused 100% on health, M3 MI reports each year on 40,000 patients and caregivers and over 19,000 healthcare professionals. For more information, go to m3-mi.com.



Healthcare brands are recognizing the importance of enhancing cultural competencies within their organizations and promoting health equity across the patient communities they serve. Developing and implementing effective strategies that improve health outcomes for multicultural and underserved groups is key for brands that seek to build trust and expand their market reach. M3 MI is honored to contribute critical data and insights to this important research and work together with Republica Havas Health to drive transformational action across the industry.



Dave Emery,
Managing Director of M3 MI



In today’s healthcare environment, the role of a health equity marketing agency is increasingly vital in reaching and empowering underserved patients. That is where Republica Havas Health comes in. We have a proud history of leadership in driving meaningful change within the healthcare industry, and this Executive Report is proof of our proficiency.



Jorge A. Plasencia,
Global Chief Client Officer of the Havas Creative Network and Chairman & CEO of Republica Havas



We empower our brand partners with a data-driven advantage by developing tailored health and wellness programs that not only build brand equity but also resonate deeply with diverse audiences. Our holistic approach includes culturally relevant marketing, promoting diversity in clinical research, enhancing healthcare competence through cultural immersions, community outreach programs, and integrated customer experience ecosystems—all while being part of one of the world’s largest global health networks, ensuring global scalability.



Vanessa Bolaños,
Managing Director of Republica Havas Health



republica HAVAS health

Republica Havas Health – A division of Republica Havas, Republica Havas Health is the award-winning cross-cultural health and wellness marketing and health equity partner of global network giant Havas Health & You. NMSDC-certified and deeply rooted in the communities it serves, Republica Havas Health’s cultural fluency and integrated capabilities uniquely empower its brand partners to authentically connect with diverse audiences, who represent the key drivers of today’s U.S. population growth.

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METHODOLOGY:

This Executive Report used M3 MI's MARS Consumer Health 2023/2024 Doublebase Study, a nationally representative database of 40,000 U.S. adults. The study is updated annually through an online survey with respondent sample aligned and weighted to the total U.S. population using U.S. Census targets. Covering over 100 health conditions and treatment types, the survey also collects health attitudes, behaviors, sources of information valued for health, and media consumption habits across digital and traditional media.

The Report takes a deep dive into common cultural, psychographic, and socioeconomic barriers and drivers across the patient journey affecting multicultural patients today, compared to their White counterparts.

For the Executive Report, a total sample size of 23,138 patients was analyzed accounting for patients who self-reported chronic/lifestyle health-related conditions that are also considered common comorbidities for multiple indications with high prevalence in multicultural communities.

- **The conditions identified for this study include:**
 - Heart conditions: Acute coronary syndrome/heart attack, angina, atrial fibrillation or arrhythmia, coronary heart/artery disease and heart failure.
 - Type 2 diabetes
 - High cholesterol
 - Hypertension/high blood pressure
 - Obesity
- **Population segments in this report include:**
 - **White:** non-Hispanic, non-Asian American, non-American Indian
 - **Hispanic:** Hispanic (any race who identified as USH)
 - **African American:** Only Black (non Hispanic, non Asian American, non American Indian)
 - **Asian American/Pacific Islander:** Asian and Pacific Islander, including White and Black (non-Hispanic and non-American Indian)
 - **Total MC:** Everyone, including bi-racial who are not White-alone, excluding American Indian.

The MARS Study collects race and ethnicity in the same manner as the U.S. Census

- **What is your race?** *(Select all that apply.)*
 - White
 - American Indian or Alaska Native
 - Black or African American
 - Asian or Pacific Islander
 - Other
- **Are you Spanish, Hispanic, or Latino?**
 - Yes
 - No
- **The data is compared and indexed to the total respondents (multicultural and White) of the lifestyle conditions noted.**

For more information on Republica Havas, visit republicahavas.com and follow @republicahavas on social media. For more information on this Executive Report and our healthcare and pharma integrated services, contact Cecile Corral at cecile.corral@republicahavas.com.

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