

Opportunities and Responsibilities for Pharmacists to Improve Their Effectiveness in Addressing Medication Adherence Through Culturally Sensitive Collaborations with Community Health Workers

The following is a synopsis of “Opportunities and Responsibilities for Pharmacists to Improve Their Effectiveness in Addressing Medication Adherence Through Culturally Sensitive Collaborations with Community Health Workers,” a commentary published in the *Journal of the American Pharmacists Association* in March 2020.



What is already known on this topic?

Recent estimates indicate that over half of the U.S. population lives with a chronic health condition of some kind.¹ Caring for a chronic health condition often involves self-management, including medication adherence, which is defined as the extent to which a person uses a drug as prescribed.¹ However, average adherence rates are often low, especially among minority populations—one study found that nearly half of all patients prescribed pharmaceutical treatment did not take enough doses correctly to experience improvement.² Furthermore, minority populations in the United States often experience many health disparities, including higher rates of chronic disease.³ Low medication adherence rates may be related to differences in beliefs about disease, self-management, and medications.¹ Some cultures may also favor alternative forms of medicine, such as herbal remedies. The patient–practitioner relationship is often not strong enough for disclosure of these beliefs, and some practitioners simply do not ask.¹

What is added by this article?

In response to well documented racial and ethnic disparities in medication adherence, the authors suggest integrating community health workers (CHWs) in pharmacy practices to help close gaps in knowledge and awareness related to medication use. Specifically, they focused on how a culture’s customs and values affect people’s beliefs about health and illness and, therefore, medication use. Because pharmacists and medical practitioners are often either unaware of these cultural implications or do not have a close enough relationship with patients to learn this information, creating partnerships between pharmacists and community health workers (CHWs) may help bridge the gaps in communication between pharmacists and patients.

A CHW conducts an initial interview with each patient and identifies any medication adherence issues. Because they are from the same culture and community, their shared experiences can help the CHW and the patient build a strong relationship. Their shared understanding of values and beliefs surrounding health and illness can help uncover issues around medication adherence. The CHW reports back to the pharmacist to help create a treatment plan. Because CHWs are part of patients’ community, they can identify and articulate the factors that may affect medication adherence rates—factors a pharmacist or physician with less understanding of the community and context may not detect.



What are the implications of these findings?

Medication nonadherence is associated with significant morbidity, especially in racial and ethnic minority populations, who not only have higher rates of chronic disease but also lower rates of medication adherence. Differences in cultural beliefs about health, illness, and medication use are one factor affecting medication adherence. Health systems can address these challenges, and CHWs may be part of the solution. CHWs are uniquely positioned to create relationships that address how a culture may affect a patient's treatment plan. Alone, pharmacists and physicians may not have the time or context to fully understand the factors affecting medication adherence or to develop a strong enough relationship with the patient to grasp how culture may affect their treatment. Adding CHWs to pharmacy practices could help improve rates of medication adherence among minority populations and reduce health disparities by leading to better health outcomes.



Resources

- U.S. Department of Health & Human Services: [Healthy People 2020](#)
- Centers for Disease Control and Prevention: [Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities](#)
- Centers for Disease Control and Prevention: [Health Literacy](#)

References

1. McQuaid EL, Landier W. [Cultural issues in medication adherence: disparities and directions](#). J Gen Intern Med 2018;33(2):200–206.
2. Xie Z, St Clair P, Goldman DP, Joyce G. [Racial and ethnic disparities in medication adherence among privately insured patients in the United States](#). PLoS One 2019;14(2):e0212117.
3. Baciu A, Negussie Y, Geller A. The state of health disparities in the United States. In: Weinstein JN, Geller A, Negussie Y, Baciu A, eds. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press;2017:57–88.

Citation

Segal R, Angaran DM, Odedina FT, Zeigler ML, Wallace JL. Opportunities and responsibilities for pharmacists to improve their effectiveness in addressing medication adherence through culturally sensitive collaborations with community health workers. J Am Pharm Assoc. 2020. doi: 10.1016/j.japh.2020.02.023



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention