

OLDER AFRICAN AMERICANS' PERCEPTIONS OF PHARMACISTS

Objective: To describe older African Americans' communication with pharmacists and their opinions, beliefs, perceptions, and attitudes about the role of the community pharmacist.

Design: We conducted six sex-specific focus groups for this qualitative study.

Setting: Community-based senior-serving agency located in a predominantly African American neighborhood in San Francisco, California.

Participants: Insured, older African Americans (>60 years of age) with chronic disease; 30 women (4 groups) and 12 men (2 groups).

Results: A majority of participants took four to six prescription medications and reported an average of two chronic illnesses. While most expressed a desire to have a trusting relationship with a community pharmacist who is respectful, professional, and knowledgeable, none reported such a relationship, stating that the primary function associated with pharmacists is filling prescriptions. Participants reported an interest in engaging in informed decision-making, including discussions regarding medication options, side effects, and concerns about rising medication costs; however, few reported feeling comfortable initiating such discussions. Communication barriers identified by participants included perceived lack of interest or knowledge by the pharmacist, time constraints, and an inability to identify the pharmacist.

Conclusions: It appears that the role of the pharmacist is not being fully realized by this sample of insured, older African Americans with chronic disease. This may be mediated by suboptimal experiences of patient-pharmacist communication and the patient-pharmacist relationship. Future research is needed to examine the patient-pharmacist relationship and its contribution to health disparities to inform pharmacy practice, training, and policy. (*Ethn Dis.* 2007;17:284–290)

Key Words: Pharmacist, Health Disparities, Communication, African American, Medication Costs

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INTRODUCTION

Healthcare disparities among African Americans and other minority groups in the United States are well-documented and recognized as serious problems of our healthcare system.^{1,2} Studies have shown that minority groups experience poorer overall health status, lower levels of access to health care, and carry a disproportionate burden of chronic disease.^{1–3} Compared to non-Hispanic Whites, African Americans have higher rates of diabetes and stroke and higher death rates from heart disease and cancer.³ Differences in both the technical and interpersonal quality of care between African Americans and non-Hispanic Whites contribute to mistrust in the healthcare system⁴ and a sense of discrimination, each of which is associated with worse health outcomes.^{4,5}

The Institute of Medicine's (IOM) report on health disparities¹ provides a comprehensive review of the literature and recommendations to reduce or eliminate health disparities. The report points to the need for research that helps explain why African Americans are more likely to reject treatment recommendations. It is unclear whether differences in the uptake of treatment can be attributed to factors such as mistrust

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of the healthcare system, cost of prescription medications, and the perception that providers are not vested in their care or because of suboptimal or negative communication experiences with providers. A dominant theme in the report is the importance of clinician-patient communication.

While a growing body of research examines the patient-physician relationship and its contribution to health disparities^{2,5–11} few studies^{12–14} have explored pharmacists or the “pharmacy system” as an important dimension of the health disparities problem. For most patients with multiple chronic diseases, the community pharmacy is an important component of the healthcare system. These patients often encounter high medication costs, absent or inadequate prescription medication insurance, and barriers to communicating with health care providers.^{6,15} Patients age ≥65 years, on average, have two or more comorbid diseases, and face many challenges to accessing medications and carrying out medication instructions.¹⁶ As such, assessing the experiences of older African Americans with chronic diseases, with respect to community pharmacists, represents an important and under-explored area in the literature on health disparities, and may provide insights into the development of solutions. The objectives of this study were to: 1) describe older African Americans'

Table 1. Focus group questions

1. What do pharmacists do for you?
When you go to the pharmacy, how do you know who the pharmacist is?
What do you want pharmacists to do for you?
2. How would you describe the way your pharmacist communicates with you?
What is good about the communication?
What is it about your medicines that you are interested in?
3. Some people have reasons for not trusting pharmacists. Is this a concern for you? Why or why not?
What can pharmacists do to earn your trust?
Have you ever felt that you were being treated differently or discriminated against when visiting the pharmacy?
How might having an African American pharmacist working in your pharmacy affect your opinion of how you would communicate with the pharmacist?
4. Describe your opinions and feelings about the current cost of medicines.
What would you like the pharmacist to do about the costs of medications?
What issues come up for you related to your prescription insurance coverage?

opinions, beliefs, perceptions, and attitudes about community pharmacists and pharmacy services; 2) explore their experiences in communicating with pharmacists, and 3) generate ideas for future efforts to improve the appropriate use of community pharmacists by older African Americans.

