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# Access to Spanish Prescription Medication Labels from New York City Pharmacies

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# Study Focus

- Descriptive research focused on the availability of translated prescription medication information for limited English proficient (LEP) New Yorkers
  - This presentation is focused on the need for and availability of medication information in Spanish
  
- Specific concerns:
  - Translated prescription medication labels
  - Translated medication instructions (patient information sheets)
  - Medication counseling provided at pharmacies
  - Factors affecting language access in pharmacy settings

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# Background 1: Prescription Medications

- Prescription medications are an essential part of effective medical care
  - 1.3 billion medications were prescribed or provided during medical visits in 2002 alone
  
- Medication instructions may be complex, including:
  - Dosing, frequency, duration, and special instructions regarding food, liquids, and storage
  - Information on side effects
  
- Medication errors can have serious implications, including:
  - Reduced efficacy, increased adverse events, drug resistance
  
- Patients have day-to-day responsibility for medication management and recognition of adverse events

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## Background 2: Spanish Speaking/LEP Population

- According to the 2000 Census, 21.4 million people, or 8.1% of the U.S. population, are LEP\*
  - This represents a significant increase from 1990 (6.1%) and 1980 (4.8%)
- 64.5% of the LEP population are Spanish speakers
- In New York City, 23.6% of the population are LEP
- Over half of LEP New Yorkers are Spanish speaking

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\* LEP is defined as being unable to speak English “very well.”

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## Background 3: Legal Considerations

- As recipients of federal funds in payment for medications, pharmacies are subject to the requirements of Title VI of the 1964 Civil Rights Act.
- Pharmacies in New York State may be required to provide language access services to comply with the branding and counseling provisions governing pharmacy practice.

Branding: Medical labels or printed information must be rendered in a way that “is likely to be read and understood by the ordinary individual under customary conditions of purchase and use.”

Counseling: A pharmacist or pharmacy intern providing prescription services shall be required to personally counsel each patient or person authorized to act on behalf of a patient.

- Hospital-based pharmacies in New York would be required to follow the directives of the NYS Language Access and Patients Rights regulations adopted in September 2006

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# Study Methods

- Telephone survey of 200 randomly selected pharmacies from a list of all licensed NYC pharmacies (2100+) provided by the Office of Professions, NYS Education Department.
- Interviews were conducted with a pharmacist on duty between February and August 2006 and took about 5 minutes each to complete.

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# Study Methods (*continued*)

- Survey included questions on:
  - Frequency and language of LEP customers
  - Languages spoken by pharmacy staff
  - Ability to print translated medication labels and leaflets
  - Frequency of translations
  - Other policies and practices regarding multilingual medication information

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# Pharmacist & Pharmacy Characteristics

■ Pharmacy Type		
□ Independent	119	(59.5%)
□ Chain	71	(35.5%)
□ Clinic/Hospital outpatient	10	(5.0%)
■ Pharmacist Birthplace		
□ USA/Canada/Puerto Rico	76	(38%)
□ Africa/Middle East	10	(5%)
□ Asia & Pacific Islands	75	(38%)
□ Caribbean/Latin America	11	(6%)
□ Europe	20	(10%)
□ Missing	8	(4%)

