

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.

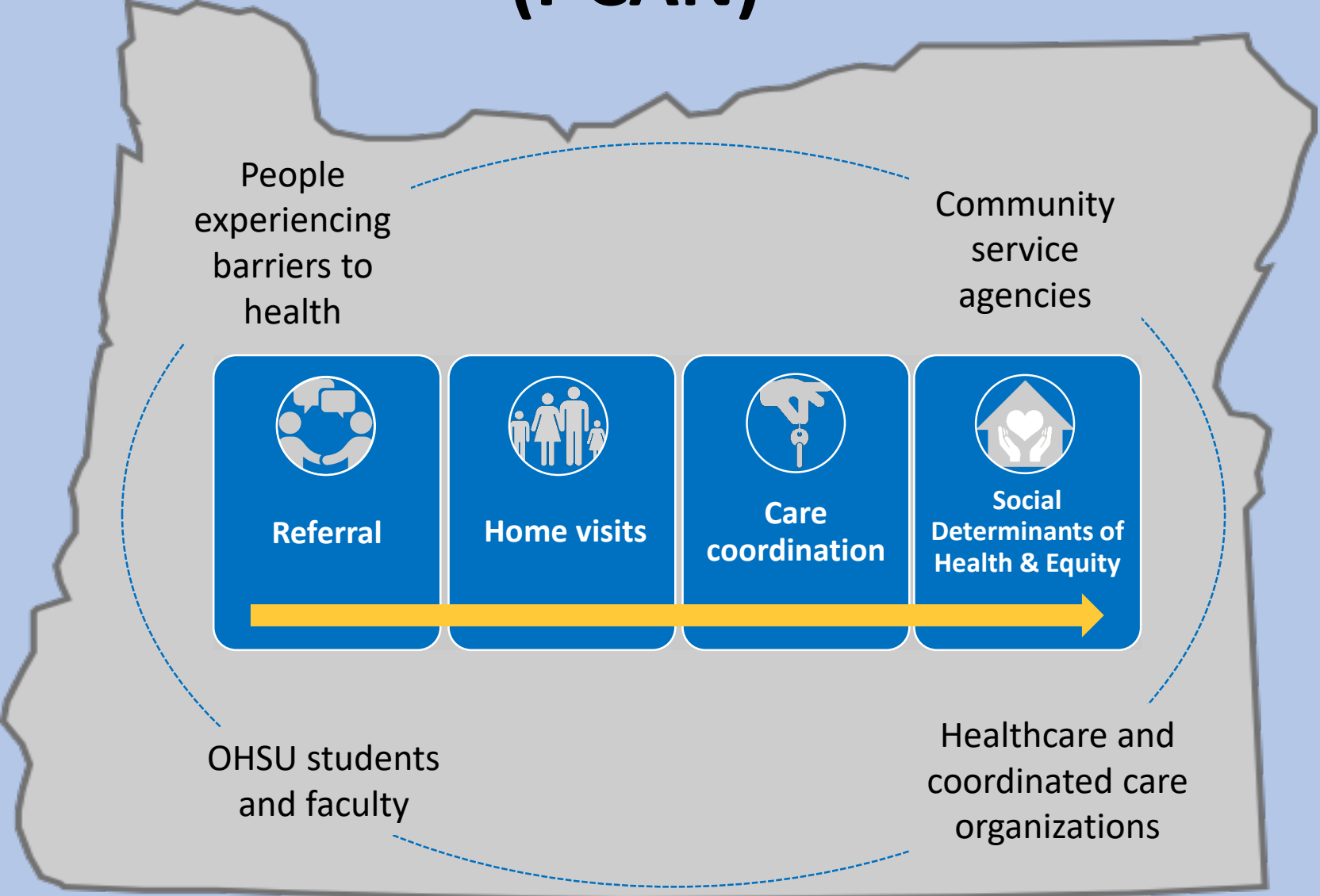
Nursing's long history of commitment to social issues and to the public it serves is exemplified not only by Nightingale but many other nurses as well through decades of war, epidemics, social upheaval, civil unrest, and victories for human rights.

