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Perceptions of Spanish-Speaking Clientele of Patient Care Services in a Community Pharmacy

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Abstract

Background—A paucity of studies exists that have assessed community pharmacy preferences of Spanish-speaking patients living in areas of the U.S. with rapidly growing Hispanic populations. The qualitative approach to this research affords a unique opportunity to further explore perceptions of the Spanish-speaking population.

Objectives—To identify perceptions of Spanish-speaking patients living in the U.S. with a focus on the care provided in community pharmacies, as well as to determine their satisfaction with community pharmacies.

Methods—Participants were recruited after weekly Spanish-speaking church services for approximately one month. Qualitative, semi-structured individual interviews to identify perceived unmet patient care needs were conducted in Spanish and transcribed/translated verbatim. Qualitative thematic analysis was used to summarize findings. A written questionnaire was administered to collect patient satisfaction and demographic information, summarized using descriptive statistics.

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Results—Twelve interviews were conducted by the principal investigator. Primary themes included lack of insurance coupled with high medical care costs serving as a barrier for acquisition of healthcare, difficulty accessing timely and convenient primary care, perceived negative attitudes from pharmacy personnel, lack of Spanish-speaking healthcare providers, and the provision of verbal and written medication information in English.

Conclusions—The results of this study suggest a great need for healthcare providers, including pharmacists, to expand outreach services to the Spanish-speaking community. Some examples derived from the interview process include increasing marketing efforts of available services in the Spanish language, hiring Spanish-speaking personnel, and offering medical terminology education classes to Spanish-speaking patients.

Keywords

Hispanic; Spanish language; healthcare needs; community pharmacist; Latino; pharmaceutical care

INTRODUCTION

The Spanish-speaking population has been growing rapidly in the U.S., and this trend is expected to continue. Between the years 2000 and 2010, the growth rate of the Hispanic community (43%) was more than four times the growth rate of the total population (10%).¹ The estimation of the Hispanic population by the US Census Bureau in 2010 was nearly 1 million more than expected, based on the most recent Census Bureau estimates.² In the year 2000, the Hispanic population in the United States was approximately 12.5 million people. By the year 2050, the population is estimated to nearly *double* to 24.4 million people.³

In 2006, it was estimated that nearly 222,000 people in Indiana primarily speak Spanish at home, out of a total population of approximately 6.5 million people.⁴ It has been recognized that the level of care Spanish-speaking patients receive in a pharmacy reflects their level of English literacy.⁵ Although resources are available to many pharmacists to provide patient education materials in Spanish, these are being underutilized due to inconsistent and potentially harmful translations. Computer programs utilized to convert medicine labels from English to Spanish have been found to include incomplete translations resulting in a mixture of English and Spanish, misspellings and grammatical errors. For example, if the word “once,” which is also the word for “eleven” in Spanish, was left untranslated from English to Spanish on a medication label, a patient may be led to believe that he or she should take the medication eleven times a day instead of once per day.⁶ This, coupled with the established need for more pharmacists who can speak Spanish, means that even if patients receive these materials in their native language, any follow-up questions or concerns are unlikely to be verbalized adequately to the patient.⁷ In a recent study conducted in 2011, 78.4% of community pharmacists in the U.S. believed that the ability to communicate with Spanish-speaking patients is important.⁸ Furthermore, a survey performed in North Carolina found the overall attitudes of pharmacists towards working with the Spanish-speaking community to be positive.⁵

A paucity of studies exists that have assessed perceptions of patient care services in community pharmacy by Spanish-speaking patients living in locations in the U.S. with rapidly growing Hispanic populations. A recent study in North Carolina evaluated Latino patients' preferences for medication information and pharmacy services. Study investigators called for further research to perform an examination of Spanish-speaking patients' preferences in other regions of the United States.⁹ An assessment of healthcare needs of the Spanish-speaking population in the Midwest, in which there is a rapidly growing Hispanic community, has not been done.⁷ Additionally, a study measuring patient satisfaction with community pharmacy in the U.S., specific to the Spanish-speaking population, has not been published previously. Databases utilized to research this topic included PubMed/Medline, Iowa Drug Information Service (IDIS) and EBSCO. Search terms include "Spanish AND pharmacy," "Hispanic AND pharmacy," "Spanish-speaking patients," "Spanish healthcare community," "pharmacist outreach to Spanish-speaking patients" and "Hispanic community utilization of pharmacies." The qualitative approach to the current research affords a unique opportunity to further explore these perceptions.

