

## Attitudes of Chinese American Seniors towards Clinical Pharmacists in Managing Hypertension

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**Background:** Prior studies have shown that the inclusion of clinical pharmacists in hypertension management is more effective in lowering systolic blood pressure than usual care. To help assess feasibility of a clinical pharmacist program for elderly Chinese Americans, we identified patients' attitudes toward pharmacists and their potential to help physicians manage hypertension.

**Methods:** We conducted 15 semi-structured interviews and 4 focus groups in Mandarin or Cantonese from February to April 2014 with 57 participants from a senior wellness center and local clinics in Los Angeles County. Participants self-identified as ethnic Chinese, were age 65+, and prescribed 1+ antihypertensive medication. Exclusion criteria included current enrollment in a hypertension management program, dementia, or a previous stroke. All sessions were audio recorded, translated and transcribed into English. The lead coder (EC) developed a grounded-theory based codebook and the transcripts were independently coded by 2+ coders (VSL, EC, RG). The coders regularly met to reconcile their coding. Analysis of commonly used codes revealed key themes, with illustrative quotes presented as examples.

**Results:** The mean age of interviewees was 70 (range: 66-80) and 72 for focus group participants (range: 65-88). Major themes from the interviews included patients having little contact with pharmacists, experiencing language barriers to understanding medications, and perceiving the pharmacist's role as primarily dispensing medications. After the training and roles of clinical pharmacists were explained, both interview and focus group participants were receptive to having a clinical pharmacist work collaboratively with their physicians to help manage their hypertension medications.

**Conclusions:** Many Chinese American seniors with hypertension expressed negative attitudes towards community pharmacists mostly due to lack of clinical interactions. They were willing to incorporate clinical pharmacists into hypertension management teams once their qualifications and roles were explained. To enhance acceptability of clinical pharmacists in this population, programs should distinguish clinical pharmacists from retail pharmacists by highlighting their additional training and certification, emphasize pharmacist collaboration with patients' physicians, and characterize pharmacists as specialists in medications.