



Improving Language Access Services for Limited English Proficient Patients Why is this Important?

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Objectives

- Describe the demographics of the immigrant population of the United States
- Identify language barriers and how they impact healthcare
- Summarize results of a recent national survey of pharmacists, pharmacy educators, and pharmacy associations on language services, resources, and education currently available
- Discuss how pharmacy schools currently incorporate language access awareness into their curricula
- Present a brief example of a continuing education program for pharmacists on medication safety and Limited English Proficient patients
- Discuss the importance of incorporating language access awareness into curricula and continuing education programs



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Introducing Ourselves

- Neighbor-to-Neighbor
 - What is your name?
 - Do you speak another language?
 - Do you encounter patients who do not speak English well?



Immigration 101



The Language of Immigration

- **Immigration:** migration into a place (especially migration to a country of which you are not a native) in order to settle there
- **Immigrant:** a person who moves to a country where they were not born in order to settle there



The Language of Immigration

- Immigrant
- Non-immigrant
- Citizen
- Lawful Permanent Resident (LPR) "Green Card holder"
- Undocumented entrant
- Refugee / Asylee
- Deportation
- Naturalization



Individuals in the U.S.

Citizen

Non-citizen

Acquired

Derived

Naturalized

Immigrant

Non-immigrant

Legal Permanent Resident ("green card")

Refugees

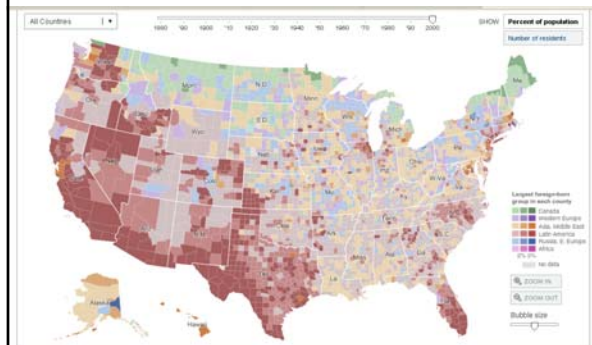
Tourists/ students/ work visa

Undocumented Entry OR Visa Overstay

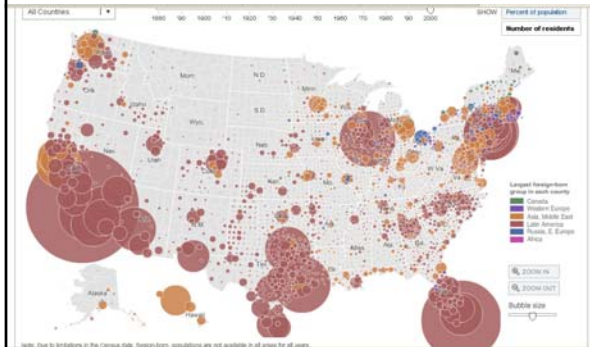
The National Conference of State Legislatures: Common Immigration Terms
(<http://www.ncsl.org/programs/immig/common.htm>)

Interactive Map of Immigrant Populations

<http://www.nytimes.com/interactive/2009/03/10/us/20090310-immigration-explorer.html>



Immigrant Population Centers in the US



Interactive Question

What percentage of the United States population is foreign-born?

- a) 5%
- b) 10%
- c) 15%
- d) 20%



US Immigrant Statistics

- 11.7% of the US population is foreign-born
 - Approximately 34 million people
 - 53% born in Latin America
 - 25% born in Asia
 - 13.7% born in Europe
- Over 1 million arrive in the U.S. each year

United States Census Bureau
The Foreign-Born Population in the United States: 2003
<http://www.census.gov/prod/2004pubs/p20-551.pdf>

Congressional Budget Office
A Description of the Immigrant Population
<http://www.cbo.gov/ftpdocs/60xx/doc6019/11-23-Immigrant.pdf>



Interactive Question

From 1990-2000, which US city had the largest increase in foreign-born population?

