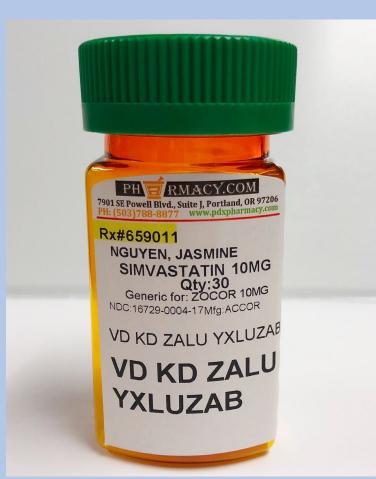
220,000 Oregonians Can Now Read their Pill Bottles. Teaching Nursing Students to Advocate for Health Equity Through Legislative Action

"The single biggest problem in communication is the illusion that it has taken place."

~George Bernard Shaw



Kristen Beiers-Jones MN,RN Oregon Health and Science University



Kill 2 birds with 1 stone



Free two birds with one key.

Mash two potatoes with one fork.

Flutter two hearts with one look.

Let's pull two weeds with one yank.

Water two plants with one hose.

Get two giggles from one tickle.

Tickle two tummies with one finger











Agenda: the 2 Birds



Teaching students

Population Health
Community as patient
Social determinants of
equity and health
Organizing and advocacy
Leadership
Communication

All while engaging in

Policy Action

Working together to pass legislation that will:

- 1) improve health
- 2) cut health care costs
- 3) reduce disparities in the immigrant and refugee communities

We Stand on the Shoulders of Giants



AACN: Nurses are leading efforts to transform health care and improve health.

Advocacy for vulnerable populations with the goals of promoting Social Justice is recognized as the moral and ethical responsibilities of the nurse.

(American Association of Colleges of Nursing, 2008)

Q: Are we teaching undergraduate students to lead such efforts?

ANA: Address Unjust Systems

Nurse educators must firmly anchor students in nursing professional responsibility to address unjust systems and structures, modeling the profession's commitment to social justice and health through content, clinical and field experiences, and critical thought.

(American Nurses Association, 2015)

The American Nurses Association believes that advocacy is the key to advancing nursing, and invites all members to unite to drive forward health care change.

NLN: Our Greatest Potential

It is through the development of public policy advocacy skills that nurses will discover their greatest potential for success.

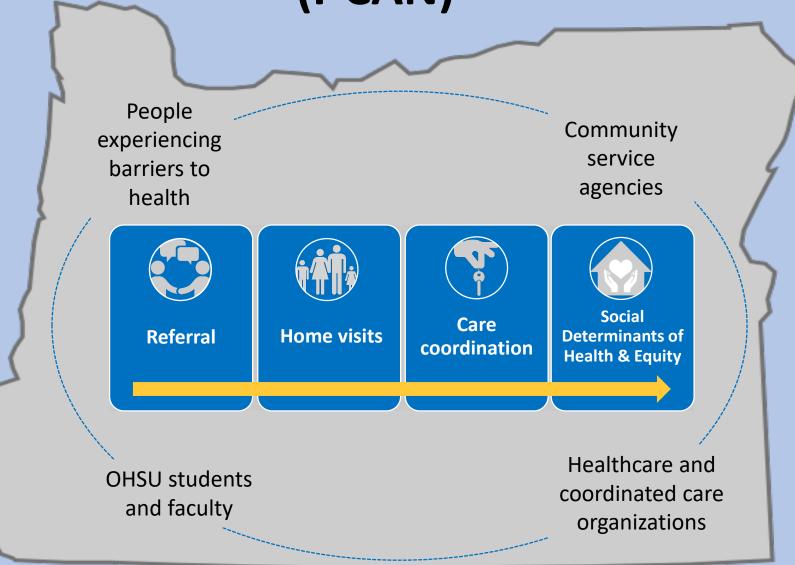
Nursing's long history of commitment to social issues and to the public it serves is exemplified not only by Nightingale but many other nurses as well through decades of war, epidemics, social upheaval, civil unrest, and victories for human rights.

National League for Nursing, www.nln.org

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

Interprofessional Care Access Network (I-CAN)





I-CAN Home Visit



Story of Iraqi Client & Her Children



Story of a Newborn





Now what? Collect Data. Learn.

- Literature search
- Data
- Surveys
- Interviews
- Accompanying clients to pharmacies to get their medications

Collect Data: LEP Population

- 1 in 17 Oregonians have limited English proficiency.
- 25 million in USA
- 8% of USA population



Collect Data: Languages of Oregon

Spanish

Chinese (incl. Mandarin, Cantonese)

Vietnamese

Russian

German

French (incl. Cajun)

Tagalog (incl. Filipino)

Japanese

Korean

Arabic

Hindi

Persian (incl. Farsi, Dari)

Khmer

Portuguese

Telugu

Swahili (Or other African language)

Italian

Tamil

Hmong

Serbo-Croatian

Hebrew

Polish

Urdu

Bengali

Punjabi

Greek

Gujarati

Haitian

Armenian

Navajo

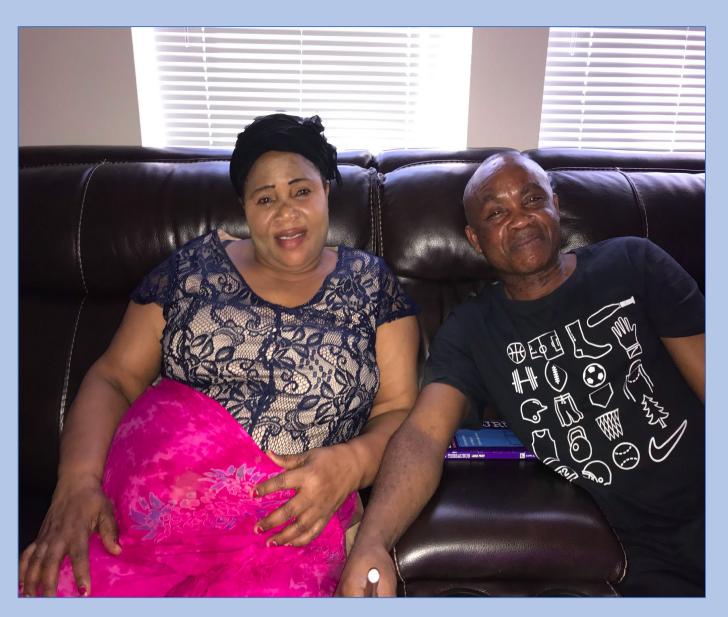
Collect Data: Interview Clients

"I have so many medications. I don't know what is for. They just give it to me and when I get home I put it in a bag and I take them all ...

I can't read what it is for and I don't know how to take them, it's confusing.

Medicine is supposed to make you better and heal you, but it can also kill you when you don't know what you are taking or how to take it".

Masoka (through Swahili interpreter)



Data Collection: Literature Review

1.5M

Medication errors harm 1.5 million people every year costing close to \$3.5 billion annually. (Institute of Medicine, 2007)

"The rate of adverse events associated with medication errors is **2.5 times greater** in limited English proficiency patients compared to English speaking patients." (Divi, Ross, Schmaltz, & Loeb, 2007).



PEOPLE

Collect data: Health Outcomes

- Poor exchange of information
- Misunderstanding of provider instructions
- Poor shared decision-making, ethical compromises
- Decreased adherence with medication regimes
- Poor appointment attendance

Collect Data: LEP is a Social Determinant of Health

Limited English proficiency correlated with:

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



Collect Data: 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."

Erview-oj FN

Difficulty understanding written information, including prescription bottle labels, is directly related to LEP patients being less likely to visit doctors or have a regular provider.

(Proctor, Wilson-Frederick, Samuel, & Haffer, 2018)

Providers often choose not to use language services even when these services are available.

(Green & Nze, 2017).

Collect Data: Visit Pharmacies

• Discovered that pharmacies that have labels translated into people's language is very rare despite chain pharmacies having access to translation software.

• Discovered many pharmacies do not call language line interpreters for non-English speakers.

"Most LEP individuals endure the consequences of ineffective communication in silence".

Language Services Guide for Pharmacists



Collect data: Interview Policy Experts

- Oregon Health Authority: Civil Rights Investigators
- Oregon Law Program
- RISE (Refugee Immigrant Services and Empowerment)
- Oregon Public Health Association
- Oregon Nurses Association
- Metropolitan Alliance for the Common Good
- Oregon Health Equity Alliance
- Health Share CCO
- Department of Human Services

Collect Data: LEP Rights

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 meaningful language assistance to patients with LEP



Collect Data: LEP Rights



Affordable Care Act Section 1557

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

What is Meaningful Access?

Interpretation vs.
Translation



Collect Data: Pharmacist's Code of Ethics

III. A pharmacist respects the autonomy and dignity of each patient.

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health.

A pharmacist communicates with patients in terms that are understandable.

In all cases, a pharmacist respects personal and cultural differences among patients. https://www.pharmacist.com/code-ethics

Data Collected: Now Identify the problem

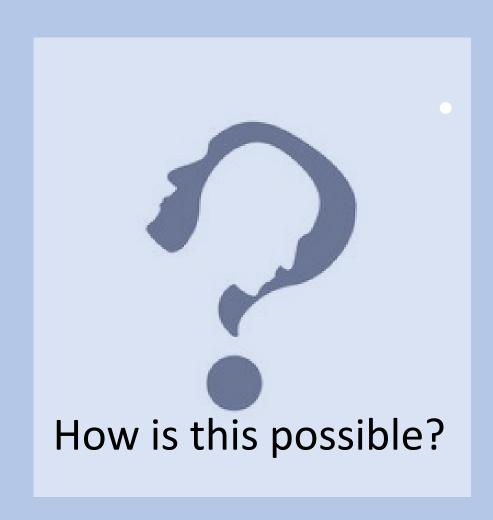
HEALTH AND SAFETY ISSUE

EQUITY AND SOCIAL JUSTICE ISSUE

CONTRIBUTE
TO HIGH
HEALTHCARE
COST



Pause for a breath...



Now DO something

Legislative Action!

What's already been done?

California & New York:

Laws mandating prescription translations.



Legal Precedent: 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

Legal Precedent: California



15 directions; 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



Formed a Core Team

Kate Ballard

Undergraduate OHSU nursing student

Kristen Beiers-Jones RN, MN

& many remarkable teams of OHSU I-CAN student nurses studying population health

Cheryl Coon

Executive Director of Refugee & Immigrant Services and Empowerment (RISE)

Lauren Kaplan, PMHNP

Psychiatric Mental Health Nurse Practitioner working on her doctorate

Brian Park MD, MPH

Physician incorporating community organizing into his medical practice

Margot Presley, DNP

Family Nurse Practitioner working at Multnomah County Clinic with many refugees and immigrants

Narrowed Focus

Interpretation or labeling?
Dual language?
Number of instructions?
Number of languages?
Which pharmacies?
Who is responsible?



Wrote a White Paper



Met with Legislators



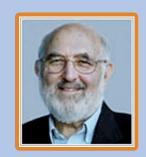
Rep. Sheri Malstrom



Rep. Teresa Alonso León



Rep. Rob Nosse



Rep. Mitch Greenlick



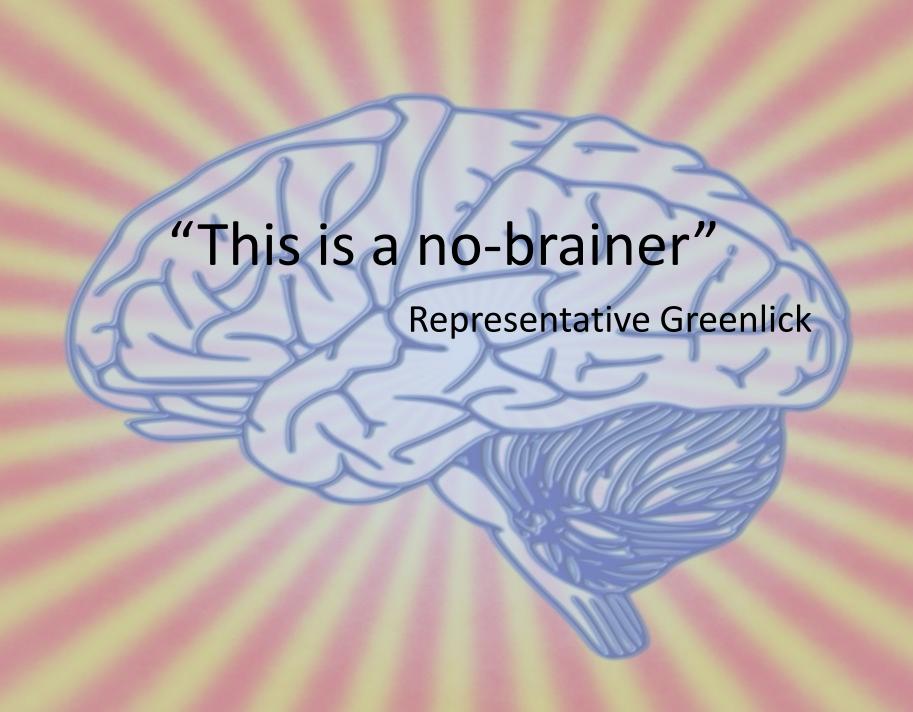
Rep. Alissa Keny-Guyer



Anderson



Sen. Laurie Monnes Sen. Elizabeth Steiner Hayward



Scale it down...

...or shoot for the moon???



Oregon Public Health Conference with Students 2017 & 2018





Wrote the Legislative Concept

80th OREGON LEGISLATIVE ASSEMBLY--2019 Regular Session

Senate Bill 698

Sponsored by Senator MONNES ANDERSON, Representative NOSSE; Senators BEYER, DEMBROW, GIROD, MANNING JR, STEINER HAYWARD, Representatives ALONSO LEON, GORSEK, KENY-GUYER, MCLAIN, MEEK, PILUSO, POWER, PRUSAK, REARDON, SALINAS, SANCHEZ, SCHOUTEN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires pharmacists to label prescription drugs in language other than English if patient to whom prescription drug is dispensed is person of limited English proficiency. Defines "limited English proficiency."

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

- 2 Relating to prescription drug labeling; creating new provisions; amending ORS 689.505; and prescribing an effective date.
- Be It Enacted by the People of the State of Oregon:

9

- 5 SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 689.
- SECTION 2. (1) As used in this section, "limited English proficiency" means identifying as being, or evidently being, unable to speak, read or write in English at a level that enables understanding health-related pharmaceutical information communicated in English.
 - (2) A prescription drug dispensed by a pharmacist or pharmacy intern to a patient who is of limited English proficiency must bear a label both in English and in a language that the patient can read and understand if the language understood by the patient is one spoken by 0.2 percent or more of the population of this state as determined by the most recent Oregon census. The pharmacist or pharmacist intern shall determine whether the patient is of limited English proficiency.