METHODS

Objective

The primary objectives of this study are to determine the perceptions of the Spanish-speaking community of patient care services in a community pharmacy setting, as well as to assess patient satisfaction with community pharmacies.

Design

In-depth, semi-structured, qualitative interviews were utilized to determine Spanish-speaking participants' needs in relation to pharmaceutical care. The primary investigator was designated to perform each of the interviews. Each question in the interview guide was discussed prior to implementation with a Spanish-speaking registered nurse who works closely with the Spanish-speaking population at the Church. Six practice sessions were conducted amongst the study investigators, first in English then in Spanish, to refine the interview guide and interviewing techniques. The interviewer received constructive feedback in terms of how to handle potential obstacles and conduct neutral probes during an interview from investigators who have had extensive experience conducting qualitative interviews. Each interview was conducted in Spanish by a single study investigator in a private room and ranged from approximately 20 to 45 minutes in length. The interview guide is located in Table 1. Participants also completed a written questionnaire, which collected demographic as well as patient satisfaction information. The patient satisfaction portion of the questionnaire was derived from a tool developed by Traverso et al and was intended to complement interview data by providing a greater characterization of patient experiences.¹⁰ All study procedures were approved by the Purdue University Institutional Review Board.

Sampling

Inclusion criteria were adults, 18 years of age and older, residing in a four county area in Southeast Indiana who speak Spanish as their primary language. Exclusion criteria were

adults less than 18 years of age and individuals living outside of the specified geographic region. These criteria were applied to achieve a purposeful sampling (i.e., identifying individuals for participation based on their in-depth knowledge of the topic) approach aimed at recruiting “typical cases.”¹¹ An announcement was made by the principal investigator to recruit patients at the end of Spanish church services each week for approximately one month in February 2012. Participants were encouraged to provide their contact information if interested in participating in the study after each of these services. Flyers were created and distributed at various classes offered to the Spanish-speaking population at the church (i.e., Bible studies, English language classes, etc.) to encourage additional participation. Individual interviews were scheduled via phone conversation at a later time and performed in a private room located in a nearby independent pharmacy. Participants were given a \$25 gift certificate as compensation for participation in the study. Upon arrival to the appointment, a co-investigator explained the details of the study to the participant as outlined in a consent document, emphasizing that the participant is free to decide not to participate in the study at any time. A waiver of signed consent was approved by the Institutional Review Board, so the subjects verbally agreed to participation in the study after being fully informed of the procedures. Participants could also decline to answer any questions throughout the interview.

Data Collection

Qualitative semi-structured individual interviews (Table 1) were utilized for data collection. Interviews were performed in Spanish by a Spanish-speaking investigator and subsequently transcribed verbatim (translated to English) by a professional transcriptionist fluent in Spanish. All interviews were digitally recorded and participants were asked not to state any self-identifying information to ensure anonymity. Any self-identifying information inadvertently stated during interviews was removed during the transcription process.

Demographic and participant satisfaction information with the care received in community pharmacies (Figure 1) was derived from a written questionnaire distributed prior to each interview. This questionnaire, created by Traverso et al, underwent reliability and validity studies in Argentina.¹⁰ Participants answered each question based on a Likert-type scale, with the following designations: Excellent = 1, Very Good = 2, Good = 3, Fair = 4 and Poor = 5. The various questions can be broken down into three main themes: managing therapy (questions 5, 8, 9, 13, 15, 16, 18, 20, 21, 22, 23, 24, 25, and 26), interpersonal relationship (questions 1, 2, 3, 6, 10, 12, 14, 17, and 19) and general satisfaction (questions 4, 7, 11, and 27).¹⁰ The purpose of this inquiry was to frame each participant on their previous experience with services and thus to acquire a preliminary, basic understanding of each participant’s background prior to obtaining qualitative accounts.

