Language Access in New York Pharmacies:
An Evaluation of City and State Policy Change

Project Summary

Background

Inadequate access to translated medication instructions puts limited English proficient (LEP) patients at risk for poor health outcomes. Medication mistakes are the most common form of medical error in the US;[1] a significant portion of these errors can be attributed to inadequate comprehension of instructions.[2]

In New York, 8.2% of NY households are linguistically isolated, meaning that all household members over age 13 are LEP.[3] NYAM and collaborators conducted research in 2006 which indicated that just 39% of NYC pharmacies with daily LEP patients translated labels daily and 23% never translated. Chain pharmacies were significantly less likely to provide language services as compared to independent pharmacies.

Advocacy and legal action brought by Make the Road NY (MRNY) and NY Lawyers for the Public Interest (NYLPI) resulted in the passage of legislation—at the City and State level—requiring chain pharmacies to provide language access services, including signage, oral interpretation, and written translation of medication instructions (see table). The extent to which these legal changes have resulted in changes in practice has not yet been examined. Furthermore, while research has demonstrated the public health consequences of failing to provide language services,[4,5,6] there is little understanding of the implications, if any, of laws enacted to improve the provision of language services in pharmacies.

Project Aims

- Aim 1: To assess the extent to which access to, and provision of, translated verbal and printed prescription medication instructions improved in NY pharmacies, as compared to the 2006 baseline.
- Aim 2: To identify whether improvements in language services impact patients' medication knowledge and adherence

Data Collection

The study includes three components: surveys of 200 pharmacies, surveys of 80 patients (with pill bottle checks), and structured observations at 40 pharmacies.

- Pharmacist survey: Random sample phone survey of 200 NYS chain pharmacies located in neighborhoods with high concentrations of LEP Latino residents. Consistent with the prior survey, we will probe for information regarding pharmacy characteristics, capabilities and practices; characteristics of pharmacist and pharmacy patients; and general information regarding barriers and facilitators to the provision of language access services and compliance with NYC and NYS law.
- Observation of NYC pharmacies: Systematic observations at pre-selected pharmacies in NYC and Long Island neighborhoods with high LEP concentrations. Observations will focus on multilingual signage informing patients of available language access services.
- Surveys of LEP Patients: In-person surveys with 80 LEP patients recruited from MRNY membership in NYC (20 each from Brooklyn, Queens and Staten Island) and 20 from MRNY membership in Long Island. Data will include prescription information, sociodemographics, medication label information, medication self-efficacy, and pharmacy and healthcare use.

Use of Findings

Findings may be used for ongoing and sustained advocacy for adequate enforcement of pharmacy language access services and/or to support replication of NY policies in other cities and states.

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[1] Kohn LT, Corrigan JM, Donaldson MS. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press; 2000.

[2] Davis TC, Wolf MS, Bass PF, et al. Literacy and Misunderstanding Prescription Drug Labels. *Ann Intern Med*. 2006;145:884–894.

[3] *New York: Language and Education*. Migration Policy Institute, New York; 2012.

[4] Levya M, Sharif I, Ozuah P. Health Literacy among Spanish-Speaking Latino Parents with Limited English Proficiency. *Ambul Pediatr*. 2005;5:56–59.

[5] Budnitz D, Pollock D, Weidenbach K, Mendelsohn A, Schroeder T, Annest J. National Surveillance of Emergency Department Visits for Outpatient Adverse Drug Events. *JAMA*. 2006;296:1858–66.

[6] Gandhi T, Burstin H, Cook E, et al. Drug Complications in Outpatients. *Drug Complicat Outpatients*. 2000;15:149–54.