The Hispanic Patient–Pharmacist Relationship: Untapped Potential

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In 2003, the American College of Physicians published a study titled “Racial and Ethnic Disparities in Healthcare,” that offered several recommendations on bridging the gap between racial and ethnic minority patients and their white counterparts. Today, nearly a decade later, the issue remains as critical as ever, given the latest Census findings. While strides toward improvement have been made by advocacy groups, pharmaceutical companies, and healthcare professionals alike, improving access to healthcare and culturally-competent health information and solutions remains a complex problem to tackle.

The discrepancies in health information and access to healthcare among multicultural consumers are largely rooted in a U.S. healthcare system that has not evolved with the changing racial and ethnic makeup of the country. These consumers experience health and disease through a unique cultural lens and prefer healthcare information in a language other than English, which our current system does not fully provide.

As an agency specializing in cross-cultural communications, we have stressed the importance of connecting – instead of projecting – with the multicultural consumer in a meaningful, authentic way. In healthcare, where gaps in communication and a disconnect between patients and healthcare providers may hinder the success of the treatment, the culturally-sensitive, competent approach is especially important. Unfortunately, statistics still indicate that pharmaceutical and healthcare industries are behind in dedicating resources to cross-cultural outreach in comparison to other sectors, such as consumer packaged goods and entertainment.

In our previous white papers and reports, we have analyzed the efforts of pharmaceutical companies in reaching the multicultural population online and examined cultural barriers in medication adherence. Today, we look at the special relationship between Hispanic patients and the pharmacist. Pharmacists represent the most accessible group of healthcare providers in the industry, often becoming the Hispanic patient’s primary information resource on medication therapies. In addition, an a historic reliance on pharmacists for medication and advice in many countries of origin creates the ability to connect with the patient on a more trusted, personal level. This presents a unique opportunity to bridge the gaps in the current physician-patient relationship and Hispanics overall experience with healthcare.

In this white paper, we look at the data and analyze the trends, but also offer cultural insights into how Hispanic patients make healthcare decisions and seek treatment. Importantly, we suggest several strategies to optimize the Latino patient-pharmacist relationship and improve health outcomes.

Let’s move the healthcare category forward.

Andy Bagnall
INTRODUCTION

Today’s challenging U.S. health care model makes it difficult to address the needs of our increasingly diverse populations. Notably, Hispanics, who suffer from a higher incidence of chronic and other diseases, may find it challenging to navigate the health care system due to cultural and language barriers. Furthermore, these patients prefer high quality/high touch health care interactions and a holistic approach to health. Yet, the system is characterized by its low quality/low touch interactions and “silod” nature.

And as discussed in previous research reports, the lack of in-culture communications and poor ethnic patient-health care provider interactions also exacerbates the challenges faced by this population.

So how can we help mend the flawed system and improve health outcomes?

We can focus on an opportunity that’s often unrecognized: the Hispanic patient and pharmacist relationship. Hispanics view pharmacists as authority figures, trust them, and are accustomed to consulting with their pharmacist in their countries of origin.

To bridge the gap in existing health care professional communications, Hispanics reach out to their pharmacist to get the high quality/high touch interaction they need.

If pharmacists are seeking to deliver a more comprehensive health care approach, and U.S. Hispanics are known to respond well to it, then let’s support and expand these interactions.

In our report, we explore this opportunity in greater detail.

OBJECTIVE

Explore the patient-pharmacist interaction as a pathway to help improve health care for Hispanic patients since few studies exist that examine the interactions between pharmacists and Spanish-reliant patients. Furthermore, given the vulnerability of these patients to poor health care outcomes, systematic, empirical studies need to be conducted to explore underlying issues and to test methods that facilitate and improve the communication process between pharmacists and Spanish-speaking patients.

METHODOLOGY

We used available research and data, as well as Global’s own field experience and proprietary research in cross-cultural health care marketing, to identify the Hispanic patient-pharmacist interaction opportunity and to propose practical strategies to take advantage of this opportunity.

