



English-Only Medication Labels: A Public Health and Social Justice Issue

Interprofessional Care Access Network (I-CAN)

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What is the problem?



Can you understand this label?

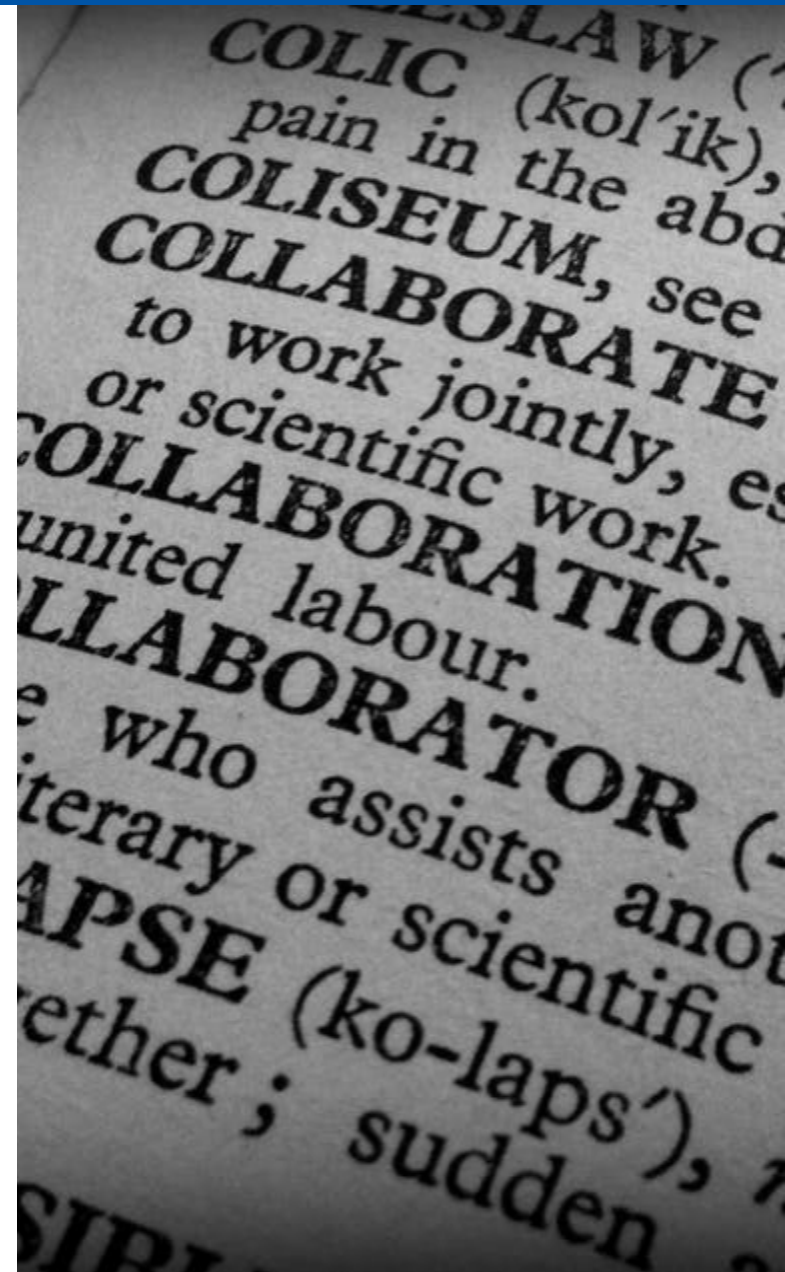
Non-English speakers

23 percent

of people in Oregon do not speak English “well” or “at all”.

25 million

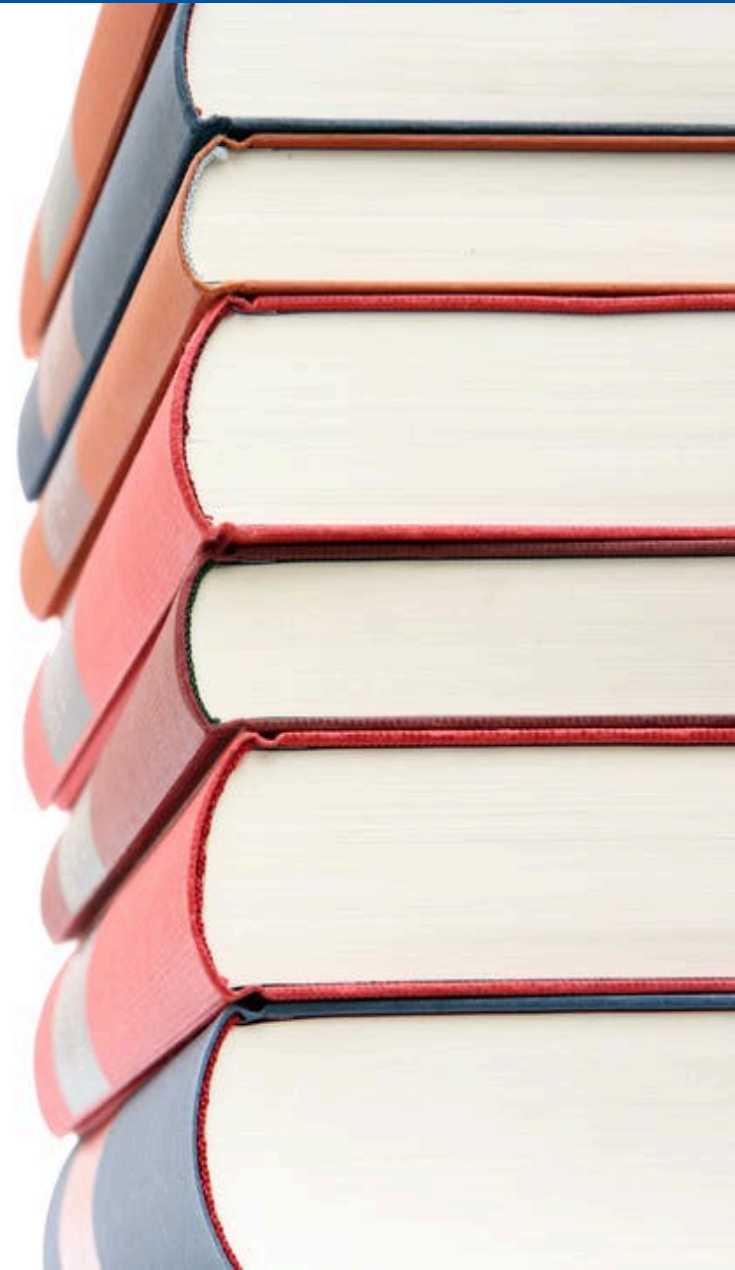
individuals in the U.S. are considered limited-English proficient (LEP).



LEP is a Social Determinant of Health

Limited English proficiency (LEP)
is correlated with:

- lower levels of education
- increased poverty
- poor health insurance coverage
- low health literacy



Language barriers may affect the delivery of adequate care :

- poor exchange of information
- misunderstanding of physician instruction
- poor shared decision-making, ethical compromises (e.g. difficulty obtaining informed consent)
- decreased adherence with medication regimens
- poor appointment attendance

Medication errors

Up to one-half of all medicines are taken incorrectly sometimes leading to dangerous reactions that can lead to injury and death (not just LEP).



Medication errors: Huge costs

Medicine errors harm 1.5 million people every year costing close to **\$3.5 billion annually.**



Health Care Access

Language barriers have been found to be as significant as the **lack of insurance** in predicting use of health services.



How did we get involved?



**I-CAN is a model for
healthcare delivery and
interprofessional
practice and education.**

I-CAN core elements



Referral

Community partners identify potential I-CAN clients



Intake

Faculty-in-Residence and student teams conduct intake



Home visits

Student teams meet regularly with clients, often in their homes



Care coordination

Students address social determinants of health using local resources



Transition

Clients transition out of I-CAN when client-set goals are met



Our population: Refugees in Oregon

65,832 in Oregon since 1975

Recent arrivals: Burma, Bhutan, Iran, Iraq, Somalia, Congo, Ukraine, Ethiopia, Eritrea, Cuba