Data Analysis

Interviews were transcribed and translated from Spanish to English verbatim by a professional transcription company. The translated interview transcripts were then analyzed and coded manually on paper by three study investigators (NO, JG, CS) independently. The investigators subsequently met collectively to resolve coding discrepancies as a group and promote reliability of data interpretation, as well as to formulate themes for each interview

session. Consistent with customary open coding procedures, interviews were conducted until thematic saturation was reached. The investigators met as a group on three separate occasions to discuss emergent themes identified through inductive qualitative analysis. During the first meeting, five interviews were discussed and preliminary definitions of emergent themes were developed. The additional seven interviews were discussed over two subsequent meetings, after which thematic saturation was determined as themes began to repeat and no new themes arose during transcript analysis. Demographic data and patient satisfaction outcomes were summarized using descriptive statistics (SPSS v.19.0).

RESULTS

A total of 12 participants (Table 2) were interviewed. After analysis of the translated transcriptions, nine emergent themes were identified (Table 3). Five of these themes that are supported by resonant patient quotations are described in depth below.

1. Lack of insurance coupled with high medical care costs serving as a barrier for acquisition of healthcare: Many patients viewed the healthcare system in the United States as being expensive. The majority of patients did not have access to medical insurance, which limited their ability to access necessary treatment. One participant stated, “Those without health insurance, sometimes it’s impossible for them to pay and that’s when people stop taking medications or stop going...” (Participant A) Physician appointments were particularly difficult to obtain, so patients might turn to the pharmacy as a means to receive convenient medical attention. Another patient stated, “It’s easier for me to go to the pharmacy and ask rather than go to the doctor because I have no insurance and here the doctor is very expensive for me.” (Participant B) Several participants commented that pharmacists commonly refer their clientele to physicians for conditions that require further evaluation. As a result, these participants without insurance would be left to find means to overcome financial barriers in order to pursue medical attention.
2. Difficulty accessing timely and convenient primary care: Participants perceived obstacles, including a lack of Spanish-speaking physicians within a reasonable proximity, which made it difficult for patients to see a physician in a timely and convenient manner. One participant explained, “They’re [Spanish-speaking physicians] out of the area in which I live. I have to drive pretty far. I have to take my time because of the bridge, traffic, everything.” (Participant A) Participants also noted the high expense of physician appointments resulting in delays in receiving medical attention. The same participant mentioned that “there’s a place where you can get your vaccines for free but you have to wait a long time. The child will be one in April but the appointment isn’t until October. The line is so long, but they wait because it’s something their child needs.” (Participant A) Participants also commented on a willingness to wait to see a Spanish-speaking physician, rather than making an appointment with an English-speaking physician sooner. One participant expressed concern about waiting to see a Spanish-speaking pediatrician, stating “there are several American patients who go to the Spanish-speaking doctor. So I say, ‘Why don’t you give the appointments with the English speaking doctors

to the English speaking patients? Then she can attend to us'... Sometimes we get an appointment with her but it's in a month or more and I need an appointment right then." (Participant C) Furthermore, some participants would choose to go to the emergency department to receive medical attention due to a perceived lack of other available options. Some participants chose not to seek medical attention because they assumed their condition would resolve by the time they were able to see the physician, especially for cold and flu-like symptoms. Many participants expressed feeling lost in the healthcare system, feeling as if there was not any guidance available to them to find accessible primary care.