RESULTS

Explore the patient-pharmacist interaction as a pathway to help improve health care for Hispanic patients since few studies exist that examine the interactions between pharmacists and Spanish-reliant patients. Furthermore, given the vulnerability of these patients to poor health care outcomes, systematic, empirical studies need to be conducted to explore underlying issues and to test methods that facilitate and improve the communication process between pharmacists and Spanish-speaking patients.
The Hispanic Patient – Pharmacist Relationship: Untapped Potential

I. The Situation

RACIAL AND ETHNIC DISPARITIES IN HEALTH ARE WELL KNOWN. MINORITIES SUFFER DISPROPORTIONATELY FROM CARDIOVASCULAR DISEASE, DIABETES, ASTHMA, AND CANCER, AMONG OTHER DISEASES. CAUSES FOR THE DISPARITIES INCLUDE FACTORS RELATED TO THE HEALTH CARE SYSTEM, THOSE OF SOCIOECONOMIC STATUS, AS WELL AS THE CULTURAL BACKGROUND OF THE POPULATION. BESIDES THE IMPORTANCE OF HEALTH CARE ON AN INDIVIDUAL LEVEL, THERE ARE ALSO REPERCUSSIONS ON A NATIONAL LEVEL BECAUSE U.S. HISPANICS ARE A SIGNIFICANT PERCENTAGE OF THE AMERICAN POPULATION. WITHIN THE UNITED STATES, 50.5 MILLION PEOPLE REPORT THEIR ETHNICITY AS HISPANIC OR LATINO. HISPANICS FORM 16.3 PERCENT OF THE TOTAL U.S. POPULATION; THE MINORITY POPULATION IS 36 PERCENT, HENCE THEY ALSO FORM HALF OF THE MINORITY POPULATION. THE U.S. CENSUS PROJECTS THAT HISPANICS WILL GROW TO REPRESENT 30 PERCENT OF THE POPULATION IN 2050. THEREFORE, EQUILIBRATING THE HEALTH CARE AFFORDED TO HISPANICS IS IMPORTANT NOT ONLY ON AN INDIVIDUAL LEVEL, BUT ALSO FOR ITS EFFECTS ON THE GENERAL HEALTH CARE SYSTEM.

A. HISPANIC HEALTH CARE PREFERENCES VS. CURRENT HEALTH CARE SYSTEM

Patients’ health beliefs, values, preferences, and behaviors have recently emerged as significant indicators of health care satisfaction and consequently are implicated in the disparities. The health care beliefs of Hispanics stem from their cultural background. They are emotionally expressive and prefer an interpersonal patient to health care practitioner interaction. For those Hispanics who have emigrated from another country, there are expectations about medical professionals and services based on experiences in the home country. These expectations may affect health-seeking behaviors in the U.S. For example, in their home countries, Hispanic patients often describe their symptoms to a licensed pharmacist and receive medications based solely on the advice of the pharmacist, without necessarily consulting a physician. In fact, in many Spanish-speaking countries, numerous medications can be purchased without a prescription from a doctor.

The health care system’s increasingly transactional tone and heavy bureaucratization poses barriers to the responsiveness of Hispanic patients. Bureaucratic intake processes that result in long waiting times for appointments are disproportionate to minority patients. Cultural and linguistic barriers thwart ease of symptom communication and negatively impact the clinical environment. As a result, patients get less quality time with health care professionals and experience transactional health care.
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B. HISPANICS HAVE LESS ACCESS TO REGULAR HEALTH CARE

Hispanics also have difficulty in accessing health care. According to previous research by the U.S. Centers for Disease Control and Prevention, “Hispanics are twice as likely as non-Hispanic blacks and three times as likely as non-Hispanic whites to lack a regular health care provider.” Moreover, it was found that, “people who were uninsured, lower-income, members of racial and ethnic minority groups (e.g., Hispanics), or living in rural or inner-city areas were disproportionately likely to lack a usual source of care.” Twenty-seven percent of Hispanics cite financial reasons for not seeking medical care, 2 percent say a difficulty in negotiating system and 13 percent reference another reason. Not only is the cultural and linguistic aspect a barrier for the Hispanic patient, but so are the changes inherent in the health care system.

Fact: The health care system is experiencing a shortage of primary health care providers “although 56 percent of patient visits in America are primary care, only 37 percent of physicians practice primary care medicine, and only 8 percent of the nation’s medical school graduates go into family medicine,” according to Halsey and The Health Resources and Services Administration. The existing shortage of primary health care providers (PCPs) is fostered by the current transactional compensation system, which pays physicians based on the volume of care they deliver (e.g., counseling, diagnosis, or dispensing prescriptions) – core patient care services that are difficult to reimburse, versus specialty care. This structural barrier in the clinical setting translates to physicians aiming to see as many patients as possible, dedicating little time to each. This is particularly troubling for the Hispanic patient, since he or she is responsive to a more interpersonal doctor-patient relationship. The resulting dissatisfaction with care and lack of trust for the physician may also be intensified by the cultural and linguistic barrier.