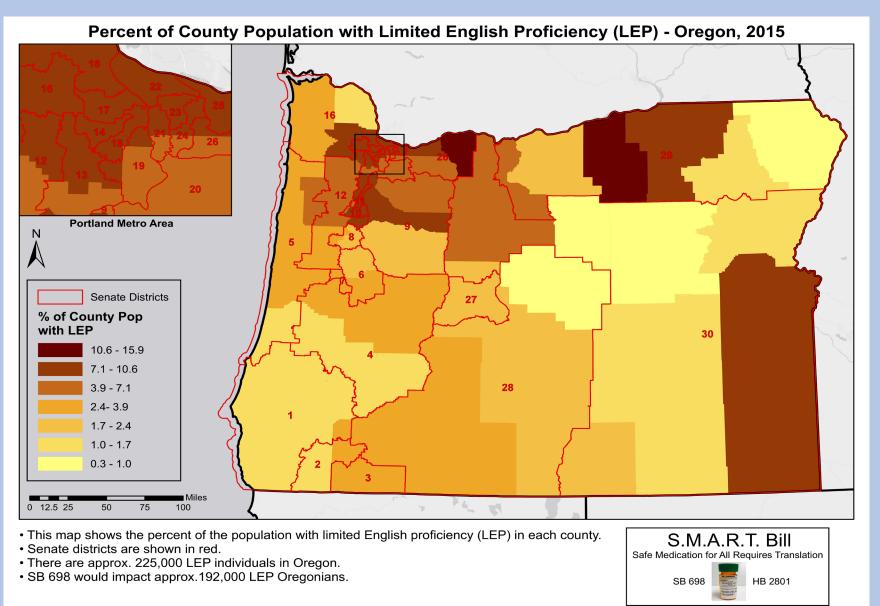
Students Get it Done



Seeking endorsements at:

- ONA Cabinet on Health Policy
- Multnomah County Grand Rounds
- Metropolitan Alliance for the Common Good
- Latino Health Coalition
- Health Share CCO
- Somali American Council of Oregon

Student Talents

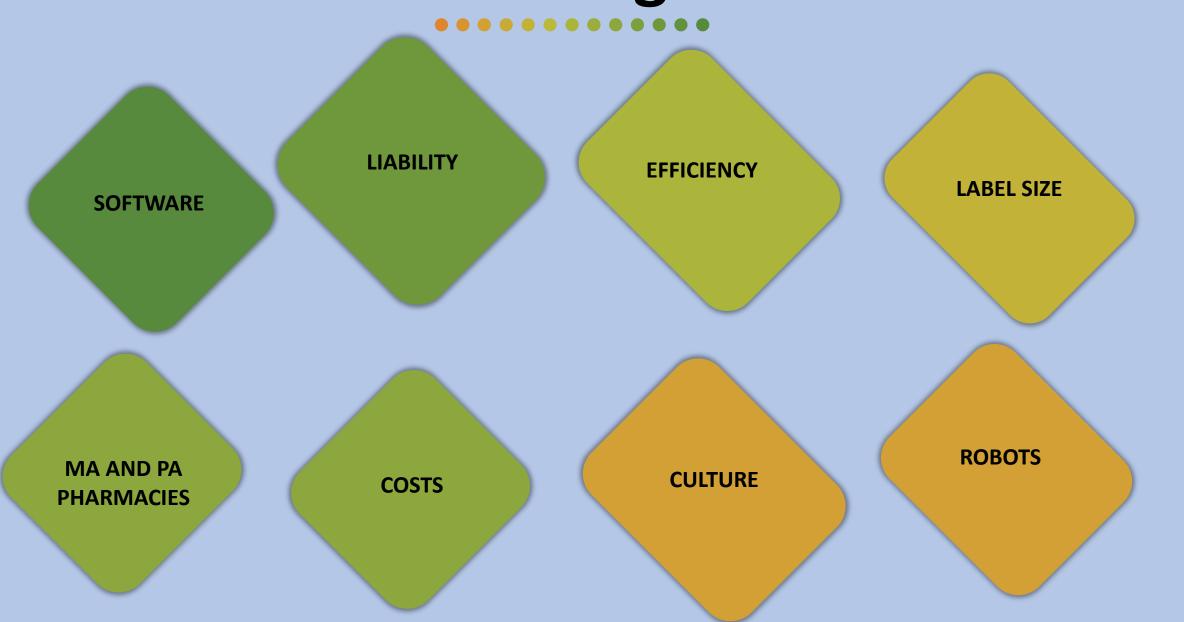


Students testify in House and Senate





Challenges

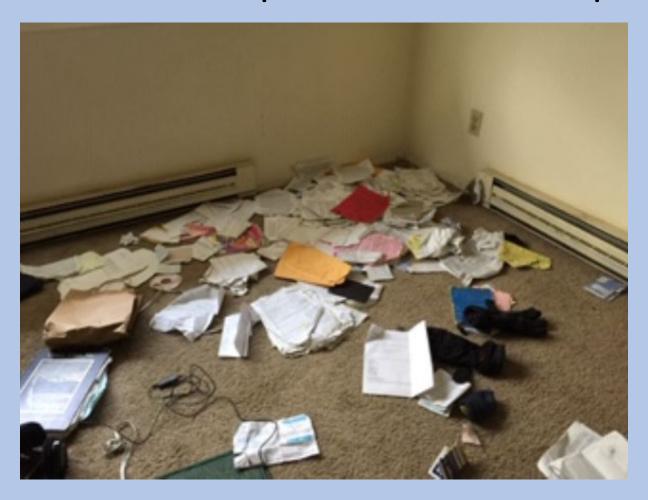


Hey! Pick up the phone.