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



Student Nurses
Look Upstream:
Population Health
Projects



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



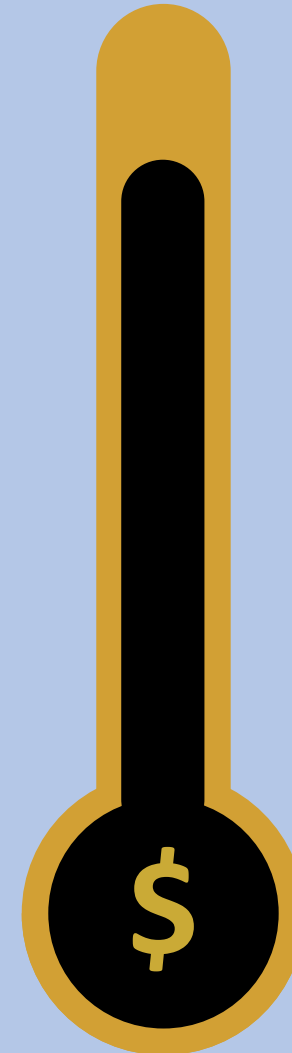
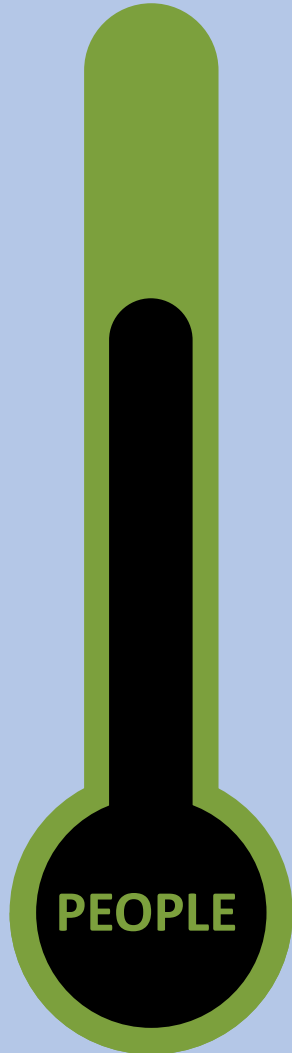
1.5M

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).*

\$3.5B



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.”

Interview of FNP

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...



How is this possible?

Now DO something

Legislative Action!

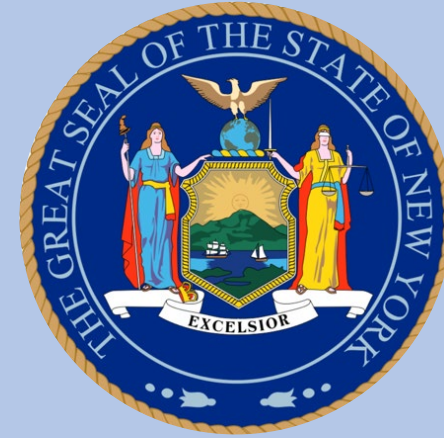
What's already been done?