3. Perceived negative attitudes from pharmacy personnel: Many participants reported negative experiences in pharmacies. Participants reported a perception of being treated differently because they are Spanish-speaking. One participant commented, "I'm Hispanic, if I walk in somewhere and the first thing I see are unfriendly faces, and I know I can't speak English, I'd better just leave." (Participant A) Another participant described her experience as follows: "I don't ask because I don't want to bother them or that I'll get a gruff answer.... Sometimes, it's best not to ask. When you go to the pharmacy, you already know you can't speak or ask what you want very well. When I go, it's usually just to pick up the medications and nothing more." (Participant D) The level of attention patients received varied widely between pharmacies, described as "sometimes very good, sometimes not so good because it's not the same attention. Sometimes they're not very nice. They don't care. Some are very nice. They'll ask you if there's anything else or if you have any questions; half do, half don't." (Participant E) Participants also perceived the negative attitudes as discrimination in some instances. One participant described an experience that she had, stating, "In a pharmacy, a lady kind of turned into a racist and did not pay me much attention. I spoke with other people and they try to understand me. Most strive to understand me, but this lady did not. I felt bad because there are times that many people strive to understand one of Latin descent and then help us. This lady did not." (Participant B) Participants did not generally feel comfortable or particularly welcome when in a community pharmacy setting.
4. Lack of Spanish-speaking healthcare providers: Another common theme throughout the interviews was the deficiency of Spanish-speaking healthcare providers available to patients, especially in pharmacies. One participant said, "I would like that the people in the pharmacy, like the doctors, that there be people there to try and translate or that they would at least be a little more concerned to say, 'Okay, there's a lot of Hispanics here, maybe they need this type of service. We are going to try to hire someone that can speak both languages, English and Spanish.'" (Participant F) Another participant expressed that a major need for her was "that there be someone [in the pharmacy] who can speak Spanish, more than anything. That's the most we could ask for, to speak Spanish, to explain the medication directions for the children." (Participant G) Some participants avoided healthcare, stating "Sometimes because of the difference in the language, we don't dare go to the doctor because we don't know how to explain what we're feeling at that moment." (Participant H) Another participant expressed that going to a doctor

who speaks Spanish would increase her confidence level to ask questions and obtain all of the information she needs.

5. Verbal and written medication information is typically provided in English: One participant stated, “A lot of times the prescription is in English, but we don’t understand. A lot of times you ask, ‘Why take this if I can’t understand anything?’” (Participant D) This same participant also added, “A lot of things that you read, which are not related to medications, the information is in English, Spanish, and other languages. But for medications, which are much more important than a blender or coffee pot, I would think it would be better like that.” (Participant D) One participant expressed, “How to take it [the medication] correctly would be nice in Spanish...that there at least be instructions in Spanish.” (Participant I) Commonly used medications, such as acetaminophen, were also a source of confusion for participants. They felt lost when they walked into a pharmacy because of the multitude of products found in the over-the-counter section, all presented in a language that was foreign to them.

Throughout the interview process, it was noted that several patients expressed a need for a clinic to be available inside the pharmacy, wherein many patients mentioned that they wished a pharmacist could prescribe antibiotics for cold-like symptoms. One participant expressed a desire for there to “be a doctor there [in the pharmacy] to tell you if you’re taking the right thing, to help you get the medication or not.” (Participant G)

Participant satisfaction information with the care they receive in pharmacies (Figure 1) was derived from a written questionnaire distributed prior to each interview. The mean score was 3.85 (SD 0.56) for the questions in the managing therapy category, 3.57 (SD 0.64) for the questions in the interpersonal relationship category, and 3.51 (SD 0.65) for the questions in the general satisfaction category.

DISCUSSION

Although many participants found pharmacies to be convenient, the language barrier and potential negativity they encountered, whether intended or perceived, hindered them from feeling comfortable utilizing pharmacies as a reliable source of healthcare information. Pharmacists have been recognized as the most accessible healthcare providers, yet this does not seem to be consistently perceived across the Hispanic population.¹² On several occasions throughout the interviews, participants would comment on care provided by physicians, although the objectives of the study focused primarily on services provided by pharmacists. The Hispanic community did not seem to realize the full potential that the role of the pharmacist could have in relation to their healthcare, such as preventative screenings (blood glucose, blood pressure, cholesterol, OTC recommendations, medication interactions, etc) and vaccinations with little to no wait time. Additionally, even if a patient was aware of these services, the language barrier often prevented the Hispanic population from utilizing them fully. This has been identified as an obstacle to this patient population on a national level by a recent study that revealed a low proportion of Spanish-speaking community pharmacy personnel in the United States.⁸ Several participants expressed the need for increased marketing to enhance awareness of the services available to the Hispanic

community in relation to their healthcare. It would be beneficial for such marketing materials to be in Spanish, with resources outlining available services in Spanish as well. By providing Spanish-speaking patients with more information as to potential services available in pharmacies, it may help to address Spanish-speaking patients' difficulty with timely and convenient primary care, by giving them alternative and more convenient access to preventative screenings and vaccinations. The lack of resources readily available in the Spanish language may be unique to the Midwest region in which this study was conducted.