Interpreters can be called from any pharmacy for minimal charge.

Photo of the Year or Why nurses are best positioned to make policy change



Senate Bill 698 becomes Law Safe Medication for All Requires Translation 6.20.19



S.M.A.R.T. Safe Medication for All Requires Translation

- Impacts 220,000 LEP Oregonians
- Provider or patient may request a translated label
- 14 languages
- Directions must appear on prescription container (not just insert or handout)
- Dual language—English and translated language
- Pharmacy must post signage notifying LEP of language services
- Take effect 1/21
- Weiss reports significant outcomes after NY laws passed (Weiss et al., 2019)

4 terms of Population Health Project posters





S.M.A.R.T Bill

Safe Medication for All Requires Translation SB 698 | HB 2801

Background

- advancing the S.M.A.R.T. Bill through the Oregon
- with LEP, face many barriers to health equity.
- his legislation currently exists in NY and CA
- After implementation in NY, pharmaci were significantly more likely to print translated labels and utilize telephone

The Bill

Pharmacies in Oregon must provide prescription stainer labels in both English and a readable language

- understand impact are
- coulte and analyze
- Create a "slider" in Excel to experimen
- Using ArcGIS, create LEP mag to



- Patients with LEP, and their children, are 2s more likely than fluent English speakers to experience medication

Goals & Methods

- legislative action. Interview LEP patie
- with different language cutoffs.
- Research previous legislation in NY and CA.
- Speak with pharmacies and providers about ost, concerns, and barriers to implementation

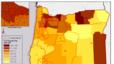


Key Informant Interviews

Medicine is supposed to make you better and heal you, but it can also kill you when you don't know what you are taking or how to take it." - M.O.

- Through patient experiences we identified feelings of exclusion, frustration, and disempowerment and gathered
- Community organizations provided valuable feedback on patient experiences, gathering support and testifying
- noerns were cost of implementation, liability of translations, and the effect on small but

Percent of County Population with Limited English Proficiency (LEP) - Oregon, 20151



Languages Spoken in Oregon by Percent of the Population (2013-2017 ACS

There are approx. 222,000 LEP individuals in

Oregon (3 in 37 Oregonians)*. LEP individuals are present in every Senate district, which demonstrates both urban and rural

anguages spoken by >0.2% of the state population (i.e. Covered languages (10): Spanish, Chinese, Vietnamese, Russian, German, French, Tagalog, Japanese, Korean, and

One-pager created in association with Lauren Kaplan. Two Salem Johns daws

192,000 LES individuals would be affected by this bill?

- · OPHA lobby day . Independent lobby day scheduled and conducted by student
- Subsequent phone meetings with other legislators.

 First public hearing (3/6/19): Senate Committee on Health Care

Outcomes

- Decision made to cover 10 languages spoken by >0.2% of the population, based on ACS estimate identified sufnerable populations in rural 0
- 46 legislators contacted with sponsorships from 7 senators and
- ented bill at Multnomah Co. Grand Bounds and MACG Delegati

his project provided insight to the legislative proces We learned strategies for identifying our "ask" and preparing for negotiation. To pass this bill into law, we must prove that there is significant impact and that the conversation about this health equity issue



- Continue to spread awareness and gather

Adknowledgements (A) 49 ===

and immigrant populations

I'd say one in three clients I see leaves not understanding their

medication - Downtown Safeway Pharmacist

Can you understand this label?

Being able to read a prescription label is an essential element of being able to understand how to take a

Our Goal: To explore the need for translation of medication labels to improve medication adherence and decrease medication errors in refugees and immigrants.