C. DECREASED ACCESS RESULTS IN LOWER HEALTH LITERACY AND OUTCOMES

The structural and clinical barriers encountered by the Hispanic patient results in lower comprehension of their medical condition and treatment process, as well as the expected outcome. Twenty-six percent of Hispanics feel frustrated because during a recent doctor visit they were unable to obtain desired information, while 23 percent reported confusion regarding the information provided. Patients with non-Spanish speaking physicians or those lacking an interpreter are more likely to omit medication, miss appointments, and visit the emergency room for care. With such shortcomings, both disease prevention and disease management are difficult. Twenty-four percent of Hispanics reported a poor level of health care received in the past five years; reasons included: lack of English language skills (21 percent); inability to pay (29 percent); racial or ethnic background (28 percent) and medical history (20 percent). Chronic diseases are more prevalent in the Hispanic population (diabetes, hypertension, asthma, and hyperlipidemia). They are the conditions for which Hispanics most often seek care, but also for which they receive a lower quality of care. Such chronic conditions are the most difficult and costly to manage. This lack of understanding of the treatment plan causes Hispanic patients to be less likely than non-Hispanic patients to adhere to a treatment regimen. And the cause and effect chain of events continues:

1. People don’t get the information or treatment to help them manage illnesses at an early stage or avoid a disease altogether;
2. The costs of health care escalate;
3. The burden of expensive late-stage medicine often falls to publicly funded health services.

To support this underserved population, it is necessary to redefine some health care provider roles, to accommodate the need for cultural sensitivity and greater interpersonal patient-provider rapport. Cultural competency of the health care provider requires an increased awareness of the beliefs and traditions of various cultures that may influence the presentation of a disease, and includes the manner in which the patient interacts with the doctor, and the patient’s beliefs about optimal or acceptable treatment options.
II. The Opportunity

A FAMILIAR STAKEHOLDER IN PROVIDING TREATMENT INFORMATION TO PATIENTS PRESENTS AN OPPORTUNITY TO BRIDGE THE GAP IN HISPANIC HEALTH CARE – THE PHARMACIST

A. PHARMACISTS HAVE MORE TIME TO PROVIDE HIGH QUALITY/HIGH TOUCH HEALTH CARE SERVICES

The U.S. Health Resources and Services Administration (HRSA) reports that there are currently 6,080 Primary Care Health Professional Shortage Areas (HPSAs) with 65 million people living in them. In order to meet the demands, an estimated 16,585 professionals are needed. In contrast, pharmacists are among the most readily accessible providers in the health care ecosystem, especially when compared to physicians. Pharmacists represent the third largest group of health professionals. As of 2005, there were 210,300 pharmacists working in hospitals, retail pharmacies, and community pharmacies. This represents approximately 73 pharmacists per 100,000 people.

The pharmacy profession has evolved from being simply a provider of pharmaceuticals to a provider of clinically-oriented, sophisticated patient-care services. Patient counseling and pharmaceutical care now require much more than just the provision of information. Today, pharmacists are being encouraged to take a leadership role in reducing preventable drug-related morbidity and mortality through the provision of optimal pharmaceutical care. And so, in addition to delivering patient counseling and medication use information to patients, today’s pharmacist is fielding a plethora of questions from patients driven by the launch of sophisticated new drugs, potent over-the-counter medications that need to be closely monitored for drug-to-drug and drug-to-food interactions, and direct-to-consumer advertising. As pharmacists continue to evolve into their new consultative role, they will continue to play a critical part in the drug delivery system in the U.S.

Studies have shown that good pharmacist-patient communication may improve medication compliance and medication adherence among patients. Furthermore, pending health care reform is likely to elevate the pharmacist’s role in delivering medication therapy management (MTM) and much needed compliance and adherence counseling. Additional proof that pharmacists are embracing a more active role in MTM was the announcement, in 2010, from Walgreens that it would train pharmacists in select markets to “provide diabetes education and behavioral intervention, risk-factor reduction, health promotion, and regular examinations for early signs of complications, all in the convenient setting of a local pharmacy.” United Health, a major provider of employer health care plans, “would cover these services at no charge to participants enrolled in employer-provided health insurance plans” – the first time a health plan agreed to pay for an evidence-based diabetes prevention and control program. The pharmacist’s role is evolving and taking advantage of their relative time and work force availability when compared to physicians.
B. HISPANICS HAVE A SPECIAL RELATIONSHIP WITH PHARMACISTS