METHODS

Focus group interviews were conducted in October 2004 by a trained African American facilitator. Focus group interviews have previously been used to explore patients' perceptions, attitudes, and experiences of pharmacists and pharmacy services.^{17,18} Members of a community-based senior-serving agency, Network for Elders, located in a predominately African American neighborhood of Bayview Hunters Point in San Francisco, California were invited to participate in the study. Collaboration with this organization is an example of community-based participatory research resulting from a long-standing relationship between this community and the University of California San Francisco (UCSF). Six focus groups were made up of 42 older African Americans, 30 women in four groups and 12 men in two groups. Each focus group had between six to eight participants.

The activity coordinator of the senior-serving center contacted potential participants, explained the purpose of the study, and invited those expressing interest to participate in the focus groups. Prior to the start of the focus groups, the facilitator reviewed relevant information about the study with participants and addressed questions and concerns. A list of instructions to facilitate effective communication during the discussions was presented. Written informed consent was then obtained from all study participants. The UCSF Committee on Human Subjects Research and the San Jose State University Human Subjects institutional review board approved the study protocol. Each group discussion lasted for approximately one hour. All group discussions were audiotaped and transcribed verbatim.

The focus group guide was developed by the research team (including a pharmacist, physician, social scientist, and public health educator/researcher) and was based on relevant research. Four open-ended questions (see Table 1) were used to assess participant: 1) knowledge and views of the community pharmacist's role; 2) perceived effectiveness of pharmacist's communication; 3) trust in the pharmacist; 4) perceptions of discrimination in the pharmacy setting; and 5) views on medication costs.

NVivo¹⁹ computer software was used to facilitate qualitative data analysis of the transcripts. Passages were coded according to their substantive content and then analyzed for thematic content, similarities, and differences. The research team identified and discussed coding discrepancies and consensus was achieved by recoding passages or developing new codes. We report transcript analyses and themes, and illustrate these with select quotes from study participants.

RESULTS

Demographics of the participants are presented in Table 2. A majority of the participants took between four and six prescription medications and reported having an average of two chronic medical conditions. They had an average age of 75 years. All participants had medical insurance and some form of prescription drug coverage. Qualitative data analysis generated the following four themes: 1) limited and unclear role of community pharmacists; 2) communication of drug information and informed decision-making; 3) trust and respect in the patient-pharmacist relationship; and 4) responsibility for medication costs. The themes and examples of participant quotes supporting the themes are shown in Table 3.

Table 2. Characteristics of study participants (N=42)

Female	30 (71%)
Avg. age (yr)	75 ± 6.7 (range 62 to 93)
Avg. number of chronic medical conditions	2 ± 1
Number of prescription medications taken by most participants	4–6
Self-report of general health	
Excellent	1 (2%)
Very good	11 (26%)
Good	10 (24%)
Fair	17 (41%)
Poor	3 (7%)
Top 5 reported medical conditions	
Hypertension	33 (79%)
Arthritis	27 (64%)
Diabetes	13 (31%)
Asthma	4 (10%)
Glaucoma	3 (7%)
Health insurance	
Medicare	1 (2%)
Medical*	2 (5%)
Medicare/Medical*	7 (17%)
Medicare/with supplemental insurance	20 (48%)
Private	12 (29%)
Education – highest grade/year in school completed	
0–6 Primary school	1 (2%)
7–12 Secondary school	27 (64%)
13–16 University/college/trade school	13 (31%)
17–20 Post-graduate	1 (2%)

* Medical is California's Medicaid program.