Medication errors pose a serious risk to the safety of patients and clients, with misunderstanding of directions on

medication labels being a common reason for non-adherence to medication therapy. This misunderstanding can be

greater among the refugee and immigrant population, 25 million individuals in the U.S. are considered limited-English



⊗ I-CAN

Alexandria Wesenberg & Kristina Vongsa

Project Description

Assessing the need for medication translations in refugee

A survey on client's understanding of medications was distributed to OHSU nursing students and refugee and immigrant I-CAN clients at Lutheran Community Services and Kateri Park. Pharmacists were interviewed about client understanding of medications and possible interventions to improve understanding.

Possible Interventions

- · Advocate for a policy change to ensure Oregon's Board of Pharmacy requires standardized directions be available in multiple languages similar to California's model (California State Board of Pharmacy 2016)
- Educate pharmacists and providers on their ability to create a separate one page handout to give to the client in their language to avoid having to write on the label itself.
- Inform providers about culturally competent care and help them be able to better assess their patients needs in order to limit the barriers that exist with medication administration.





Translated Medication Labels: Senate Bill (SB) 698. Pharmacy Survey, Resources, & the Process

Laura Buddendeck, Alex Forsyth, Aman Hidalgo-Watson, Monica Kim, Bruce Monroe, Andy Nye, Kyla Woodwick, & Linda Zhu



Mandatory Standard Prescription Medication Translation Services For **Limited English Proficiency Clients**

demands of the healthcare system can present challenges to achieving health goals for some clients with limited inglish proficiency (LEP) -medication management is one uch barrier (Jacobs, Chen, Karliner, Agger-Gupta, & Mutha, 2006), LEP clients experience medication errors at twice the rate of people that speak English as a first language (Divi, Koss, Schmaltz & Loeb, 2007), Statewide there are 120 documented languages spoken (Zarkhin, F., 2015) During a recent meeting with Representative Mitch Greenlick, he noted that "65 languages spoken in the Portland Public School district alone." Despite the array of languages spoken in Oregon, pharmacies do not provide standard prescription medication translation

Levy Oregon legislation to require pharmacies to offer prescription medication translation to LEP clients in their

The project's previous focus was to ensure that LEP

prescription bottle translation services. The team's focus has recently shifted to passing prescription bottle translation legislation because current law already mandates that interpretive services be available to anyone in need. As such, holding pharmacies accountable for providing these services may need to be pursued as a



languages spoken by more than 1 % of the state's

population. This applies only to pharmacies that are part California: pharmacies must provide prescription translation in the state's 5 most common languages

Chinese, Russian, Korean, Spanish and Vietnamese -Oregon: no current legislation in place to ensure that LEP

Client Case Study Data:

-100% of 16 clients described in case studies could not read prescription labels in English. Social determinants of health such as access to transportation, inadequate patient teaching from provider/pharmacist, cultural beliefs, misinterpretation

cost of medication and lack of insurance all augment poor adherence to prescribed regimens Case Study Examples: Inadequate patient teaching: "Eastern European woman

had \$10,000 worth of insulin in her fridge and didn't know ow to use them."-Justin Bednar, PharmD Inadequate patient teaching: Provider asked client recently diganosed with HIV to stop taking PPI medication with

Truvada. Client's understanding was to stop taking all medication, --Somali client Misinterpretation: "The doctor said 'take before bed Some nights I go to bed at 8pm, other nights 2am."

Change in Medication appearance: Manufacturer changed the appearance of the pill-the wife ended up giving her husband a double dose. -- Chinese client Transportation: Client did not feel comfortable taking public

Next Steps



- as Representative Greenlick Continue to interview community members and advocacy organizations. Collect data in the form of case studies to bolster legislative
- changes made in California and New York. How do the laws impact the quality and cost of healthcare?
- Research costs associated with different software that enables pharmacists to translate English into patient's preferred language

What is LEP?

Background
This PP project is part of the on-going work of previous nursing students who identified a serious, to
modifiable health risk to LEP patients who must double they are going to take mediations with
modifiable health risk to LEP patients who must double they are going to take mediations with
view of the properties review set if they are going to take and part of the CulRights Act, this is not widely invoive or enforced, nor does it address the libering issue.