- a) New York City, NY
- b) Charlotte, NC
- c) Nashville, TN
- d) Los Angeles, CA





States with the Largest and Fastest-Growing Immigrant Populations



http://www.migrationinformation.org/DataHub/FB_maps/StateRankingsACS.pdf

Anti-Immigrant Sentiments

- There are more immigrants admitted today than previously in US history
- Immigrants are more likely to be in prison
- Immigrants drain our economy
- Immigrants drain our welfare system
- Most immigrants are here illegally



**A Two-Way Street:
Economic Contributions Made by
Immigrants**

- Immigrants make up 15% of workforce
 - Agriculture, construction, services
- Immigrants paid \$300 billion in taxes

Executive Office of the President: Council of Economic Advisors
Immigration's Economic Impact
http://www.commerce.gov/s/groups/public/@doc/@os/@opa/documents/content/pr0d01_003086.pdf

Immigration Policy Center
Immigrants and Taxes: Contributions to State and Federal Coffers
<http://www.immigrationpolicy.org/Images/File/factcheck/Taxpayers04-08.pdf>



Interactive Question

Do undocumented immigrants pay taxes?
a) Yes
b) No



**Economic Contributions Made by
Undocumented Immigrants**

- Undocumented immigrants pay taxes
 - \$8 billion in Social Security taxes per year
 - \$1.5 billion in Medicare taxes per year
 - The IRS estimates that about 6 million unauthorized immigrants file individual income tax returns each year

Congressional Budget Office
The Impact of Unauthorized Immigrants on the Budgets of State and Local Governments
<http://www.cbo.gov/ftpdocs/87xx/doc8711/12-6-Immigration.pdf>

New York Times
Illegal Immigrants Are Bolstering Social Security With Billions
<http://www.nytimes.com/2005/04/05/business/05immigration.html>



Immigrant Needs

- Jobs
- Childcare
- Housing
- Social networking
- Education
- Health
- Language



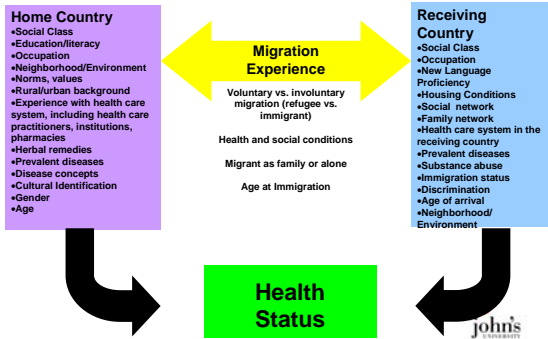
Interactive Question

The health status of new immigrants is _____ than their U.S.-born counterparts.

- a) Better
- b) Worse
- c) Same



Health Status



How Language & Health Interact: Health Literacy



Health Literacy

- **Definition:** The ability to read, understand, and use health information to make appropriate health care decisions and follow instructions for treatment (AMA)
- Greatly influenced by patient's general literacy, experience with the healthcare system, cultural factors, how information is communicated
- Older adults often have low health literacy – and take many medications



Health Literacy: A Widespread Problem

- According to research conducted by the AMA, nearly half of the US population is "functionally illiterate" or "marginally literate"

26%	Did not understand when their next appointment was scheduled
42%	Did not understand the instructions to "take medication on an empty stomach"
86%	Could not understand Rights and Responsibilities section of Medicaid application



Limited English Proficiency

- A person is considered “Limited English Proficient” or LEP if he or she speaks another language and has a limited ability to:
 - Understand,
 - Speak,
 - Read, or
 - Write in English
- Reports speaking English less than “very well” in the census



Interactive Question

How many people in the US consider themselves LEP?

