

The Role of Pharmacists in Reducing Health Care Disparities for Asians and Pacific Islanders

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Background

- Asian Americans (AA) and Native Hawaiian and Pacific Islandes (NHPI)
 - Rapidly growing ethnic groups
 - 18.2 million AA, 1.4 million NHPI per 2011 Census Bureau
 - AANHPI represent 6.2% of US population
 - Disadvantaged in health, socioeconomic status, representation in research

Background

- Research
 - In 2003, only 0.01% of research in MEDLINE focused on “APIs”
 - Most research compared Caucasians to African Americans and Hispanics
 - Historical tendency to aggregate “APIs” – monolithic term
 - “Healthy minority” – valid?
 - “Invisible minority”

Background

- Medication adherence
 - Data is lacking for AANHPIs
 - Little research on interventions

Background

- Health care disparities
 - Healthy People 2000
 - Reduce
 - Healthy People 2010
 - Eliminate
 - Healthy People 2020
 - “Achieve health equity, eliminate disparities, and improve the health of all groups”

Background

- FDA Office of Minority Health
 - Est. 2010 through Affordable Care Act
 - Principal advisor to the Commissioner on minority health and health disparities
 - Mission: “The Office of Minority Health advances FDA’s regulatory mission in addressing the reduction of racial and ethnic health disparities and in achieving the highest standard of health for all.”

Background

- Hawaii has a large AANHPI population
 - 25% of 1,371,564 NHPI in US
- Are generalized “AANHPI health care disparities” experienced similarly in Hawaii?
- What kinds of disparities exist?
- What are factors causing disparities?
- How can we address them?
- How can we improve medication adherence?
- What role can pharmacists play?

Objectives

- To examine perceptions of health disparities and appropriate medication use experienced by AANHPI
- To identify the role of pharmacists in reducing these disparities

Methods

- Survey
 - Questions designed to probe knowledge and perceptions of health care
 - Standardized, open-ended interviews
 - Respondents from Hawaii asked to describe College of Pharmacy
- Respondents
 - Identified through UHH CoP and FDA OMH
 - Convenience sampling

Interviews

- Interviewees not given prior reading assignments
- Recorded with consent
- Transcription from audio recordings
- Respondents' identifications protected

Results

- Respondents
 - 24 people approached, 18 participated
 - 14 associated with UHH CoP
 - 4 from mainland metropolitan centers
 - 50% male, 50% female
 - Variety of backgrounds: retail pharmacy, clinical pharmacy, pharmacy administration, academia, research, and medical practice
 - Experience: recent graduates to 30+ years
- Themes
 - Coding methods

Areas of Disparity

- “From your personal experience or through what you have heard or read, do you believe that there are gaps in the health status of Asians and Pacific Islanders in comparison to other US populations? If so, in what areas and for which groups are there inequalities?”

Areas of Disparity

- Obesity, diabetes, cancer
 - *“From what I’ve observed there are some very clear cut disparities in the Pacific Islander population. One of the very big ones is the prevalence of obesity , and I think it’s probably reflected in the prevalence of Type II diabetes in Hawaii.”*

Areas of Disparity

- Diet

- *“Many Pacific Islanders from the Federated States of Micronesia and the Republic of Marshall Islands, their cultural beliefs and customs particularly in terms of their diet, at least to me is pretty evident, the reason, it ties to disease.”*

Areas of Disparity

- Screening, treatment, and follow-up
 - *“I would say that it begins with a deficit of primary care physicians.”*
- Funding, recognition, research, social support, philanthropy, variance seen within AANHPIs
 - *“Even within minority groups, we have disparities in terms of recognition, and resources being equitably shared” (013).*

Causative Factors

- “What do you believe are some of the factors that are causing these inequalities?”

Causative Factors

- Education
 - *“Many people who come with a better education and socioeconomic class seem to do better . “*
- Patient-provider relationship
 - *“There’s been many reports depicting the relationship between providers and patients, that there are more misunderstandings, that patients feel they’re just not listening to them , their doctors don’t involve them in healthcare decisions, and the doctors don’t understand their values.”*
- Communication
 - *“Language is definitely one significant barrier.”*
- Culture
 - *“I think there are some traditional ethnic philosophies of care that we probably need to try to surmount especially say in the Asian population.”*

Causative Factors

- Health care systems
 - *“[Immigrants] come over here, they’re being lumped into “Asian ” and people see themselves as Asian. So that adds to us not being recognized by the [government] and among ourselves.”*
- Access, geography, and transportation
 - “Geographically it’s limiting to them to get into town to see the doctor, and so I feel like that’s one that’s really different between underserved populations I’ve seen here versus underserved populations that I’ve seen elsewhere. “
- Socioeconomic status
 - *“There has to be a certain level of, I guess, financial well-being, that in this country anyway ties itself to higher quality healthcare.”*