There are several limitations to this study. The questionnaire that was used to assess patient satisfaction underwent reliability and validation studies for use in Argentina. The questions were judged by investigators to be applicable to community pharmacies in the United States, so the tool was utilized in its entirety; however, additional psychometric analyses were not conducted in this population. Although the questionnaire did not serve as a primary focus of the study, it provided information about the participants' perceptions in relation to baseline satisfaction with community pharmacies. The mean scores in all three categories were >3.5 , indicating that the majority of the answers fell into either the poor, fair or good categories. These views coincided well with the overall perceptions in the interviews, as the majority of participants expressed many unaddressed needs, not only in the setting of community pharmacies as could have been predicted from the results of this questionnaire, but also across the board with various healthcare-associated experiences.

Because the study participants were recruited from a single location in a small region of Southeast Indiana, the results are geographically limited. The sample size was small and participants were predominantly young females. Additional research in a larger sample with greater representation of all Spanish-speaking patients utilizing a community pharmacy would be beneficial. The interview setting was private, either conducted in an education room or in the independent pharmacy owner's office. Finally, although the authors identified important constructs for the interview guide based on their practice and research familiarity with the topic, the application of a formal theoretical framework in designing the interview guide could have prompted the consideration of additional interview questions and added value to this work.

Practice Implications

By determining perceived unmet needs of the Spanish-speaking population, subsequent steps can be taken to implement an innovative system of community pharmacy outreach unique to this population. Increased marketing efforts to provide education about services offered by community pharmacies can be better aimed to Hispanic patients. This may help decrease confusion patients might have concerning which healthcare needs can best be met by a pharmacist, as they work to navigate an unfamiliar healthcare system in the U.S. Additionally, the language barrier could be overcome by community pharmacy administrators supporting the employment of pharmacy personnel who speak Spanish, as well as by offering basic English medical terminology education classes to Spanish-speaking patients. Community pharmacy personnel should note that a positive attitude and willingness to help can go a long way when it comes to caring for all patients, and these simple actions can make a notable difference in patients' perception of their overall

experience in pharmacies. Beyond the level of the individual healthcare professional, findings from this study are consistent with current initiatives for increasing access to health care services for the Hispanic population, such as Healthy People 2020.¹³

CONCLUSION

Participants' overall perception of their experience with the healthcare system left much to be desired. Community pharmacies were viewed as a readily accessible alternative to costly options such as clinics and emergency room visits; however, several factors (most notably the language barrier) hindered Spanish-speaking patients from taking advantage of potentially convenient services available in community pharmacies. These services may include anything from navigating and choosing appropriate over-the-counter products to utilizing clinical services, such as vaccinations, preventative health screenings, and medication counseling. Future studies should explore ways to improve the accessibility of these types of services to this patient population and to help them more easily and effectively navigate the healthcare system.

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Article Synopsis

A qualitative research design with 12 semi-structured interviews was used to identify unmet healthcare needs of Spanish-speaking patients in respect to care provided in community pharmacies in the U.S. Several themes emerged, including lack of insurance coupled with high medical care costs serving as a barrier for acquisition of healthcare, difficulty in accessing timely and convenient primary care, perceived negative attitudes from pharmacy personnel, lack of Spanish-speaking healthcare providers, and the provision of verbal and written medication information in English. Results suggest a need for healthcare providers, including pharmacists, to expand outreach services to the Spanish-speaking community.