- a) 10 million
- b) 20 million
- c) 30 million
- d) 40 million

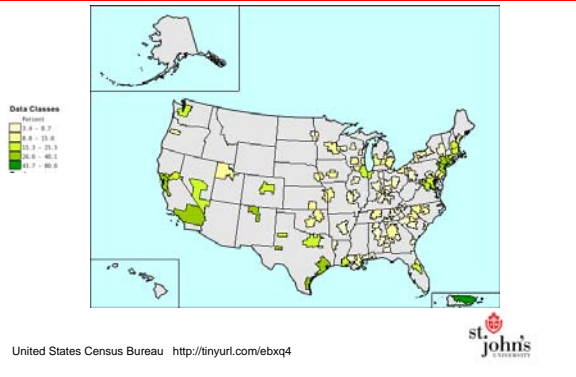


The LEP Population in the US

- According to the 2000 Census:
 - 47 million people in the US speak a language other than English at home
 - 21 million are Limited English Proficient
- Over 300 different languages spoken in the US



LEP Around the Country



Interactive Question

Is it easy to learn a language?

- a) Yes
- b) No
- c) I don't know; I never tried to learn another language



Learning English

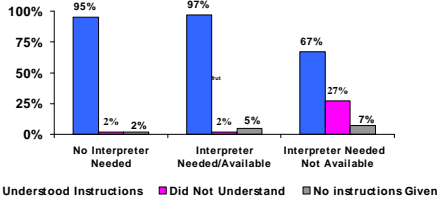
- Waiting lists for ESL classes in the tens of thousands
- Average wait list 6 months – 2 years
- Language acquisition easiest when younger than age 12
- Immigrant priorities (e.g. multiple jobs, childcare, transportation) limit time available for ESL classes
- Need relatively sophisticated (not just basic) English for health-related communication

Tucker JT. The ESL Program: Waiting Times for ESL Classes and the Impact on English Learners. National Civic Review 2007;96(1):30-37.



What a Difference an Interpreter Can Make

Understanding Instructions for Prescribed Medication



Andrulis D, et al. What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency. March 2002. (http://www.accessproject.org/downloads/c_LEPreporENG.pdf)



Medication Error

Rx: Oxiconazole 1% cream
Apply once daily until rash is clear

Label: Oxiconazole 1% cream
Aplicarse once cada dia til rash is clear

- Problem: "once" means "eleven" in Spanish

ISMP Medication Safety Alert: March 26, 1997
<http://www.ismp.org/newsletters/acutecare/archives/Mar97.asp>



Medication Error

Rx: Phenytoin suspension 30 mg/5 mL
Take 5.8 cc three times a day

Label: Phenytoin 125 mg/5 mL
Take 1.3 mL 3 times a day

- Patient and his family spoke only Spanish, so the nurse gave the patient's mother the written prescription and an oral syringe marked with tape at the 5.8 mL mark
- Phenytoin suspension is no longer available in the 30 mg/5 mL concentration
- Pharmacist could not counsel the patient's mother in Spanish
- Mother used the syringe the nurse had given her, and she administered 5.8 mL 3 times day: 145 mg 3 times a day instead of 34.8 mg 3 times a day

Gaunt MJ. Are we speaking the same language? Pharmacy Times 2007. (<http://www.pharmacytimes.com/issue/pharmacy/2007/2007-09/2007-09-6770>)



Medication Error

Rx: Amoxicillin 200 mg/5 mL
Give 5 mL TID

Label: Amoxicillin 250 mg/5mL
Give 4 cc (4/5 teaspoonful) by mouth 3 times a day

- The pharmacy carried only a 250 mg/5 mL
- The child's LEP father misunderstood the directions
- He did not know what "cc" meant, but upon seeing "4/5 teaspoonful," he thought he should give his child 4.5 teaspoons of the medication

Gaunt MJ. Are we speaking the same language? Pharmacy Times 2007.
<http://www.pharmacytimes.com/issue/pharmacy/2007/2007-09/2007-09-6770>



Difficulties Experienced by LEP Patients

- LEP patients more likely to report:
 - Problems understanding a medical situation
 - Confusion about how to use a medication
 - Trouble understanding a medication label
 - A bad reaction to medication due to problems understanding the instructions
- LEP patients more likely to have problems with medication adherence

Wilson E, et al. Effects of Limited English Proficiency and Physician Language on Health Care Comprehension. J Gen Int Med 2005;20:800-806.