Limited and Unclear Role of Community Pharmacists

Most participants stated that the community pharmacist was the one who filled their prescriptions, provided instructions for how to take their medications, or make an occasional recommendation for an over-the-counter medication. Participants' perceptions regarding access to pharmacists varied with respect to their local pharmacy as demonstrated in Table 3 and further explained by this 80-year-old woman's comment: "They do have a consultant on duty, and if you need questions asked or answered about your medication, they will have a special person to come and talk to you."

Although the questions focused on the pharmacist, discussion of other staff members emerged. Many participants said that when they entered a pharmacy they were not able to identify the pharmacist. Many stated that the person behind the counter was the one who handed them the medication and "took their cash." Participants reported that

Table 3. Focus group themes illustrated by participant quotes

Theme #1 – Limited and unclear role of community pharmacists

- "A pharmacy, I just figure they are gonna fix the medicine and that's it! You know? They gonna give you what the doctor prescribed. If [it's] something I haven't taken, then they [are] going to send the guy out to explain the side effects..."
- "...three people behind the little enclosure, and they all seem so busy, so I just assume that all three of them are pharmacists. I have never been totally introduced, you know, "Hey, I'm the pharmacist, here. Okay?"

Theme #2 – Communication of drug information and informed decision-making

- "The bottom line is that the pharmacy is there to provide the medication, along with the information that the patient needs to be comfortable taking the medication."
- "I'm comfortable with asking my pharmacist any questions that I have concerning the medication. And I'm sure that I'm getting the proper answer."
- "...when I went...to get it filled ... they automatic[ally] gave me the generic. And I took that and told her I didn't want the generic they gave me, and they looked at me as if to say "Well, are you able to pay for it?"...And they just figured they were doing me a favor, but I don't think that should be that way."

Theme #3 – Trust and respect in the patient-pharmacist relationship

- "...as a patient I would like to feel as comfortable with the pharmacist as I do with the doctor. I think I have the right to have that kind of rapport..."
- "We had a Black pharmacist in our neighbor hood...And he had a thriving business, right there on Third Street...and the people would flock there...I could tell from the flow that he was a good pharmacist."

Theme #4 – Responsibility of medication costs

- "...Totally outrageous. A person working on a fixed income and if their medication is more than their food bill, that's outrageous!"
- "...the federal government and the pharmaceutical dispersers, they are in cahoots together...they can set the price to take whatever money they want from you...how do we fight the federal government?"
- "I think we should be able to come up with a plan where everyone would be treated equal...regardless of what your financial status, you could go ahead and get your medication..."

they saw a number of people behind the counter working and looking busy, but were not sure who they were. Some individuals felt that they had a good relationship with the staff at the counter and interacted with them more regularly than with the pharmacist. Participants suggested that pharmacists should wear visible identification badges and verbally introduce themselves to patients on a regular basis (see Table 3).

Communication of Drug Information and Informed Decision-making

Participants described their sources of information about medications, their perception of the quality of communication with the pharmacist, and their level of confidence to take the initiative to seek information directly from the pharmacist. Participants reported being very interested in knowing about and discussing medication directions, side effects, drug-drug interactions, and drug-food interactions. They also wanted to be kept current on brand/generic names, medication indications, how the medication works, and medication prices. Participants reported having multiple sources for obtaining information about their medications, such as family members, friends, and other healthcare professionals. A few comments from female participants demonstrate these points:

"I like to know the price, and then I like to know if there's anything I can't eat..."

"My concerns are the side effects."

"...sometimes I may talk to friends, you know, who are on the same medication..."

Only a few participants stated that they were comfortable asking the pharmacist for information regarding the use of over-the-counter medications. Others did not know that the pharmacist could provide over-the-counter medication recommendations. Some expressed a high expectation to be informed by

their pharmacist about the medications they take and that pharmacists should attempt to answer all of their questions.

