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WISEWOMAN: Promoting Medication Adherence



WISEWOMAN™

Well-Integrated Screening and Evaluation
for WOMen Across the Nation

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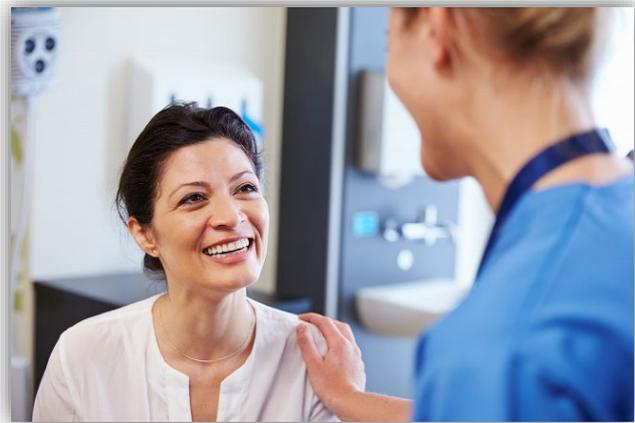
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Introduction

The WISEWOMAN (**W**ell-Integrated **S**creening and **E**valuation for **W**OMen **A**cross the **N**ation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles.

Working with low-income, uninsured and underinsured women aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors. The WISEWOMAN program is currently administered through the Centers for Disease Control and Prevention's (CDC's) [Division for Heart Disease and Stroke Prevention \(DHDSPP\)](#) and is operated on a state-by-state basis. Services provided by each WISEWOMAN program vary, but all are designed to promote lifelong heart-healthy lifestyle changes.



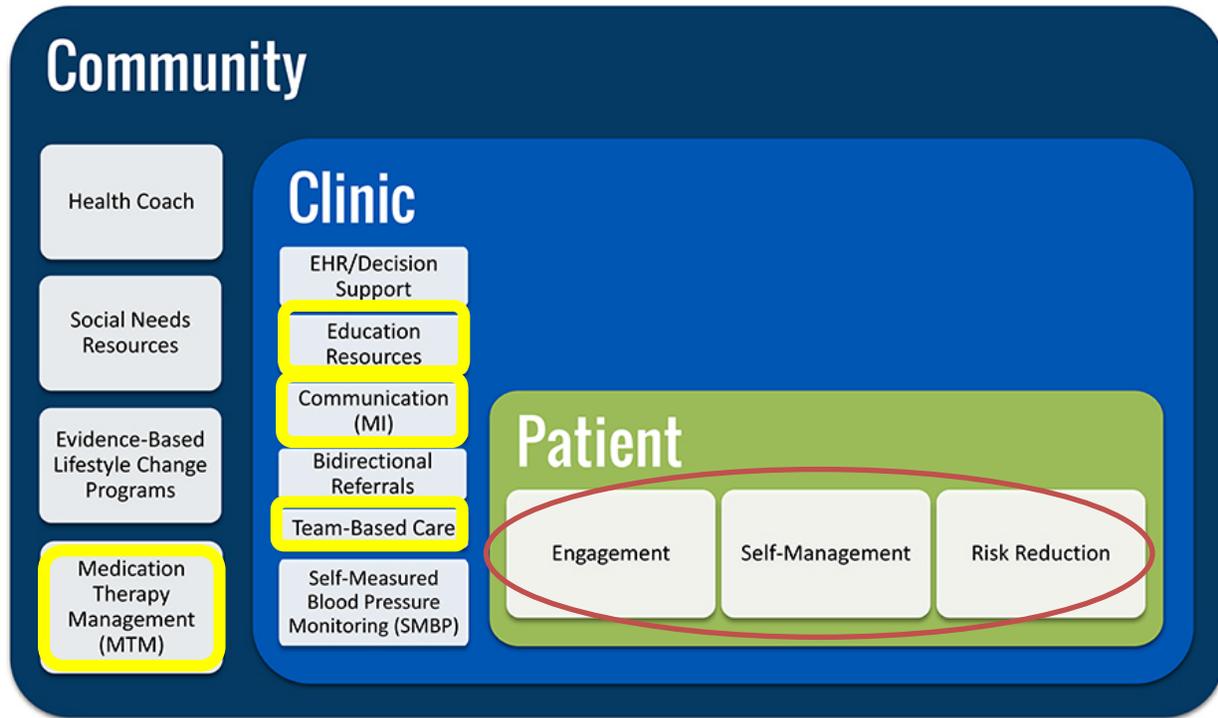
Strategies to achieve WISEWOMAN goals include tracking and monitoring clinical measures to improve health care quality and identifying patients with hypertension; promoting team-based care to reduce cardiovascular risk; and developing clinic/community links to support evidence-based lifestyle change for at-risk women. The long-term outcomes are increased blood pressure control and improved detection, prevention, and control of cardiovascular disease.