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



Oregon can do better

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



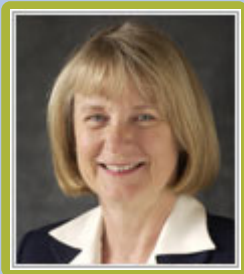
Rep. Rob
Nosse



Rep. Mitch
Greenlick



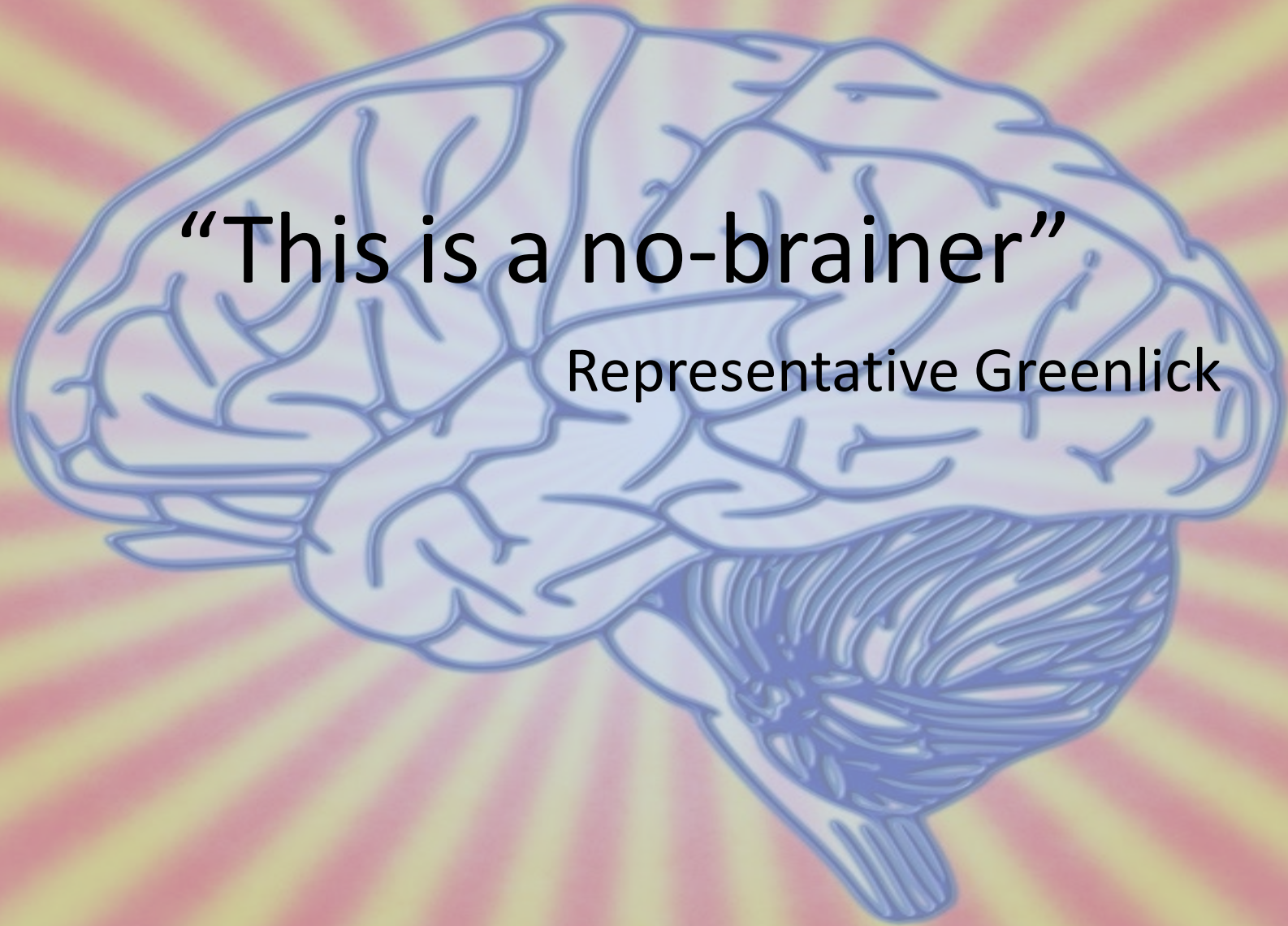
Rep. Alissa
Keny-Guyer



Sen. Laurie Monnes
Anderson



Sen. Elizabeth Steiner
Hayward



“This is a no-brainer”

Representative Greenlick

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

1
2 Relating to prescription drug labeling; creating new provisions; amending ORS 689.505; and pre-
3 scribing an effective date.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 689.**

6 **SECTION 2. (1) As used in this section, "limited English proficiency" means identifying**
7 **as being, or evidently being, unable to speak, read or write in English at a level that enables**
8 **understanding health-related pharmaceutical information communicated in English.**

9 **(2) A prescription drug dispensed by a pharmacist or pharmacy intern to a patient who**
10 **is of limited English proficiency must bear a label both in English and in a language that the**
11 **patient can read and understand if the language understood by the patient is one spoken by**
12 **0.2 percent or more of the population of this state as determined by the most recent Oregon**
13 **census. The pharmacist or pharmacist intern shall determine whether the patient is of lim-**
14 **ited English proficiency.**