"The bottom line is that the pharmacy is there to provide the medication, along with the information that the patient needs [in order] to be comfortable taking the medication."

The participants' perceptions of the quality of, and satisfaction with, their communication with pharmacists were mixed. While some shared that sometimes they received answers from pharmacists that were not satisfactory, others found the medication counseling provided by the pharmacist to be helpful. Participants reported barriers to communication that included lack of interest or knowledge by the pharmacist and time constraints. For example,

"I like the way over the past several years they've ... started informing you and letting you know that if you take this medicine and eat this food, or drink certain things, including milk – from milk on up to alcohol, it could cause a severe side effect..."

"I'm comfortable with asking my pharmacist any questions that I have concerning the medication. And I'm sure that I'm getting the proper answer."

"I've experienced pharmacists when you ask them about the prescription, they seem to be unknowledgeable. Or they don't want to answer. Or they might be shy. You know, they don't want to give you a direct answer."

An important sub-theme within communication was informed decision-making. Some participants were confused about the differences between brand and generic medications. Others expressed a desire to be consulted first before filling their prescription with a generic vs a brand name medication, even if it meant having to pay more money. (Table 3) They also wanted the pharmacist to discuss changes or increases in medication prices or copayments.

Trust and Respect in the Patient-Pharmacist Relationship

Participants identified several qualities desirable in a pharmacist. They stated that the pharmacist should be personable, professional, take time to talk to them about health concerns, and answer their questions. The pharmacist should know the patient's medical problems, be qualified and knowledgeable, and not make assumptions. Some participants expressed a desire to view the pharmacist as a "second doctor" and wanted to be as comfortable with the pharmacist as they were with their doctor. Most, however, indicated that they did not have such a relationship with their pharmacist. Many participants felt that the pharmacist and the pharmacy staff did not know them personally, and some felt ignored and disrespected by pharmacy staff members (Table 3).

When asked if participants had experienced discrimination or felt that they were treated differently, the majority said "no." When asked if it would make a difference in their communication if the pharmacist who served them was African American, the majority said it would not. One participant shared that she didn't know if it would make a difference because she had never seen an African American pharmacist at her local pharmacy. However, during the discussions, participants in a majority of the focus groups recalled a particular local community pharmacist who was African American and owned his own pharmacy. They reported how helpful that pharmacist was and how well the patients' health needs were addressed.

Responsibility for Medication Costs

Despite the fact that the focus group participants had insurance and all had some form of prescription medication insurance, participants were very concerned in general about medication costs for seniors on fixed incomes. They

stated that they knew individuals whose monthly medication bills were as high as or higher than the monthly food bills and other living expenses.

Individuals expressed strong opinions about who is responsible for the high costs, and in this context, described a high degree of mistrust. According to some, the federal government, doctors, pharmacists, and drug companies are in "cahoots" to make money. Many individuals expressed frustration and concern about the current status of medication costs. Some felt fortunate to have the insurance they had through their retirement plans and noted that they would not be able to afford their medications without it.

Although direct questions about policy changes were not posed many individuals discussed advocacy and policy. Participants suggested that forums be held in their communities to discuss the issues of equal access to medications and the best medications available at affordable costs. Some felt helpless when it came to knowing how to change policies for patients to get the medications they need. Many agreed that the federal government should step in and solve the problem of high medication costs.

DISCUSSION

This qualitative study is unique in exploring the perceptions of, and attitudes toward, community pharmacists among a sample of older African Americans with chronic disease. Our results suggest that, for some participants, there was no clear acknowledgement or understanding of the potential role of the pharmacist as a member of the healthcare team. In fact, some participants reported being unable to identify the pharmacist in their community pharmacy. For others, while they understood the role of pharmacist, their desire for a strong patient-pharmacist alliance was not being fulfilled.

Our results suggest that, for some participants, there was no clear acknowledgement or understanding of the potential role of the pharmacist as a member of the healthcare team.