Medication reconciliation



Medication reconciliation



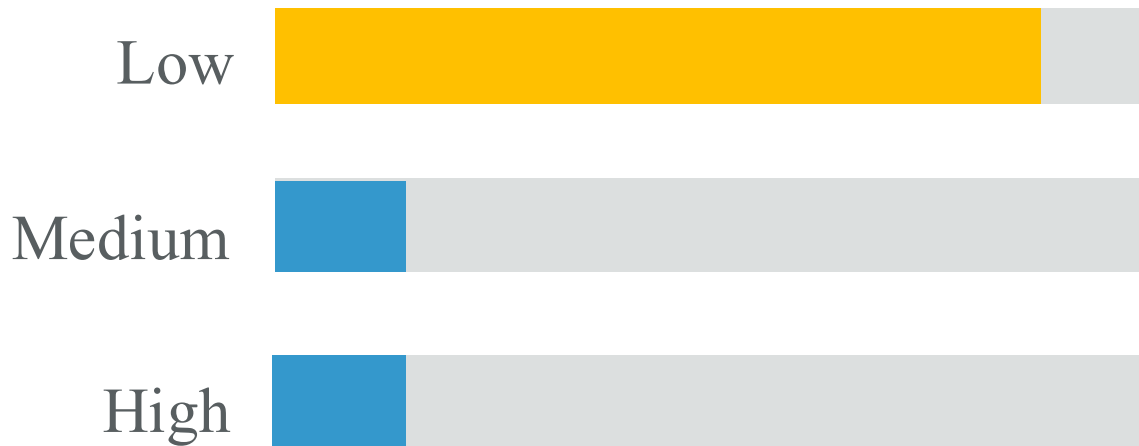
Language

92% of I-CAN clients in SE Portland preferred a language other than English



Medication literacy

70% of SE Portland I-CAN clients surveyed scored low on medication literacy



Medication reconciliation



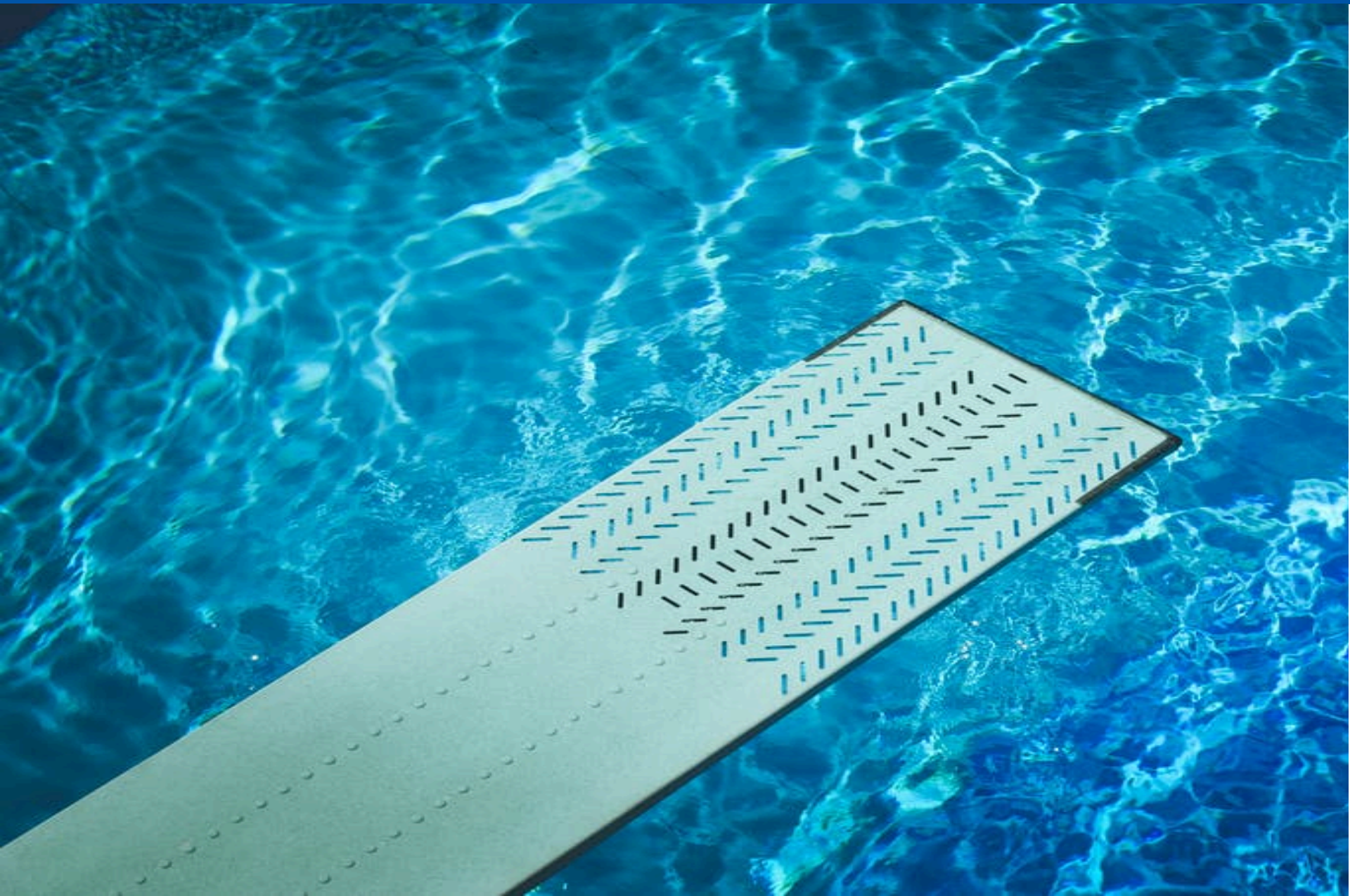
Only 1 in 10
SE Portland I-CAN
clients knew the name,
purpose, and frequency
of all their medications