Gilmer TP, et al. Adherence to Antipsychotics Among Latinos and Asians with Schizophrenia and Limited English Proficiency. Psychiatric Services 2009;60(2):175-182.



What We Have Learned So Far

- Traditional immigrant centers (typically large cities) continue to have large numbers of immigrants
- Smaller cities are now seeing influx of immigrant populations
- LEP status can affect patients' health, risk of ADRs and medication errors



Pharmacy Language Services and the Law



Interactive Question

Is a pharmacy liable if it does not provide language services to LEP patients?

- a) Yes
- b) No



Federal Civil Rights Law

- Title VI, 1964: No person in the US shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
- Executive Order 13166 (2000): **Requires federal fund recipients to "provide meaningful access to LEP persons and thus comply with Title VI regulations"**



What Does Title VI Require?

- Longstanding expectation that LEP individuals must have meaningful access to federally funded programs & activities
 - Includes pharmacies accepting Medicaid, CHIP, Medicare & other federal funding
- 2003: HHS Office for Civil Rights issued final guidance explaining expectations for its federal fund recipients



State Laws for Oral Counseling

- 15 states require pharmacists to counsel patients in certain situations (most often with new prescriptions)
- 33 states require pharmacists to “offer to counsel” patients
- Often new prescriptions and refills are treated differently



State Laws for Oral Counseling (cont.)

- 26 states require counseling when substituting a generic for a brand name drug
- 19 states have counseling requirements when the patient is not in the pharmacy – usually mail order or home delivery. (5 states use technology i.e. tele-pharmacy and video kiosks)
- 17 states allow oral counseling to be replaced with another communication, such as written information in some specific situations



State Laws for Written Information

- 20 states require distribution of written information
 - specific situations (i.e Emergency Contraception CA, NH, HI and Compound Drugs – TX)
 - 13 states -- when patient is not in the pharmacy
- 3 states specifically require materials be distributed in languages other than English (CA, TX, and NC)



State Laws for Written Information (cont.)

- Prescription Labels – CA labeling statute
- 4 states have misbranding provisions – label is “misbranded” if words and information are not readable and understandable to an *ordinary individual under customary conditions of purchase and use.*
- 22 states allow pharmacists to supplement oral counseling with additional materials



Health Information Portability and Accountability Act

- It is a violation of HIPAA for individuals to have access to a patient’s health information, unless consent is received from the patient.
- This applies to *ad hoc* interpreters in any pharmacy setting.
- **Only covered entities (pharmacy staff, etc.) may (via implied consent) interpret for patients.**



What are Covered Entities Prohibited from Doing?

- Providing services more limited in scope or lower in quality
- Delaying the delivery of services unreasonably
- Limiting participation in a program
- Requiring LEP persons to provide their own interpreters or pay for interpreters



Studies of Language Services Provided by Pharmacies



Evidence of Inadequate Language Services at Pharmacies

- Research has shown that language-appropriate medication instructions are not available at many pharmacies serving LEP patients.
- Many pharmacies with the capacity to provide translated written information and phone interpretation do not do so.
 - Similarly, many pharmacies do not make systematic efforts to inform patients that medication information is available in languages other than English or to identify patient needing language services.



New York City Study – Frequency of Label Translation

	Full Sample (N=200)		Pharmacies with LEP Patients on a Daily Basis (N=176)	
	N	%	N	%
Daily	68	34.0%	68	38.6%
Weekly	22	11.0%	22	12.5%
Less than once weekly	48	24.0%	39	22.2%
Never	51	25.5%	40	22.7%
Don't know/Missing	11	5.5%	7	4.0%

Weiss L, et al. Access to multilingual medication instructions at New York City pharmacies. J Urban Health. 2007;84(6):742-54.