Purpose of Module

This module is designed to help medical providers and other health care professionals understand, assess, and address potential barriers to medication adherence, with a special emphasis on the WISEWOMAN population. Interventions to be considered include patient-centered education resources, culturally sensitive communication to promote adherence, and partnering with pharmacists for enhanced medication management.

WISEWOMAN Dimensions of Health



Nonadherence: Public Health Problem with Individual Impact

Medication adherence is defined as the extent to which an individual’s behavior, including taking medications, corresponds to recommendations from a health care provider (Feehan et al, 2017). A patient is considered adherent if they take 80 percent of their prescribed medication. Lack of adherence is a widespread and costly public health problem. Limited information exists on the prevalence and correlates of nonadherence, and estimates vary based on data sources used; however, there is widespread agreement on the effects of the problem. Experts note that estimates are likely to be conservative as individuals tend to self-report higher rates of adherence (Feehan et al, 2017).

Medication Adherence by the Numbers

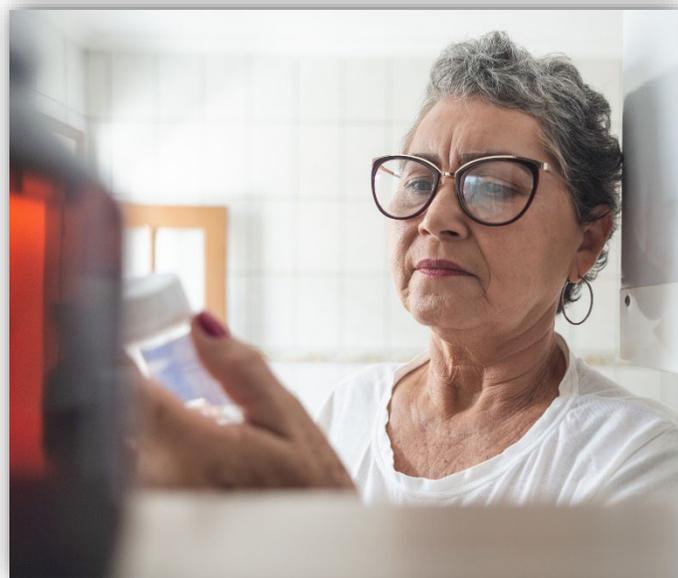
25%	Proportion of new prescriptions that are never filled	
50-60%	Adherence rates for meds for chronic conditions	
25%	% of hospitalizations/year related to nonadherence	
125,000	Deaths/year attributable to medication nonadherence	

Disparities in Medication Adherence

As U.S. demographics shift toward minorities and people of diverse backgrounds, the health care system must address new challenges, including cultural factors that impact health behaviors, such as medication adherence (Zagaar, 2017). Morrison et al (2017) found that adherence was significantly lower in certain populations:

- Ethnic minorities
- People experiencing barriers to health care access
- Patients using multiple providers
- Younger and uninsured populations

Latino patients were found to have the poorest medication adherence on a nationwide internet survey that included self-reported demographics. This was replicated in a BMJ Open study that found that Hispanic and African-American ancestry was associated with low adherence even after the data was adjusted for income and health care utilization (Morrison et al, 2017).



The health care system increasingly recognizes the importance of addressing medication nonadherence in general. With the growth of the Hispanic population, it is imperative to find ways to promote medication adherence for improved health outcomes and lower costs.

Barriers to Adherence

The American Heart Association (AHA, 2021) defines adherence as the “active, voluntary and collaborative involvement of the patient in a mutually acceptable course of behavior to produce a therapeutic result.”