Medication reconciliation

More than 75%
of SE Portland I-CAN clients are not
taking medications as prescribed



Project: Medication Labels




Interviews/surveys with clients



Interviews with providers

“I spend so much time explaining what a medication label says that I run out of time to address other important health needs.”

Interviews with local pharmacists



“I’d say one in three clients I see leaves not understanding their medication.”

Oregon Board of Pharmacy

Themes from interview with a board member:

- Business concerns—cost of new software
- Efficiency/need to process prescriptions quickly
- One size fits all law problematic if in region without multiple languages
- Important to have English on bottles with patient language so pharmacists and other health providers can read the bottles.
- Suggests keeping English label but giving translated handouts. (Another paper? Nurses know this is not the answer.)

What is happening in Oregon?



Solution? Look to California and New York

“The need to understand prescription information can literally be a matter of life and death.

For those New Yorkers who do not speak English as a first language this agreement will ensure they have the medical information needed to protect their health and well-being and that of their families.” – Governor Cuomo of New York

In August 2009, the New York City Council passed the Language Access Pharmacies Act (LAPA).

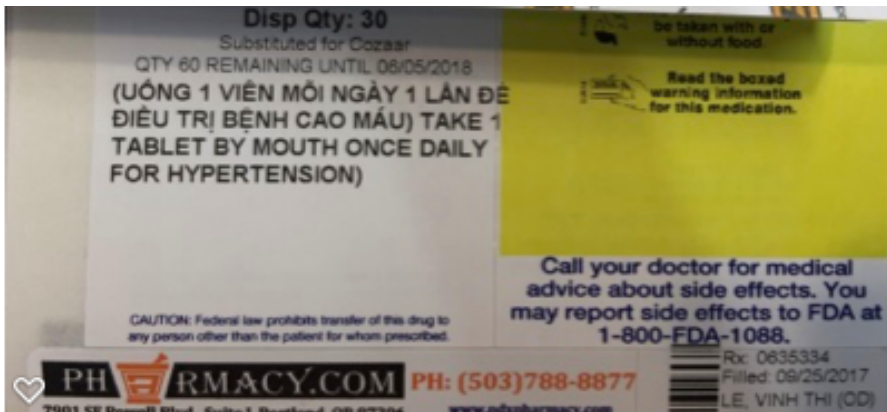
15 phrases; 5 languages

Take 1 tablet at bedtime Take 2 tablets at bedtime Take 3 tablets at bedtime Take 1 tablet in the morning f§. Take 2 tablets in the morning Take 3 tablets in the morning @ Take 1 tablet in the morning, and Take 1 tablet at bedtime Take 2 tablets in the morning, and Take 2 tablets at bedtime .ill Take 3 tablets in the morning, and Take 3 tablets at bedtime W Take 1 tablet in the morning, 1 tablet at noon, and 1 tablet in the evening Take 2 tablets in the morning, 2 tablets at noon, and 2 tablets in the evening ill Take 3 tablets in the morning, 3 tablets at noon, and 3 tablets in the evening Take 1 tablet in the morning, 1 tablet at noon, 1 tablet in the evening, and 1 tablet at bedtime Take 2 tablets in the morning, 2 tablets at noon, 2 tablets in the evening, and 2 tablets at bedtime Take 3 tablets in the morning, 3 tablets at noon, 3 tablets in the evening, and 3 tablets at bedtime Take 1 tablet as needed for pain. You should not take more than tablets in one day Take 2 tablets as needed for pain. You should not take more than tablets in one day

Spanish, Vietnamese, Korean, Russian and Chinese

Neighborhood pharmacy figures it out

Chinese
Vietnamese
Russian
Spanish
English



Oregon can do better!