As nursees we have the height imediations can quidely become hand! I staken incorrectly.
Companed to fusest English passivers, LEP patients have double the risk of indication errors
where are all, 2017, Mediations errors also results in 70,000 errorgery voron visual and 100,000

The patients are all 2017, Mediations errors also results in 70,000 errorgery voron visual and 100,000

The patients are all 2017, Mediations errors also results in 70,000 errorgery voron visual and 100,000

being. At the start of term, the bill had just passed the Oregon Senate and was sent to the House of

Sample of Testimony before the Oregon House of Representatives

hen I get home. I put it in a bag and I take them all. I don't know what for. When I have a proble

they give me another medication. I can't read what it is for and I don't know how to take them. It's

know how to take it or what you are taking."

From the testimony of Bruce Monroe, Student Nurse.

lency or LEP is defined by the US Census Bureau as anyone of

o ensure that the bill passes the House. From there, the bill will go back to the Se amendments made in the house. Students will have to work to meet any opposition

is to concerns regarding the language of the bill or its impact. In addition, the survivicy practices needs to be conducted in order to be able to show the "before and affi

- indomly sample 70% of pharmacies within each

Meeting Our Goals

Strategy and Goals

advecate for policy change. Especially since nurses have a responsibility to advocate for patients and are in a unique position to do it effectively because they are experts in their field and are trusted by the public

Numes and nursing students play a crucial role in policy change efforts. According to Provision 7 in the Code of Efrica for Nurses, nurses must "participate as advocates or as elected or appointed representatives in civic activities related to health care through local, regional, state, national, or global initiatives (immerican Nurses Association, 2015)."

Nurses have been rated as the mos

trusted profession by Americans for the past 14 years (Seifert, & Jayner, 2016).





I WANT TO HELP YOU AND YOUR STUDENTS PASS SIMILAR LEGISLATION IN YOUR STATE

The students will be better prepared to GO FORTH AND ORGANIZE FOR CHANGE.



Your state will have:
Fewer Adverse Medication Errors
Increased Health Equity
and Increased Cost Savings

References

Association, A. N. (2015). Code of Ethics for Nurses with Interpretive Statements. Retrieved from https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/ethics-and-human-rights-protecting-and-promoting-final-formatted-20161130.pdf

Divi, C., Koss, R. G., Schmaltz, S. P., & Loeb, J. M. (2007). Language proficiency and adverse events in US hospitals: a pilot study. *International journal for quality in health care, 19*(2), 60-67.

The Essentials of Baccalaureate Education for Professional Nursing Practice. (2008, October 20). Retrieved from http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf.

Green, A. R., & Nze, C. (2017). Language-Based Inequity in Health Care: Who Is the "Poor Historian"? AMA J Ethics, 19(3), 263-271

Institute of Medicine. Committee on Identifying Preventing Medication Errors. (2007). *Preventing medication errors* (Quality chasm series). Washington, DC: National Academies Press.

Language Services Resource Guide for Pharmacists. (2010). Retrieved October 27, 2017, from https://cdn.ymaws.com/www.wsparx.org/resource/resmgr/imported/PharmacyResourceGuide2010.pdf.

Medicine, I. o. (2010). The future of nursing: Leading change, advancing health.Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx.in

Nursing Is Social Justice Advocacy. (n.d.). Retrieved from http://www.nln.org/professional-development-programs/teaching-resources/toolkits/advocacy-teaching/the-current-political-environment-and-policy-making.

Proctor, K., Wilson-Frederick, S. M., & Haffer, S. C. (2018). The Limited English Proficient Population: Describing Medicare, Medicaid, and Dual Beneficiaries. *Health Equity*, 2(1), 82-89. doi:10.1089/heq.2017.0036

Weiss, L., Scherer, M., Chantarat, T., Oshiro, T., Padgen, P., Pagan, J., . . . Yin, H. S. (2019). Assessing the Impact of Language Access Regulations on the Provision of Pharmacy Services. *J Urban Health*, *96*(4), 644-651. doi:10.1007/s11524-018-0240-z





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