Milwaukee Study

- 47% of pharmacies never/only sometimes can print non-English language (NEL) prescription labels
- 54% never/only sometimes can prepare NEL information packets
- 64% never/only sometimes can orally communicate in NELs
 - 11% use patient family members/friends to interpret
- Only 55% were satisfied with their LEP patient communication

Bradshaw M, et al. Language barriers to prescriptions for patients with limited English proficiency. Pediatrics 2007;120(2):e225-e235.



Bronx Study

- 69% of pharmacies surveyed were able to provide translated prescription labels
 - Patient must specifically request this
- Pharmacies located in areas with a high Spanish population were more likely to provide translated labels
- Computer programs (86%) were most often used to provide translations

Sharif I, et al. Availability of Spanish prescription labels. J Health Care Poor Underserved 2006;17(1):65-9.



Resources for Providing Language Services in Pharmacies



Appropriate Language Access in Pharmacies

- Goal of appropriate language access in a pharmacy setting: for the patient to completely understand all of the important information about their medications in order to correctly use them
- Can be achieved in part by providing the LEP patient with translated pharmacy labels, auxiliary warning labels, and printed medication guides
- Verbal interpretation of pharmacist counseling also important
- Use of both written translation and verbal interpretation together can help optimize care for LEP patients



Identified Resources

- Interpretation services
 - Telephone
 - Live
- Translated labels & leaflets
- Translation guides & dictionaries



Interpretation Services

- Kaiser Permanente, MAS
 - Provides language phone services with over 30 specially trained and certified staff
- Language Access Networks
 - Provides real time video interpretation for LEP patients
- Language Line
 - Provides video and telephone interpreting services, as well as on site, face to face interpreting services



Verbal Interpretation

- Live: various interpreters used
 - Pharmacist
 - Intern
 - Technician
 - Other staff



Interactive Question

Who would make the best medical interpreter?

- a) Patient's family member?
- b) Staff member ?
- c) Volunteer trained in interpretation?
- d) Bilingual volunteer who was physician in home country?

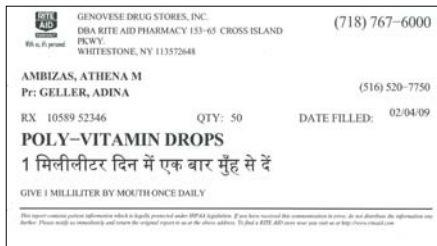


Trained Interpreters Are the Gold Standard

- Characteristics of trained interpreters include:
 - Knowledge of specialized medical and colloquial terms
 - Adherence to a code of ethics
 - Familiar with appropriate role of the interpreter
 - Strong memory skills
 - Linguistic competence (in both languages)
 - Cultural competence (in both cultures)



Translated Labels



Translated Labels



Identified Resources – Translation Guides and Courses

- Pediatric Medication Education Text (published by ACCP)
- Essential Spanish for Pharmacists (published by APhA)
- Spanish for the Pharmacy Professional (published by APhA)
- Retail Spanish (published by RxInsider.com)
- Spanish for Pharmacists (published by 123TeachMe)
- Spanish for Pharmacists and Pharmacists Assistants (published by Barron's Educational Series, Inc.)
- Workplace Spanish – Pharmacists (published by Workplace Spanish)



Barriers to Providing Language Access Services

- Lack of knowledge of how to provide these services
- Lack of appropriate training
- Lack of knowledge of resources available to help care for LEP patients
- Cultural differences



Barriers: Software

- Lack of trust in translation
- Pharmacist cannot read printed label to verify
- Does not address all dialects of a language



Barriers : Interpreters

- Be careful when using ad hoc interpreters:
 - Omissions
 - Additional information
 - Personal opinions
 - Errors in interpreting



Barriers: Books

- Very limited resources available specifically for pharmacists
- Actual usefulness of the publication



Unique Programs Identified

- Meducation
 - Software to help provide real-time video interpretation for LEP patients; also provide document translation services
- Nationwide Children's Hospital, Columbus, OH
 - Developed Mediglyphs, a web-based picture library utilizing pictograms to illustrate medication-specific instructions