Perhaps without their knowledge, pharmacists are, in many instances, the Hispanic patient’s primary information resource on medication therapies. The fact that pharmacists are more readily available to answer Hispanic patients’ questions about the medication they are taking than any other healthcare provider, makes them ideal candidates to deliver critical patient counseling and MTM. With several concerns in mind: the growing prevalence of chronic diseases in the U.S. Hispanic population; the increasing shortage of primary care physicians affecting the Hispanic community more severely; and research demonstrating the trust consumers have in their pharmacist showcases the value of pharmacist-patient interactions for the Hispanic community.6,7,14,15 The patient-pharmacist relationship is ripe for expansion.

Previously, it was noted that pharmacists are typically more involved in the care giving circle of the Hispanic patient, based on their country of origin. Because of this history, the Hispanic patient in the American health care system is poised to take advantage of the increased role a pharmacist can play in health care. The Hispanic patient would be receptive to dealing with the pharmacist and developing a closer rapport. Yet, this opportunity would require the pharmacist to have a multicultural perspective on treatment. Such an approach could be achieved through continuing education programs for presently employed pharmacists and cultural competence curricula for those still studying. This education would enhance the role of the pharmacist and increase their awareness of multicultural issues, allowing him or her to create a health care environment that fosters trust from the Hispanic patient.

C. ENGENDERING GREATER TRUST AND VALUE IN PHARMACISTS AND A GREATER ABILITY TO INCREASE HEALTH LITERACY AND OUTCOMES

A predominant concern in the Hispanic patient population is chronic illness. The interactions patients have with their health care provider and how they rate them has many effects. The trust level in the relationship influences how a patient adheres to the treatment plan, as well as how much he or she may share with their health care provider. The Centers for Disease Control and Prevention has cited some of the leading causes of illness and death among Hispanics to include: heart disease, cancer, stroke, and diabetes.16 An important strategy to reduce these chronic illnesses, and the costs associated with their treatment is through prevention via regular monitoring and educational initiatives. This is where pharmacists have many potential opportunities to affect Hispanic quality of care and coordination. For example, they can be a valuable source of important information for other members of the “health care team”—physicians, pharmacists, friends, and family. Pharmacists can monitor medication use and refill intervals and use this information to alert prescribers and help identify Hispanic patients with poorly controlled disease states. Pharmacists can also share information about medications and guidelines on the diagnosis and management of key disease states with the patient. By providing information and monitoring medical treatment, the pharmacist would create a positive and trusting environment for the Hispanic patient. The value of a more trusting patient-pharmacist relationship is that is acts as a support for the decreased capacity of the physician and helps provide integrated care.
III. The Approach - Strategies for the Pharmacy/Pharmacist

IN ORDER TO LEVERAGE THE HISPANIC PATIENT AND PHARMACIST RELATIONSHIP AND POSITIVELY AFFECT HISPANIC HEALTH OUTCOMES, ENHANCEMENTS NEED TO BE MADE IN PHARMACY-LEVEL CARE DELIVERY. THE FOLLOWING PRACTICAL STRATEGIES CAN HELP PHARMACISTS MEET THE BASIC HEALTH CARE NEEDS OF THIS GROWING PATIENT BASE.

A. PROVIDE CULTURALLY COMPETENT EDUCATION, TRAINING, AND RESOURCES

By understanding U.S. Hispanics’ unique cultural perceptions and how they experience health care, we can uncover the drivers and barriers to effective health promotion and address them in the pharmacy environment. These insights can serve as the foundation for health communications that are in-language and culturally relevant. Providing bilingual communications (English and Spanish) and materials that resonate with their values and beliefs will forge a stronger connection with the Hispanic patient.

1. Examples of Hispanic Cultural Insights/Behaviors that Influence Health care

   **Familismo:** Strong identification with and attachment to nuclear and extended families. The Hispanic patient greatly values the family support system in his or her healing and care giving process. The care provider should anticipate involvement from the patient’s extended family and include them in health care decisions.

   **Respeto:** Hispanics have a high level of respect for health care professionals, including pharmacists. This can be positive because Hispanics trust the pharmacist and their advice. However, this can also be negative, since Hispanics may not raise important questions or challenge the pharmacists’ advice, leaving crucial questions unanswered. It’s imperative that pharmacists probe around relevant topics, like medication information comprehension.