Nonadherence can be intentional or unintentional as classified in the table below.

Characteristics of Intentional and Unintentional Nonadherence	
Intentional (Active)	Unintentional (Passive)
Side effects	Forgetfulness
Experience	Lack of understanding
Fear	Cost
Stigma	Underlying disease
Denial	Health literacy
Health belief system	Miscommunication

**Source: Medication Adherence: Importance, issues and policy: A policy statement from the American Heart Association (2021)*

Barriers to medication adherence are complex and challenging to identify and mitigate. AHA acknowledges the challenges of nonadherence for medical providers in the management of chronic disease. Time is a limiting factor in assessing and addressing nonadherence.

A 2020 study by Lauffenberger et al looked at the prevalence and impact of having multiple barriers to medication adherence in non-adherent patients with poorly controlled cardiometabolic disease and found:

- A large proportion of patients with cardiometabolic disease experience multiple barriers to optimal adherence to chronic medications, leading to gaps in adherence compared to those with fewer barriers.
- >30 percent of nonadherent patients have more than two reasons for nonadherence.
- The most common single barrier is forgetfulness, cited by more than 25 percent of patients.
- The study suggested that people may voluntarily suppress recall for activities that make them uncomfortable.
- The most common co-occurring barriers are forgetfulness and health beliefs, in which patients do not believe the medications are important and therefore purposefully do not integrate them into daily routines.
- The study noted that the strongest interventions appear to be those that are multicomponent interventions targeted toward patients' specific barriers based on clinical need and predicted benefit.

In addition to forgetfulness and lack of symptoms as barriers to adherence, costs are a major concern, according to a recent consumer survey (Sullivan, 2020):



- High out-of-pocket costs for prescription drugs are a significant barrier for many patients.
- Forty eight percent of respondents reported not filling a prescription due to cost.
- Even a 10 percent rise in copay increases the likelihood of prescription abandonment by as much as 19 percent.
- One in seven Americans reported they would avoid seeking care for potential COVID-19 symptoms because of cost concerns.

Barriers Identified by People from Hispanic Communities

The causes of disparities in adherence among Latinos may go beyond regimen-related factors and often involve patient-related factors such as health beliefs and attitudes toward health care. These factors can directly or indirectly affect health behaviors and can be exacerbated by lower levels of socioeconomic status and health literacy (Zagaar, 2017).

HolaDoctor, a leading digital provider of health solutions for the Hispanic community, surveyed Hispanic participants in its online community (2015). Three physicians who regularly care for Hispanic patients participated in in-depth interviews with 1,712 participants in the U.S. and Puerto Rico. Fifty one percent were between 35 and 54 years old, and 99 percent spoke Spanish at home. Three-quarters of the participants had some form of health insurance, and about 45 percent were taking three or more medications on a regular basis, primarily for hypertension, high cholesterol, pain, diabetes, or acid reflux. The qualitative insights provided by the key informant physicians included:

- Reluctance to seek medical care due to missing work
- Language barriers
- Health literacy needs
- Lack of persistence – not obtaining refills when needed
- Likelihood of sharing medications with others
- Difficulty keeping track of multiple medications for chronic conditions over time
- Lack of understanding of how to use medications (e.g. putting ear drops in the mouth)
- Lack of understanding of reason medications were prescribed
- Reliance on traditional and folk cures, especially among elders
- Fear of side effects
- Cost concerns

Addressing Barriers

Once the barriers to medication adherence are identified, interventions to address them can be designed. The first step is to understand what many Hispanic patients want from their health care experience. It is important to remember that “Hispanic” and “Latino” are umbrella terms for heterogeneous communities, and every person is unique. Nevertheless, it is useful to study preferences at a population level so that interventions can be designed for individual patients. The HolaDoctor surveys and other studies provide insight into general trends and preferences.

What would help Hispanics take their medication?

Strategies	Number of Mentions
More education/information regarding the condition and medication	168
Alarms/reminders through alarms or email	71
Better access/financial help to buy medications	63
Establishing a routine	57
Text messaging/applications	37
Family or other person helping them to remember	28
Other	20
Spanish-language materials/information	7
Other written/television reminders	6
Better doctors/doctors who speak Spanish	5
Pillbox	4

Source: <https://www.envisionrx.com/pdf/HispanicMedAdher.pdf>

Patient Education Resources in Spanish

The HolaDoctor surveys clearly indicate that patients want more and better understanding of their medical conditions. Look for resources available in other languages that are written in simple terms with health literacy in mind. AHA and the American Diabetes Association (ADA) offer many resources.