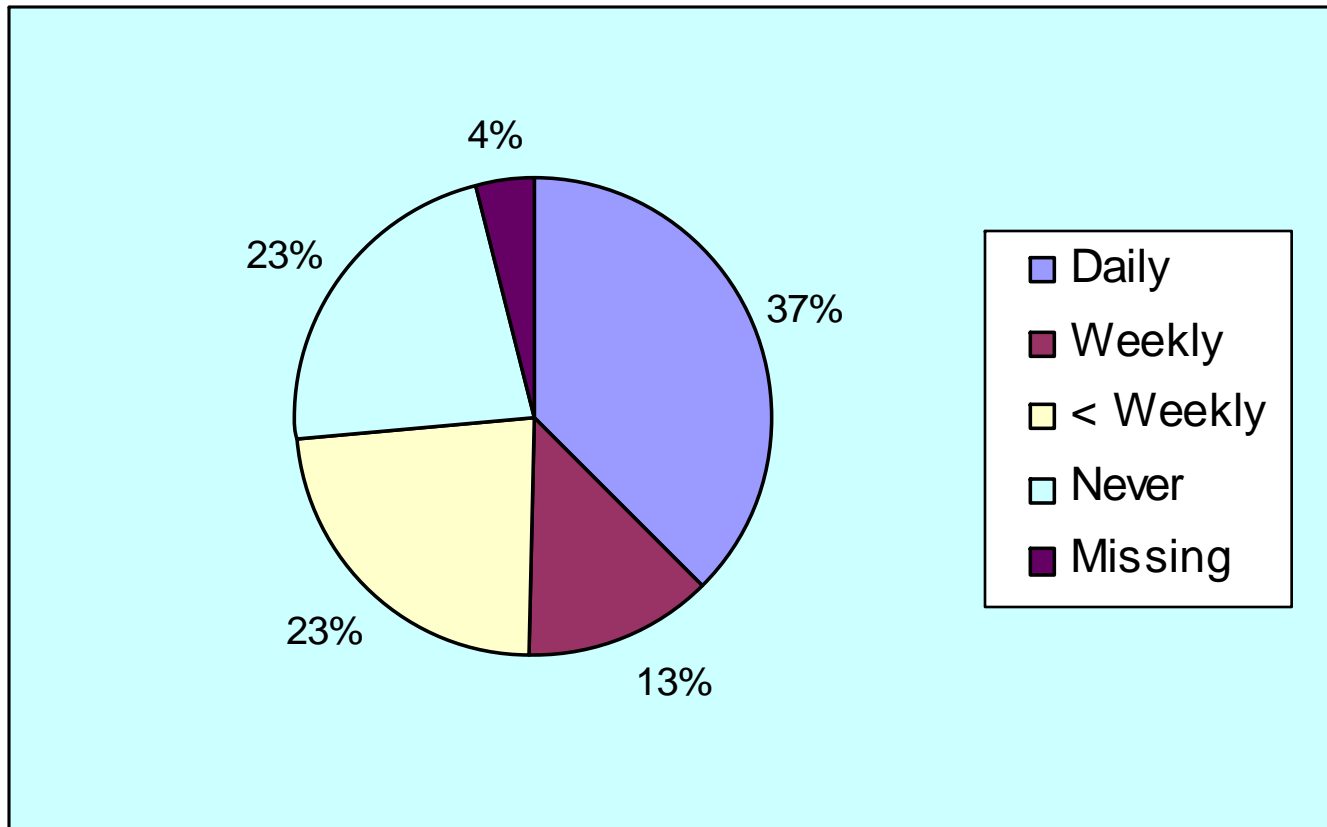


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# Limited English Proficient Pharmacy Patients

- Pharmacist Self-Report
  - Daily LEP, any language 176 (88%)
    - *Daily Spanish* 155 (78%)
    - *Daily Chinese* 31 (16%)
    - *Daily Russian* 27 (14%)
  - Less than daily LEP 14 (7%)
  - No LEP customers 10 (5%)
  
- Percent Spanish speaking LEP in pharmacy census tract
  - Mean 12.6%
  - Range 0 – 49.8%