   **Space Perception:** Hispanics are often considered a «contact culture,» preferring to be more involved with each other and interact frequently and at shorter distances. The specificity of the Hispanic culture here may manifest itself in the patient’s body language and through their interpretation of the health care provider’s body language. Hypothetically, in the clinical setting, leaning away from the patient during a conversation may be perceived as disinterest in his or her ailment.

   **Time Perception:** Hispanics are a «present-oriented» culture; they have longer time horizons, and as patients, may be late for appointments. “Present-orientation” may also lead to challenges in asymptomatic disease prevention or long-term disease management. In these cases, leveraging other cultural values, like the importance of family, responsibility, and relationships can help overcome this potential barrier.

   **Spirituality:** Religion and spirituality influence nearly every aspect of U.S. Hispanic life, and may affect how Hispanics view health care. They may say the origin of an illness is spiritual, rather than biological. The healing process is also influenced by spirituality; this should not be ignored, but rather acknowledged, as it offers psychological support for the patient.
Gender Perception: Traditional gender roles continue to affect how U.S. Hispanics perceive the world, and thus themselves, even as these gender roles shift over time. Traditionally, women have been the ones to help other females with reproduction and womanhood, so life-stage events such as puberty, childbirth, and menopause are important occurrences. Male pharmacists should recognize and understand that their female customers, particularly Spanish-reliant ones, may feel uncomfortable when being advised/counseled by a member of the opposite sex. So, they should take care to emphasize the positive aspects of traditional roles and attempt to alleviate the stress of role inversion.

Traditional Healers: Many Hispanic patients may use at-home remedies, such as herbal supplements or teas, as first-tier options for their conditions. They may also supplement this holistic approach by consulting a traditional healer such as a “curandero” or “yerbero,” who may suggest other herbal remedies or perform particular practices to try to treat the patient. “Curanderos” are unlicensed and rely on traditional approaches to medicine and healing. For example, they may recommend massaging of joints, various breathing techniques, or standing facing away from the sun three times a day, at regular intervals, as a cure. These particular folk healers are generally found in the cultures of Spanish-speaking individuals from Mexico, Central, and South America. An “espiritista” may also be consulted, before seeking medical treatment. This traditional healer often uses herbs combined with the summoning of dead spirits to help with the diagnosis and treatment processes. Another type of folk healer, found commonly in Caribbean cultures, is a “santero.” Santería is a commonly practiced method of healing in many parts of the world, and is considered a syncretic religion of West African and Caribbean origin influenced by Roman Catholic Christianity. Santería combines the summoning of ancient African gods and calling upon Catholic saints, who are all supposed to have special healing powers that help patients with their suffering. It is important to know if a patient has seen a traditional healer, and if they are currently taking any herbal medicines, in order to prevent harmful interactions with other medications.

Culture-Bound Syndrome: It is important to be aware that certain culture-bound syndromes can impact diagnosis and treatment. Patients may describe their condition by symptoms, which fall under a folk illness, rather than a generally recognized medical disease. Some of these Hispano-centric conditions include: Susto (fright sickness), Empacho (Indigestion), Mal de ojo (Evil Eye), and Mal aire (Bad Air). Health care professionals need to understand these conditions to be able to explain an appropriate method of treatment to the patient, since cultural remedies may not be optimal. Health care professionals need to acknowledge the cultural aspect, while recommending proper clinical treatment. This can be presented as a different focus of treatment, so that it won’t be internalized by the patient as disregard or lack of concern. To better understand the patient’s needs and to strengthen the patient-health care provider relationship, a familiarity with these culture-bound syndromes is necessary.

Medications: Unlike in the U.S., proper names are not often used for medications in Latin American countries, so when prescribing medications to a Hispanic patient, along with a literal translation of the name or type of the medication, it may also warrant translating what the medication does, including its side effects. Plus, some may doubt the need for medications when symptoms ease, and may discontinue drugs, like antibiotics and antidepressants, so Medication Therapy Management counseling is critical to fostering medication adherence. To connect with these Hispanic patients, pharmacists may have to use more holistic persuasion techniques that take into account more sensorial and emotional aspects, and that work toward alleviating guilt, embarrassment, or fear.