These participants want a close, trusting, professional, and collaborative relationship with their pharmacist, but they may not be activated enough to foster such a relationship, may be too mistrustful to engage in such a relationship, or may be engaging with professionals who are not offering such a relationship. These participants not only want the pharmacist to provide medication information in a way that they can understand, but also want to make informed decisions in partnership with pharmacists, free of assumptions regarding what they might be able to understand or their ability to pay.

Our study identifies the importance of communication, trust, and respect as factors in the quality of pharmacy care for minority patients. In studies involving physicians, interpersonal care processes have been examined to better understand disparities in care. In this context, open physician-patient communication, respect, and participation in decision-making processes, have been shown to be important determinants of healthcare quality and outcomes.²⁰ There are many parallels from these study results to the patient-pharmacist relationship, however further study is required to document these relationships in the pharmacy care setting.

Studies examining the patient-pharmacist relationship are limited in quantity and in their inclusion of minority patients.^{17,18} While one study of phar-

macists reported that "patient-centered" relationships were associated with greater self-efficacy of patients for medication management,²¹ research is needed to better understand the contribution of pharmacists to racial and ethnic disparities in health care, including research on patient-pharmacist communication and the patient-pharmacist relationship.

Studies with physicians suggest that patients who have race-concordant physicians are more satisfied with their encounters and report more participatory dialogue.^{22,23} While trust was a significant theme in our study, most participants reported that having an African American pharmacist would make no difference in the care they have received at the pharmacy. Only a few participants currently had any experience with an African American pharmacist; however, participants recalled very positive experiences with a neighborhood pharmacist who was African American and had served the community many years ago. According to the 2000 United States Census, African Americans represent 13% of the population.²⁴ The Bureau of Labor Statistics reports that of the employed pharmacists for 2005, only 6% were Black or African American.²⁵ It is likely that efforts to diversify the healthcare workforce could improve patient-pharmacist interactions for minority patients.

Older African Americans had strong feelings that policies regarding medication costs need to be changed for seniors on fixed incomes. Most participants believe that the healthcare system should provide equal access to treatments needed for chronic medical conditions. Our study revealed that some participants attributed the high cost of medications to an alliance between drug companies and health professionals. Because the focus groups took place before the implementation of Medicare prescription drug reforms, our study does not capture subjects' experiences or attitudes regarding this policy change.

Our study results provide a starting point for policy changes that would facilitate the provision of pharmacy care services for older African Americans in the community pharmacy setting. Issues to consider include, but are not limited to: changes in delivering pharmacy care services; training of pharmacists and pharmacy staff in cultural competence and communication; and promotion of the pharmacist's role in health care to the public. Joint efforts of pharmacists, physicians, nurses, other healthcare professionals, public health workers, patients, policymakers, and insurers are needed to review current practices, the literature, and patient needs to make recommendations for change.

This study had several limitations. The study results reflect the opinions expressed by a small sample of older African Americans with chronic illness, and are not generalizable to all African Americans. The perspectives of uninsured African Americans would likely be significantly different from those of this sample, given the particular difficulties with access to care and medications experienced by the uninsured.²⁶ Geographically, the study participants are from a metropolitan area in California and their perceptions of pharmacists would likely vary from older African Americans living in rural areas or the southern United States. Finally, themes identified in this exploratory study should be confirmed in subsequent larger studies.

Our results suggest that pharmacists remain a relatively underutilized resource in minority communities, and that there is a need to promote more productive interactions between pharmacists and African American patients. This could be accomplished by focusing on cultural competence training in pharmacy schools, increasing the diversity in the pharmacy workforce, and engaging pharmacists and professional pharmacy organizations to take an active role as advocates for these

communities' medication policymaking processes. Larger studies are needed to examine the contribution of the patient-pharmacist relationship on racial and ethnic disparities in health, and to explore the role that pharmacists can play in reducing these health disparities.

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