# Frequency of Translation of Medication Labels (n = 155)\*



*\* 155 pharmacies with Spanish speaking LEP patients daily*

# Adjusted Odds for Daily Translation of Medication Labels (n = 155)\*

Adjusted Odds Ratios for Translation of Medication Labels on a Daily Basis (with

Characteristic	Adjusted Odds Ratio & (Confidence Interval)
<b>Pharmacist birthplace</b>	
USA/Canada/Puerto Rico	1.00
Asia/Pacific Islands	1.17 (0.48, 2.85)
South America/Caribbean	0.16 (0.01, 2.26)
Africa/Middle East	0.30 (0.04, 2.22)
Europe	1.03 (0.24, 4.35)
<b>Pharmacy type</b>	
Chain	1.00
Independent	3.40 (1.25, 9.28) <sup>a</sup>
Clinic/Outpatient hospital	5.43 (1.09, 27.01) <sup>a</sup>
<b>Pharmacy neighborhood characteristics</b>	
LEP in pharmacy neighborhood, Spanish speaking	1.08 (1.04, 1.12) <sup>b</sup>

<sup>a</sup> p < .05 in multivariate logistic regression

<sup>b</sup> p < 0.01 in multivariate logistic regression

\* 155 pharmacies with Spanish speaking LEP patients daily

# Pharmacy Capacity to Provide Medication Information in Languages other than English

	Spanish n (%)	Chinese n (%)	Russian n (%)	Any Language n (%)
<b>Translated labels &amp; patient information sheets</b>				
Main label	143 (71.5%)	24 (12.0%)	19 (9.5%)	159 (79.5%)
Patient information sheet	103 (51.5%)	9 (4.5%)	8 (4.0%)	103 (51.5%)
Warning label				88 (44.0%)
<b>Verbal information in languages other than English</b>				
Yes	149 (74.5%)	28 (14.0%)	24 (12.0%)	177 (88.5%)
By pharmacist	44 (22.0%)	23 (11.5%)	17 (8.5%)	86 (43.0%)
By other staff	117 (58.5%)	6 (3.0%)	10 (5.0%)	133 (66.5%)
<b>Telephone interpretation</b>				
Yes				27 (13.5%)
No				172 (86.0%)

*Most pharmacies (75%) have dispensing software with translation capabilities. 2 respondents said they developed their own translation software. Other respondents said they handwrite the translations.*

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# Translated Medication Labels: Determining Who Gets Them (n = 155)\*

■ Can tell through interaction	87	(56.1%)
■ Language in customer record	19	(12.3%)
■ Customer requests translation	56	(36.1%)
■ Indicated on the prescription	13	(8.4%)
■ Sign in pharmacy	13	(8.4%)
■ Word of mouth	19	(12.3%)

*Three pharmacists reported that translated labels are provided to all patients except those requesting English only.*

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*\* 155 pharmacies with Spanish speaking LEP patients daily*

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# Barriers to Increased Language Access

- Pharmacists concerned about translating into languages they don't understand – concerned about liability if there is an error
- Inadequacies in translation software
  - Programs generally print only one language at a time. May need to print two labels to have English (which is required) and a second language
  - Translations may be awkward, not grammatically correct
- Demands on pharmacists' time are already very high. Some feel there is not time for translation
- Shortage of qualified bilingual staff
- Pharmacists' attitudes and level of awareness. Relatively limited concern for the results in inadequate systems for identification and appropriate response to language access needs.

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# Project Next Steps

## *Improvement in language access at pharmacies through:*

- Continuing education classes for practicing pharmacists
- Pilot interventions at selected pharmacies

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## Summary: Language barriers in pharmacy settings...

- A little (although increasingly) recognized problem
  - Within pharmacy education or practice
  - By practitioners and advocates working to improve language access in health care settings
- A lot of possibility for change
  - Technology exists to dramatically improve language access in pharmacies
  - Significant improvements can occur with relatively simple changes in systems and behaviors



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# Project Staff and Collaborators

## Community Advisory Board

- Emily Ambizas, St. John's University, College of Pharmacy and Allied Health Professions
- Elana Behar, Hunter College
- Sebastian Bonner, The New York Academy of Medicine
- Olveen Carrasquillo, Columbia University Department of Medicine
- John Chin, Hunter College
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- Megan McAllister, Program Officer, Altman Foundation
- Theo Oshiro, Make the Road by Walking
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