- Several themes emerged from the Spanish-speaking participants
- Spanish-speaking participants' overall perceptions of their healthcare left much to be desired
- Results suggest a need for healthcare providers to expand services to Spanish-speaking clientele

Figure 1.
Questionnaire to Assess Patient Satisfaction with Community Pharmacies¹⁰

Table 1

Interview Guide

Main Questions	Potential Follow-up Questions	Potential Probes
1. If you have a question about your health, who do you ask and why?	Where do you go to get information about your health and why?	<i>Please tell me more about that. Then what happened? I don't think I know what you mean – can you explain? Tell me about how satisfied you are with the information you get.</i>
2. Where do you go when you get sick? Why?	What barriers do you face in receiving the care you need when you get sick?	
3. What types of questions about your health or medications would you ask a pharmacist? A doctor?	What things would prevent you from asking pharmacists questions? Doctors questions?	
4. What works well with your medication routine? What does not work well?	What types of concerns do you have about your medications?	
5. What problems or concerns do you have with using your medications?	How comfortable are you in feeling like you understand how to take your medications? Who do you go to with questions? How could pharmacies help you to better understand and take your medications?	
6. What are some experiences you have had with the healthcare system? Specifically, with pharmacies?	How could these experiences have been improved for you?	
7. What types of health care services would you like to have available in pharmacies?	Would you go to a pharmacy to get your blood pressure checked / your blood glucose checked / your cholesterol checked? If you would, what appeals to you about this? If you would not, why? Do you feel that you have access to vaccinations? Where can you go to get vaccines? Specific places? Have you gotten the flu vaccine in the past/this year?	
8. When you pick up your medication in a pharmacy, describe that experience for me.	What language do they speak to you in? Do you prefer for a pharmacist or tech to speak Spanish? Or do you prefer to bring a family member to interpret? What do you feel is beneficial about what you choose?	
9. What do you think is the role of a pharmacist in your healthcare?	Why is this?	
10. What language do you prefer to be written on your prescription bottles? What do you usually encounter?	Describe to me why it is important that you are able to fully understand any information given to you about your health.	
11. Where do you go to get prescription medications? Why?	Any medications (including OTC)? What makes this the best option for you?	

Table 2

Participant Demographics (n = 12)

Gender	
Male	2 (17%)
Female	10 (83%)
Average Age in years (Min-Max)	38.6 (31 – 60)
Primary Language spoken at home	
Spanish	12 (100%)
English	0
No. of times visited a pharmacy in past month (Min-Max)	1.9 (0 – 6)
No. of prescriptions picked up in a pharmacy in past month (Min-Max)	0.9 (0 – 3)
Where patients usually get their medications (select all that apply)	
Acute care clinic	0
Hospital	1 (8%)
Mass merchandiser (Wal-mart, Target, etc)	6 (50%)
Chain pharmacy (CVS, Walgreens, Rite Aid, etc)	7 (58%)
Independent pharmacy	0
Grocery store (Kroger, etc)	0
Other	0
Prescription drug insurance	
Yes	3 (25%)
No	9 (75%)
Language preference for prescription drug labels	
Spanish	12 (100%)
English	0
Medication instructions typically written in Spanish	
Yes	2 (17%)
No	7 (58%)
Sometimes	3 (25%)
Receipt of flu vaccine within the past year	
Yes	2 (17%)
No	10 (83%)