Causative Factors

- The impact of socioeconomic status
 - *“I think that it’s more of a socioeconomic thing, not necessarily a Pacific Islander or Asian thing. Granted, a large percentage of our patient population are API and lower socioeconomic and are affected more” (006).*
 - *“Financial issues are probably the backbone of the problem.”*

Appropriate Medication Use

- “Appropriate medication use can be described in terms of whether it is appropriately prescribed and taken. Do you believe that medication is appropriately used among Asians and Pacific Islanders?”

Appropriate Medication Use

- Mixed response
 - Yes, no, cannot stratify by race, inappropriately used in every population
 - *“I don’t think you can segregate it by ethnicity at all; I think it’s an individual thing” (009).*
- Impact of culture
 - Alternative medicines
 - *“If culturally a medicine is used once, and now it’s believed that that’s the cure or benefit, then not knowing that can obscure potential medication adherence problems” (001).*
- Impact of socioeconomic status
 - *“I think there is definitely inappropriate use, and again going back to economics, some of it is forced by not being able to afford the medication” (002).*

Appropriate Medication Use

- Importance of education and counseling
 - *“From the standpoint of the patient, sometimes I believe it is too complex for them and they cannot understand it. Patients don’t understand regimens due to complexity” (014).*
- Inappropriately prescribed
 - Lack of drug data for ethnicities
 - Polypharmacy
 - Patient-provider relationship
 - *“English comprehension and provider communication are important. We tend to feel rushed” (007)*
 - *“Sometimes something new comes out, and maybe the physician believes that the state or the county is going to pay for it, they prescribe it out of convenience” (014).*

Knowledge Gaps

- “Are there gaps in knowledge regarding health inequalities affecting Asians and Pacific Islanders that would benefit from additional research, particularly in the area of appropriate medication use? If so, what type of research would be helpful?”

Knowledge Gaps

- Clinical trials, drug data for minorities
- Systemic factors in health care
- Cultural attitudes towards Western health care
- Methods to educate patients
- *“Drug side effects and doses are not particularly well tested out in Asian Americans. A lot of the global launch drugs are tested in Asians living overseas. But there have been very few studies done in Asian Americans. So in terms of PK/PD side effects I don’t think they are well vetted out in different population groups” (017).*

Role of Community Pharmacists

- “How might community pharmacists work to reduce disparities?”

Role of Community Pharmacists

- Education, MTM, cultural competency, research, collaboration
 - *“They need to be culturally aware. They need to be empathetic. They need to take a little time with their patient” (002).*
 - *“Firstly, they need good communication skills with the physicians, and secondly, good listening skills with the patient” (007)*

Role of Community Pharmacists

- Internal barriers: lack of time in retail pharmacy settings, pharmacist attitudes, lack of cultural awareness
 - *“I think the community pharmacist at the forefront can do so much to educate the patient and reduce disparities but I don’t see this being done, because all we do is fill, because the corporate looks at money” (015).*
 - *“Getting prescriptions filled at [redacted] over here, counseling is sort of optional at best. For at risk populations, it shouldn’t be optional” (003)*

UHH College of Pharmacy

- “How do you feel the College of Pharmacy can contribute to reducing disparities in appropriate medication use?”

UHH College of Pharmacy

- Education of students
 - Progression of pharmacy practice
 - Community outreach efforts
 - Research
- *“I think that our college of pharmacy is on the right track. We have a lot of health fairs. We go out to rural populations. We encourage people to attend our health fairs, and we train our students to really spend time with people. Helping them learn how to use their medication. Explaining their medication . And, I think that’s one way the college works towards that” (009).*

Food and Drug Administration (FDA)

- Outreach in terms of drug education
- Approving medications that are going to help with medication adherence
- Putting together information in different languages
- Consider efficacy of medications in specific vulnerable populations
- Require drug companies to collect data on race and ethnicity in their trials

FDA (continued)

- Require trials to include more diversity of ethnic backgrounds
- Establish close partnerships with people “on the ground” working with these populations
- Expand function through use of mobile technology
- Help educate providers and communities

Conclusion

- Responses provide insights into AANHPI disparities in Hawaii and continental US
- Most respondents were pharmacists or familiar with pharmacist roles
- AANHPI populations in Hawaii experience similar disparities to mainland AANHPIs

Conclusion

- The impact of culture
- Barriers from both sides
- Need for focused research
- Role of pharmacists
- Expansion of pharmacy



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