We need more than the 5 most common languages if we are to better serve refugee population.

Arabic

Somali

Karen

Tigrinya

Nepali

Farsi

Swahili

And many more...



Interpretive services/Language lines

Use of interpretive services is essential for pharmacists to educate patients. However, our local surveys and literature review reveal vast **under-utilization**.



NO interpreter better than family member?

Certified interpreters only:

- The error rate of untrained ‘interpreters’ (including family and friends) is sufficiently high as to make their use more dangerous in some circumstances than no interpreter at all.
- Using untrained interpreters lends a false sense of security to both provider and client that accurate communication is actually taking place.

The Office of Minority Health
U.S. Department of
Health and Human Services (HHS)



Civil Rights Issue: LEP a protected class

Title VI of the Civil Rights Act of 1964

The denial or delay of medical care because of language barriers constitutes discrimination and requires that recipients of Medicaid or Medicare funds provide adequate language assistance to patients with limited English proficiency.

Affordable Care Act Section 1557

Requires that health care organizations use “qualified” interpreters to communicate with LEP patients.



Another reason for interpreters

Translated labels may not help if one cannot read in one's language; interpreter services needed.

Pre-literate: **50%** of SE Portland I-CAN clients rated their ability to read in own language as “very poor”.

I Speak Cards

Preferred Language Card

I speak Somali

I need language help. Please give me a qualified or certified interpreter in my spoken language. Please note this language in your permanent records.

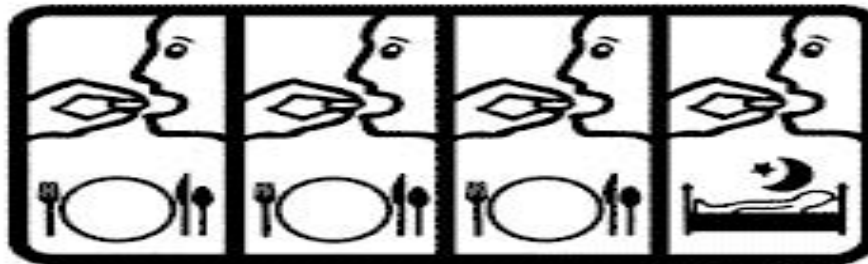
Thank you!



**Title VI of the Civil Rights Act of 1964
requires all federally funded agencies to
provide free language access services.**

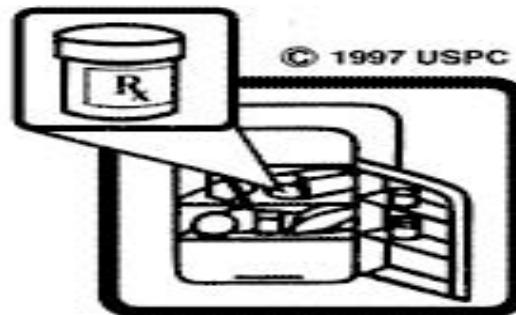
Other communication tools

Pictograms



© 1997 USPC

Take 4 times a day, with meals and at bedtime.



© 1997 USPC

Store in refrigerator.

Cultural considerations beyond language

”Culture affects how people communicate, understand and respond to health information.”

US Dept of Health and Human Services

- Reluctant to ask questions.
- System differences, i.e. do not know they need to go to a doctor to get a prescription or understand refill processes.
- Disappointed that they do not get medications each clinic visit.
- Have different gender norms.
- Used to sharing meds with family.
- Stop taking as soon as feeling better.
- May use different medicines than are available here

Organize for change: Next steps

- 1) More data
- 2) Legislative action—Make it a “thing”
 - OPHA
 - Immigrant and refugee advocacy groups
 - Oregon Law Program
 - Board of Pharmacy
 - Healthcare equity advocacy groups
- 3) Educating: pharmacists, providers, patients (know your rights)
- 4) Design engineers
- 5) Technology partners



Thank You

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