An understanding of these common elements of Hispanic cultural identity and healthcare experience can provide a unique perspective for appreciating the diversity that exists among these patients. Incorporating and understanding of these values into practice can enable the pharmacist to deliver basic, culturally appropriate care to the Hispanic patient.
B. PROVIDE CULTURALLY HOLISTIC HEALTH CARE OFFERING/ EXPERIENCE AT THE PHARMACY

Holistic medicine and its approach to healing cover all aspects of a person’s needs: psychological, social, and physical should be acknowledged in treatment. The practice of holistic medicine integrates conventional and complementary therapies to promote optimal health, and prevent and treat disease by addressing contributing factors. The holistic approach to care inherently creates a more familiar and comfortable clinical environment for the Hispanic patient because it facilitates high quality/high touch patient-health care provider interaction. In addition, Hispanics greatly value holistic solutions, as opposed to a “siloed” approach to health care. The pharmacy environment is an ideal setting for the integrated approach using traditional and non-traditional means: A pharmacist can provide prescription medications, over the counter medications, medical devices, vitamins/herbs/teams, etc.

1. Leverage Current Trend Towards Holistic Care to Benefit Hispanic Patients

The prevention and treatment principle of holistic care is such that health care practitioners promote health, prevent illness, and help raise awareness of disease. Managing symptoms is no longer the only goal. A holistic approach relieves symptoms, modifies contributing factors, and enhances the patient’s life system to optimize future well-being. The role of pharmacists in the health care system is evolving—they are increasingly outlets of information, not only about drug side-effects, but also general treatment and treatment options. Questions about treatment options increasingly cover alternative medicines. The reinvention of the pharmacist’s role towards the Hispanic patient would give them an ideal position from which to offer more information about holistic care. Pharmacists can no longer act dismissively about herbal alternatives; patients want informed replies from experts. Pharmacists must know about alternative medicines and talk about the possible benefits with a wide range of concerned people.

The patient-health care professional relationship in the holistic care setting emphasizes a “relationship” and “partnership” in care. It encourages patient autonomy and values the needs and insights of both parties. Incorporating elements of the holistic treatment approach in the clinical and pharmacy setting would benefit the Hispanic patient. Moreover, having such an integrative approach would be feasible with certain organizational, structural, and clinical intervention in the current mechanism of health care delivery and education in the pharmacy realm.

C. PROVIDE CULTURALLY COMPETENT EDUCATION AND TRAINING TO PHARMACY STUDENTS

Organizational cultural competence interventions would affect the Universities providing health care and pharmaceutical education. The aim of these programs would be to train pharmacists to be aware of cultural nuances and adjust health care provision accordingly. Programs would include diversity and minority recruitment initiatives. Diversifying the student population would lead to a greater cultural background among pharmacists. This would make them inherently more aware of the diverse needs and health concerns of those seeking their aid. A structural approach would be needed to address the language barrier, some basic Spanish-language courses should be integrated into the education curriculum. Acknowledgment of the basis of some health care beliefs and expectations in cultural traditions necessitates the presence of “cross-cultural” curricula. This would encompass the clinical cultural interventions. The goal of the training would build awareness and sensitivity to the Hispanic patient. It would include describing the relevant attitudes, values and beliefs, and behaviors of the group—some of which were discussed above. Training in methods of caring might also include “do’s and don’t’s for providers.” Other clinically aimed cultural awareness interventions would cover folk illnesses; ethnopharmacology; disease incidence, prevalence, and outcome among the population; and the common cultural and spiritual practices that might affect prescribed therapies. Several culture-bound syndromes were referenced above and demonstrated how a misunderstanding stemming from lack of awareness of a culture could impact the health care environment. Such miscommunication would be significantly decreased or avoided with greater cultural awareness in education.
D. EXAMPLES OF SUCCESSFUL PROGRAMS

1. CVS Caremark, Illinois

A substantial threat to the overall health of the American public is non-adherence to medications used to treat diabetes, as well as physicians’ failure to initiate patients’ use of those medications. To address this problem, CVS evaluated an integrated, pharmacy-based program to improve patients’ adherence and physicians’ initiation rates. The study included 5,123 patients, including a large percentage of African Americans and Hispanics with diabetes, in the intervention group and 24,124 matched patients with diabetes in the control group. The intervention consisted of outreach from both mail-order and retail pharmacists who had specific information from the pharmacy benefit management company on patients’ adherence to medications and use of concomitant therapies. The interventions improved patients’ medication adherence rates by 2.1 percent and increased physicians’ initiation rates by 38 percent, compared to the control group. The benefits were greater in patients who received counseling in the retail setting than in those who received phone calls from pharmacists based in mail-order pharmacies. This suggests that the in-person interaction between the retail pharmacist and patient contributed to improved behavior. The interventions were cost-effective, with a return on investment of approximately $3 for every $1 spent. These findings highlight the central role that pharmacists can play in promoting the appropriate initiation of and adherence to therapy for chronic diseases.