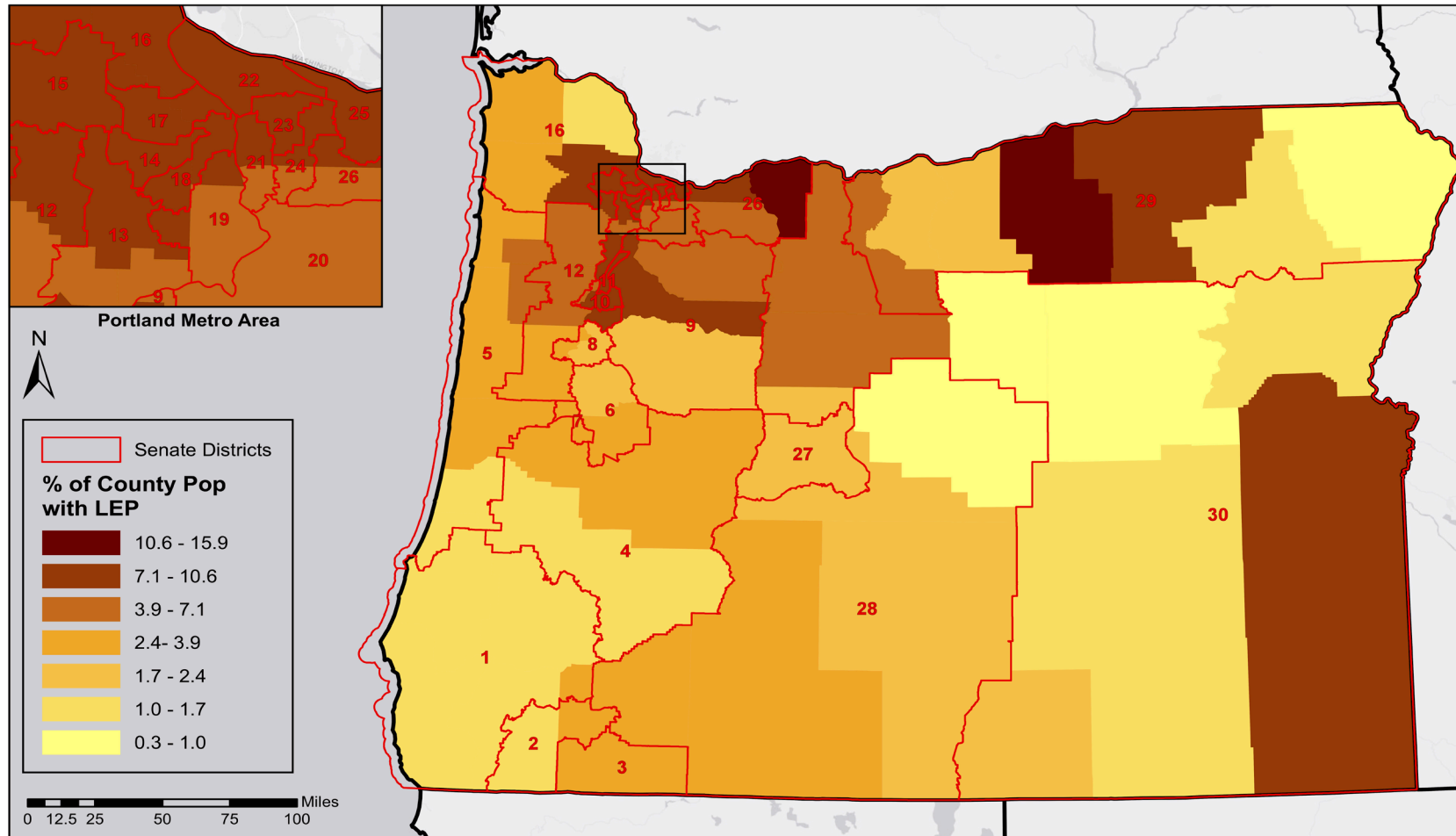
Students Get it Done



- **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

Percent of County Population with Limited English Proficiency (LEP) - Oregon, 2015



- This map shows the percent of the population with limited English proficiency (LEP) in each county.
- Senate districts are shown in red.
- There are approx. 225,000 LEP individuals in Oregon.
- SB 698 would impact approx. 192,000 LEP Oregonians.

S.M.A.R.T. Bill

Safe Medication for All Requires Translation

SB 698

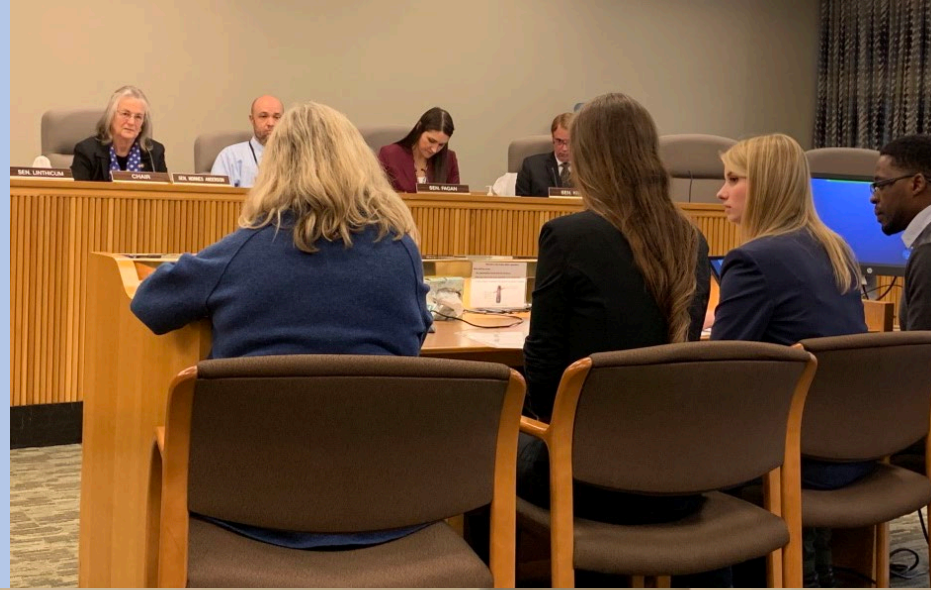


HB 2801

Sources: ESRI; Oregon GEO; US Census Bureau. (2015). B16001 – Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over for the 5-Year Data Estimates [Data file]. Retrieved from: <https://factfinder.census.gov>

By: Katherine Ballard

Students testify in House and Senate



Challenges



SOFTWARE

LIABILITY

EFFICIENCY

LABEL SIZE

**MA AND PA
PHARMACIES**

COSTS

CULTURE

ROBOTS



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)

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



beiersjo@ohsu.edu
www.ohsu.edu/i-can
ican@ohsu.edu