Table 3

Additional Themes and Relevant Quotes

1. High medical care costs and lack of insurance serve as a barrier to accessing healthcare	(see text)
2. Difficulty accessing timely and convenient primary care	(see text)
3. Perceived negative attitudes from pharmacy personnel	(see text)
4. Lack of Spanish-speaking healthcare providers	(see text)
5. Verbal and written medication information is typically provided in English	(see text)
6. Language barrier is a source of confusion regarding medications	<p>“Although we sometimes understand, we don’t understand everything even though we try.... It just goes over our heads. If there was someone who spoke Spanish, it would be better.” (Participant A)</p> <p>“It could be that there are some medicines that you can buy without a prescription but I not know for what it can be used for because everything is in English. If they could show in Spanish on a card that it can help for stomach pain, or it can help for ear pain, things like that so that can sometimes help. But medicines are called differently here. There are other brands. So you don’t know by looking if you don’t have something there that can explain it.... Sometimes even though I give the medicine at the right time and the right amount, sometimes it doesn’t work and I don’t know if I can give a little more. So I am not comfortable because I don’t know if the recommended dose is correct. Or, for example, if I buy ibuprofen and I give her [my daughter] a little more than it says to, I don’t know if I’m doing the right thing.” (Participant H)</p> <p>“We try to read it to determine what dose to give her. In English, when we don’t understand the instructions too well, let’s say Tylenol or whatever medication for fever, as before I will ask someone who speaks both English and Spanish and ask them to explain the dosage and how to administer the medications.... Certain types of medications which I don’t understand, I would just prefer not to give them to her.” (Participant F)</p> <p>“It’s difficult for us to ask questions about the medicine’s reactions.... It’s very difficult to speak English when it has to do with your health because we don’t know the medical terms to be able to explain what’s going on with us or our children.” (Participant D)</p> <p>“Sometimes a lot [of questions regarding my medications], but because they don’t understand me and I don’t know how to ask those questions I want to ask. Some medications you need to take with food. Others you don’t. There are some that burn your stomach if you don’t eat something and others that are better to take with something. So, it’s difficult to know.” (Participant C)</p> <p>“By not understanding or knowing English, one can’t buy their medication or they don’t have the correct information they need.” (Participant L)</p>
7. Lack of knowledge regarding clinical services available in community pharmacies	<p>Although there was not a direct quote that truly supported this theme, several patients inferred that they did not think to go to a pharmacy for preventative screenings or vaccinations. Even when the interviewer asked about services currently available in many pharmacies (blood glucose/blood pressure/cholesterol screenings, the influenza vaccine, etc), it seemed that the gut response was for the patients to mention how difficult it was to access these services in a physician’s office.</p>
8. Inadequate interpretation mediums	<p>“I would prefer that the pharmacist could do so [speak Spanish] because if someone else does, they don’t say exactly what I mean.... Because at the time it gets translated, they don’t use the same words I want to say to the person and it gets lost.” (Participant H)</p> <p>“Yes, they [the children] are learning English, but they may not understand everything the doctor is saying. Nevertheless, they have to explain it to their parents because their parents don’t speak English very well.... If the doctor says, ‘Don’t eat this,’ the child may understand ‘Only eat this.’” (Participant A)</p> <p>“Sometimes it’s difficult because there’s no one [in the pharmacy] to help me in my language. They don’t want to talk too much. So, you don’t ask.... You get home and you have to ask your kids, ‘What is this word?’ A lot of times they don’t know either. When it’s regarding medications it’s difficult and they don’t really know. I’m left with, ‘What is this for?’” (Participant D)</p> <p>“It would be nice if there was a person who could speak the same language or that the pharmacists attempt to communicate with people. Not exactly that it should be their job. The problem lies with us. The problem of communication is more on us, not on them. It’s just that we go and we buy and part of their job is to understand. If they do, good, and if not, that’s fine. They should try to communicate with us like we try to communicate with them. Not exactly that they should be able to speak 100% or even 50% in Spanish, but that they try to communicate with us in one way or another.” (Participant F)</p> <p>“A lot who speak Spanish don’t have an interpreter or someone to help them.” (Participant E)</p>

9. Lack of knowledge about prescription processes	<p>“They’re waiting for their doctor to send the prescription or something and time passes by. They go to their next visit and they tell their doctor, ‘You didn’t give me a prescription.’ The doctor will say, ‘You just had to pick it up at the pharmacy.’ It’s a problem because now it’s been one or two weeks without taking the medicine.” (Participant A)</p> <p>“Normally, I’m there for a long time, but I don’t know the employees. I don’t know if they are just busy or if they just don’t want to hurry but usually one has to wait 15 to 25 minutes before getting their medication.” (Participant J)</p> <p>“The system is very different from that in Mexico.... Over there, one can go to a government clinic and they don’t ask for so many things like here...maybe because one is from a different place or some people just ask for it, but over there, usually not.... If you’re a blue collar worker [in Mexico], the majority get Medicaid, they go to the corresponding clinic, and they don’t pay... I don’t know about here, but one can go to any doctor. I’ve never had the experience of only being able to go to certain doctors.” (Participant I)</p> <p>“Medication in Mexico is one thing and here it’s another...so we look for someone to guide us. That’s truly what we need.” (Participant K)</p>
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