[MedlinePlus](#) from the National Institutes of Health offers health information in Spanish and many other languages, including the latest COVID-19 information from the CDC. MedlinePlus covers topics from A-Z with resources you and your patients can trust.

Patient-Centered Communication

In the HolaDoctor surveys, 83 percent of participants indicated that they always or usually trust their doctor for information about prescription medications. Medical providers can leverage that trust and build relationships using some techniques to enhance communication (Medina, 2021):

- Verbal and nonverbal communications from Hispanics usually are characterized by respeto (respect), and communications with Hispanics should also be respectful.
 - There is an element of formality in Hispanic interactions, especially when older persons are involved.
 - Address older people by their last name.
- Communications and the relationship between patient and health care provider are key to providing quality care. Take time to build a trusting relationship.
 - Personalismo is an essential quality when caring for this population.
 - Early attention to building rapport, such as an exchange of pleasantries before beginning history-taking or a physical exam, will facilitate communication.
 - Hispanics expect health care personnel to be warm and personal and express a strong need to be treated with dignity.
- Encourage the patient to ask questions.



- The CDC (2012) offers tips for health communication with Hispanics/Latinos to help tailor compelling health messages for this audience, including:
 - Consider starting with the differentiation of U.S. born and non-U.S. born to learn certain facts that will help with communication.
 - Coordinate community outreach activities through established and trusted organizations and people. For example, promotores are trusted community health advisors.
 - Understand that Hispanics/Latinos are assimilating into prevalent U.S. culture but are on a path to acculturation. It is a process of integrating native and traditional immigrant cultural values with dominant cultural ones.

Partner with a Pharmacist



While Hispanics prefer to receive information from their physician, they do accept information from a wide range of sources (HolaDoc, 2015). In fact, for those from Puerto Rico, pharmacists are extremely highly regarded. Since pharmacists are accessible in most communities, medical providers and communities can be powerful collaborators to promote medication adherence as they address both general barriers and those particularly prevalent in the Hispanic community.

Pharmacist-based interventions such as Medication Therapy Management (MTM) have been proven effective in improving adherence in general

populations. These interventions educate about the reasons for the therapy and address questions and concerns. High-risk groups, such as immigrants, may benefit from culturally competent pharmacist interactions that promote adherence by leveraging traditional cultural and social support resources. Zagaar (2017) reported that in a randomized study of minorities (44 percent Hispanic) after a coronary stent, patients who received a telephonic motivational interview had improved medication adherence after 12 months.

HolaDoc found that many Hispanics tend to fear side effects from Western medicines but may not wish to “complain” to their physician. The pharmacist can be a key communicator to answer questions and mitigate concerns. HolaDoc respondents stated that they felt that more information, including a risk/benefit discussion would help them to consistently take medication.

Pharmacists can help educate patients about the need to persist with medications for chronic conditions and encourage regular refills. In addition, pharmacists can help patients design a system for remembering to take medication, such as developing a routine or instituting reminders. Communicating with a trusted pharmacist can be valuable to patients who are managing medications for better health outcomes, and it can support medical providers and practices through enhanced patient education.

In Delaware, patients who are taking hypertension medication can access no-cost MTM through a partnership of the state’s Division of Public Health and the [Delaware Pharmacists Society](#). Providers can learn more about the evidence supporting MTM and get the resources needed to begin referring eligible patients by completing a free e-course available from EDISCO™ by Quality Insights. [Medication Therapy Management: Evidence-Based Collaboration to Improve Blood Pressure Control](#) is a 60-minute, self-paced course appropriate for health care professionals and offers free CNE credit.



In 2018 the National Hispanic Health Foundation formed a new organization to increase access to care for Hispanic communities across the U.S. The goal of the National Hispanic Pharmacists Association (NHPA) is to empower Hispanic pharmacists and other members of the health care community through programming to improve health equity and access (Pharmacy Times, 2018).