Pharmacy Education



Promising Practices: Pharmacy Education

- 61% (43/74) of responding pharmacy colleges provide some education on the topic of LEP patients
 - Classroom education
 - Required vs. elective courses
 - Professional communication courses
 - Pharmacy practice laboratory courses
- Of those who do not currently include this in their curriculum:
 - 12 are considering it
 - 15 are not planning any changes



Promising Practices: Pharmacy Education

- St. Louis College of Pharmacy
 - Professional Communication: required, 1st professional year
 - Includes: avoiding leading questions, not using children as interpreters, caution with words that are similar in different languages ("once" in English/Spanish)
 - Intercultural Communication in Healthcare: elective
 - Includes: how to use interpreters, student workshop on trying to use medication directions in a different language, development of a "cheat sheet" to help a pharmacist interact with an LEP patient



Promising Practices: Pharmacy Education

- University of Washington School of Pharmacy
 - Community Service & Outreach: required, 1st professional year
 - Includes: student project on translation of patient info into various languages
 - Human Behavior & Communication: required, 1st professional year
 - Lectures on communicating with LEP patients from Asia, Africa, Eastern Europe, and with Latino/Hispanic patients with a 2 hours workshop
 - "Students report that they walk with increased confidence with not only Spanish speaking persons but with other non-English speakers as well."



Promising Practices: Pharmacy Education

- Experiential education
 - Difficult to assess
- When asked for details on their experiential sites:
 - "I can not imagine a site where there is never a need for language services"
 - "I don't think that myself as a practitioner or students are well-prepared to handle these situations. I find it especially difficult when the communication needs are very specific and can not be 'summarized' using a pamphlet in the patient's native language."



Promising Practices: Pharmacy Education

- Continuing education programs
 - Several relevant programs identified
 - Majority of programs address cultural competency, health literacy, and health disparities
 - Three programs specific to LEP topics were identified



Promising Practices: Continuing Education

Improving Medication Safety for Limited English Proficient New Yorkers

- St. John's University College of Pharmacy & Allied Health Professions
- Live CE 3.0 hours

- Define cultural competency
- Describe demographics of NYC immigrant population
- Discuss health disparities experienced by the immigrant population
- Discuss language barriers and their impact on healthcare
- Formulate strategies for overcoming linguistic access barriers
- Discuss difficulties pharmacists may face when trying to incorporate such strategies



Promising Practices: Continuing Education

Providing Pharmacy Care to Patients with Low English Proficiency

- National Pharmaceutical Association
- Live CE 1.0 hours

- Identify patients with low English proficiency
- Enumerate particular obstacles for the LEP patient
- Work effectively with an interpreter
- Apply governmental and professional standards for working with LEP patients
- Identify resources to facilitate communication with LEP patients



Promising Practices: Continuing Education

Unified Health Communication: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency

- American Pharmacists Association
- Home Study CE 5.0 hours

- Explain that a unified approach to health communications includes addressing limited health literacy, cultural differences, and limited English proficiency (LEP)
- Identify patients with different levels of health literacy (including limited health literacy) and evidence of appropriate communication with these patients
- Identify evidence of culturally competent care
- Identify behaviors that contribute to effective patient-provider communication with LEP patients
- Apply a unified health communication approach to interactions with patients with limited health literacy, LEP, and/or cultural differences



Conclusion

- Changing patient demographics have increased the need for effective provision of pharmacy services to LEP patients
- Although services being provided were identified, an overall need for more resources exists
- Many helpful resources were identified
 - These are all important components of cross-cultural, language-appropriate health care; however, they are not pharmacy-specific materials, as they do not address issues related to medication use.
- Development of more pharmacy-related material will help increase provision of appropriate language access services in pharmacy settings.



Future Steps

- Increase awareness
- Development of pharmacy-specific resources
- Incorporate education about challenges faced by LEP patients into the pharmacy curriculum



Questions