Improving Language Access at New York City Pharmacies

Improving Medication Safety:
Addressing Literacy and Language Barriers

NYU School of Medicine/ Bellevue Hospital Center

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Presentation Overview

• Study background and findings
• Education and interventions to improve language access
• Policy relevant research: Lessons learned

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Why Language Access in Pharmacies?

Language Access

• In 2000, approximately 21 million people in the US were LEP, representing a growth rate over the past decade > 50%.

• In New York City more than 1 in 4 adults report that they do not speak English well or do not speak it at all
  • Almost ½ of LEP New Yorkers live in homes where no one speaks English well.

Pharmacies

• Language appropriate medication instructions are particularly important, due to:
  • The value of medication to the treatment of illness
  • The serious consequences of medication errors
  • Patient responsibility for managing often complex medication regimens on their own.

• The provision of oral and written medication instructions in the patients’ language is linked to improvements in health outcomes.
Research on Language Access in NYC Pharmacies

• Conducted from 2005 - 2006

• Project included:
  • A random sample telephone survey of 200 NYC pharmacies
  • Interviews and focus group discussions with LEP Latino and Chinese New Yorkers
  • Supplementary research to understand barriers to language access
  • Community Advisory Board (CAB) with membership representing diverse professions and institutions
Pharmacist Survey: Methods

• Five minute phone survey of randomly selected community, hospital outpatient and clinic pharmacies, probing:
  • Patient characteristics
  • Capacity for and use of translated prescription medication labels & patient information sheets
  • Medication counseling in languages other than English
  • Factors affecting language access
## Survey Findings: Patient Characteristics

### Limited English Proficient Pharmacy Patients, by Pharmacist Report

<table>
<thead>
<tr>
<th>Daily LEP, any language</th>
<th>176 (88%)</th>
</tr>
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<tbody>
<tr>
<td><em>Daily Spanish</em></td>
<td>156 (78%)</td>
</tr>
<tr>
<td><em>Daily Chinese</em></td>
<td>31 (16%)</td>
</tr>
<tr>
<td>No LEP customers</td>
<td>10 (5%)</td>
</tr>
</tbody>
</table>

### Percent LEP in pharmacy census tract

Mean (range) 24.4% (3.2 – 62.9%)
Survey Findings:
Frequency of Translation of Medication Labels
(n = 176)*

- Independent pharmacies significantly more likely to provide translated labels than chain pharmacies
- Pharmacies in dense Spanish speaking LEP neighborhoods more likely to provide translated labels

*176 pharmacies with LEP patients daily
Survey Findings: Verbal Instructions in Languages other than English

- Pharmacies commonly have bilingual staff available to interact with patients. Less common are bilingual pharmacists
  - 74.5% of pharmacies reported Spanish speaking staff; just 22% reported Spanish speaking pharmacists
  - 13.5% of pharmacies reported access to telephone interpreter services; usage was negligible
- Pharmacists most often used *ad hoc* interpreters including cashiers, “techs,” patient family members, other customers, other community members (e.g. person from the store next door)
Survey Findings: Barriers to Language Access in Pharmacies

• Pharmacies lack systematic methods for identifying patient language needs:
  • 10% indicate language preference in the customer record
  • 7.5% have a sign indicating that language services are available

• Dispensing software (used to print labels):
  • Has limited translation capacity (in independent pharmacies)
  • Lack the space for dual language labels
  • Pharmacists lack trust in translations

• Language access not high on list of pharmacists concerns
Consumer Interviews & Focus Groups: Methods

• Participants were recruited at 3 community organizations
• Individual interviews (n = 32 Chinese, 26 Latino) & 3 focus groups were conducted by agency staff and outside interviewers
• Interviews & focus groups included questions on:
  • Current medications, including knowledge of regimens, sources of and preferences for medication information
• Interview participants were also asked to bring in prescription bottles for medication they or their children were currently taking
  • Language of medication labels, pharmacy name and address were recorded by interviewer
Consumer Survey & Focus Groups: Findings

• Chinese interview participants were more likely to have translated labels than were Latino participants
  • 72% of Chinese participants had translated labels
  • 27% of Latino participants had translated labels
• In focus group discussions, all Chinese participants knew that translated labels were available as compared to half the Latino participants
Continuing Education Course for Practicing Pharmacists

- Course developed as a collaborative effort between the Center for Immigrant Health at NYU, St. John’s University College of Pharmacy and Allied Health Professions, and The New York Academy of Medicine
  - Course offered 2 times in 2007 and 2008
  - Registration has not been as high as hoped but participants appear engaged
  - Hope is that course will be offered after the grant period and material will be integrated into other St. John’s coursework
Pilot Interventions in NYC Pharmacies: Methods

- A menu of interventions was developed to offer to community and hospital outpatient pharmacies that serve significant numbers of LEP patients, including:
  - Telephone interpretation
  - Signs informing patients of language services available
  - Multilingual health education materials
  - Interpreter training and assessment for pharmacy staff
  - “Talking” medication bottles that can be programmed to provide verbal instructions in the patient’s language
- Pharmacies did not have to agree to a particular intervention but are expected to choose those most consistent with their capacity and need
- $100 per month incentive for participating, and must agree to baseline, interim and final interviews assessing the implementation and outcomes of the interventions
- Multiple methods were utilized for recruitment, including street outreach, recruitment through CE class and targeted outreach to collaborating pharmacies of St. John’s School of Pharmacy. Interest was low.
Pilot Interventions in NYC Pharmacies: Findings

- The most frequently selected interventions included:
  - Signs describing language services available
  - Bilingual health education materials
  - Telephone interpretation

- Pharmacists expressed strong interest in interpreter training and assessment for bilingual staff; in practice, appear unwilling to commit staff time to these activities

- Pharmacists using telephone interpreter services found waiting times to be short (most often) and service to be good
  - Phone calls lasted an average of 6 minutes costs range from $2.20 per minute (Spanish during peak hours) to $4.50 per minute (e.g. Farsi, off peak)

- Unanticipated logistic barriers, seemingly minor, impacted on implementation, including:
  - Difficulties finding a printer capable of multilingual printing
  - Difficulties in identifying appropriate rental phones to use with interpreter service
  - Lack of space for multilingual signs and health education materials
Making Research Policy Relevant: Lessons Learned

• Issue with clear to significance to those affected
• Relatively narrow focus that’s easy to understand, with solutions also seemingly easy to understand
  • Narrow focus provides opportunities to examine issue from multiple perspectives: patient, pharmacist, legal, industry
• Topic that can be linked to existing laws and/or regulations
Lessons Learned
(Continued)

• Contribution of the CAB (including funder) was invaluable with respect to study design and dissemination
  • Inclusion of pharmacists with practice, regulatory and educational experience invaluable
  • Advisory board of professionals (rather than “community”) was appropriate for this project
• Dissemination beyond academic publications
  • Publication-ready press releases
  • Conference presentations
  • Not necessary to wait for research to be published
Conclusion

• A portion of the pharmacist community is concerned about language services and willing to examine methods to improve care for their LEP patients.

• Pharmacists report being extremely busy with multiple responsibilities. Most pilot pharmacies did not utilize pilot interventions to the extent anticipated.

• Our experience working with practicing pharmacists reinforces the belief that system-wide barriers to language access services act as impediments to widespread change, including:
  • inexpensive telephone interpretation,
  • dispensing software with multilingual capabilities, and
  • language and cultural competency courses within the pharmacy curriculum
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