Tools and Resources to Promote Medication Adherence

Reminder and Motivation Tools

Your patients can access tools and resources to help them with medication adherence. Led by the National Consumers League, [Script Your Future](#) is a national initiative to raise awareness about medication adherence, which includes the patient campaign known as “Pledge to Take Your Meds.”

Here is a sample pledge:



I WILL
grow old with my wife.

In partnership with over 130 public and private stakeholder organizations, the campaign offers adherence resources to help patients and the health care professionals who care for them.

Patients can participate in this free campaign by visiting the [Script Your Future website](#) where they will find easy-to-understand medication adherence resources, including a medication wallet card (available in multiple languages), signing up for medication text alerts, and creating their own personal pledge to take their medications.

Cost Reduction Tools

If your patients experience financial challenges affording their medications, consider the following options:

- Coupons for medications
- Increasing the prescription to a 90-day supply instead of 30-day supply, to reduce co-pays
- Checking their insurance plan to see if a mail-order service is covered to prevent trips to the pharmacy (if costly transportation is part of the issue)
- Suggesting other cost-reduction resources, such as:
 - [Findhelp.org](#) (formerly Aunt Bertha)
 - [United Way 2-1-1](#)
 - [Needy Meds](#)
 - [Partnership for Prescription Assistance: Medicine Assistance Tool](#)
 - [Benefits Checkup](#)
 - [Eldercare Locator](#)
 - [HealthWell Foundation](#)
 - [Family Caregiver Alliance](#) (support and resources for family caregivers of adults)
 - [Insulin Cost Savings Toolkit](#)
 - [Insulinhelp.org](#)



[BeMedWise](#) Program at NeedyMeds, formerly the National Council on Patient Information and Education (NCPiE), encourages health care professionals and community groups to foster patient–professional communication about medicines. Visit its extensive patient resource library to access relevant patient medication adherence resources, including:

- Your Medicine. Be Smart. Be Safe.: Available in English and Spanish
- Must Ask Questions: What You Need to Ask Your Healthcare Provider and Pharmacist about Your Medications
- Do’s and Don’ts of Medicine Disposal
- Drug Discount Card

Technology-Based Tools

Until recently, online surveys among Hispanics may have missed the lowest-income consumers who did not have internet access (HolaDoc, 2015). Today, more members of this fast-growing population use the internet through smartphones or other web-enabled devices, and HolaDoc reports that nearly 78 percent of Hispanics in the U.S. and Puerto Rico use the internet.

Consider leveraging technology with the following medication management resources. These options are provided for informational purposes only and do not imply endorsement by Quality Insights.

- [Free Apps to Help You Better Manage Your Medicines](#)
- [Keep Hypertension Under Control with these Smartphone Apps](#)
- [Free Apps to Help You Better Manage Your Diabetes](#)

Looking Ahead and Call to Action

WISEWOMAN providers give valuable support and education to promote medication adherence and therefore optimize health outcomes. As a WISEWOMAN partner, you understand the health risks of this population and are taking important steps to address them through education, communication, pharmacist partnerships, and tools/resources.

At the same time, a [New England Journal of Medicine](#) article is promoting a new model of health. Dr. Jane Delgado (2022) argues that a paradigm shift is needed to acknowledge that Hispanic people with known health risks, such as low income, low educational levels, lack of health insurance, overweight/obesity, often have a longer life expectancy than non-Hispanic white people in the U.S. The so-called “Hispanic Paradox” suggests that instead of using Hispanic Americans’ health data in existing health models of health/risk models, we should analyze it and learn from it.

This new model aligns closely with WISEWOMAN goals, including promoting heart-healthy lifestyle changes for low-income, uninsured, and underinsured women ages 40-64. It is important to provide all the resources available to reduce risk and promote health. According to Delgado, “Without a fundamental shift in our conceptual models of health research and care, we will perpetuate the barriers we claim to want to dismantle and compromise the health of all communities.”

WISEWOMAN partners are providing respectful care for Hispanic patients, including promoting medication adherence, while learning from them and their culture--for the benefit of all populations.

For more information about the WISEWOMAN program, contact Sarah Toborowski at stoborowski@qualityinsights.org or call 1-800-642-8686, Ext. 130.

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