2. Asheville Diabetes Care Project

What became known as the “Asheville Diabetes Care Project” would forever underscore the crucial role of the pharmacist in improving medication compliance. In 1996, a self-insured employer, in Asheville, NC undertook a project to provide education and personal oversight for employees with chronic health problems such as diabetes, asthma, hypertension, and high cholesterol. Through the Asheville Project, employees with these conditions were provided with intensive education through the Mission-St. Joseph’s Diabetes and Health Education Center. Patients were then teamed with community pharmacists who made sure they were using their medications correctly. The project led pharmacists to develop thriving patient care services in their community pharmacies. Employees, retirees, and dependents with diabetes soon began experiencing improved A1C levels, lower total health care costs, fewer sick days, and increased satisfaction with their pharmacist’s services. The Asheville Project inspired a new health care model for individuals with chronic conditions. Unlike other experiments, the Asheville model was payer-driven and patient-centered.

Employers are adopting this approach as an additional health care benefit to empower their employees to control their chronic diseases, reduce their health risks, and ultimately lower their health care costs.

The positive results of the initiative are as follows:

- ROI = $4 for every $1 invested
- 50 percent reduction in employee absenteeism
- Average savings of $400-$600 per year, per employee
- Improved diabetes control
- Nearly a 95 percent satisfaction rate among participants
- Rx costs up approximately 10 percent, inpatient hospital costs down nearly 10 percent
Since its debut in 1996, the Ashville Project spawned dozens of other therapeutic management programs around the country. One most recent program was between the University of North Carolina (UNC) and Kerr Drug, a regional chain headquartered in Raleigh, NC. The two-pronged goal of the Kerr Drug/UNC program was to provide MTM and improve patient outcomes, while reducing health care costs to North Carolina’s Medicaid program.

Outcomes data revealed that physicians and pharmacists worked together in reviewing patients’ profiles, which resulted in better adherence to medications and provided for the substitution of lower-cost options like OTCs. The data also showed that it saved the North Carolina Medicaid program an average of $9,444 a month, which averaged approximately $107 per beneficiary. Managing patients’ medications translated to less visits to physicians and emergency rooms, and ultimately fewer hospital stays.

### IV. Conclusions

As pharmacies carve out new and expanded roles in the health care delivery system, their ability to educate, inform, guide, and recommend is now stronger than ever. And, with the continued focus on a more efficient health care system and its continuum of care, it is projected that the pharmacist will continue to thrive in his or her heightened role over the coming years. With the increasing evolution of the pharmacists’ role, their educational background would likewise be diversified by awareness of holistic methods and multicultural issues in health care. The expanded knowledge would adequately equip them to provide high quality service to the Hispanic patient population for whom they could be such a great support. As the U.S. Hispanic population continues to grow, the demand for pharmacists to provide a wider range of care will keep increasing.

The Hispanic patients’ traditional health influences make the patient-pharmacist relationship an ideal one to expand and strengthen as the Hispanic patient is predisposed to appreciate the time pharmacists could dedicate. The pharmacists’ goal will be to provide culturally appropriate care to patients regardless of language, health care beliefs, values, or lifestyle. In order to do so, it is critical that pharmacists acquire cultural competency and assessment skills, and develop strategies that will help them deliver culturally-sensitive care.

As we look forward to the next five years in pharmacy, we believe we will see an even greater evolution. Health care providers, employers, pharmaceutical companies, and others are looking for areas to improve treatment and outcomes. They cannot afford to ignore the “pharmacist opportunity,” especially as it relates to the Hispanic community. The pharmacist has the ability to positively impact the results of Hispanic patient medication usage, compliance, adherence, and overall health education, and can mean the difference between successful medication therapies or failure. The time and energy investment for strengthening the pharmacist infrastructure will reward the patient by improving the quality of their clinical experience, helping with their medication adherence, and improving their overall health and wellness. As a vital part of the Hispanic health care delivery team, the pharmacist paves the way to the future.
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