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“Lost in Translation: Medication Labeling for Immigrant Families” Commentary

Michelle Cruz Jimenez Smith, BS, BA,

Research Assistant, Department of Pediatrics, Center for Health Policy and Primary Care Outcomes Research Center, Stanford University School of Medicine, Palo Alto

H. Shonna Yin, MD, MS, and

Assistant Professor of Pediatrics and Population Health, Departments of Pediatrics and Population Health, New York University School of Medicine, New York

Lee M. Sanders, MD, MPH

Chief and Associate Professor of Division of General Pediatrics, Department of Pediatrics, Center for Health Policy and Primary Care Outcomes Research Center, Stanford University School of Medicine, Palo Alto

Abstract

Objective—To identify the patient-safety hazards of current medication labeling standards for immigrant and language-minority families.

Summary—The Latino population in the United States (US) has increased by more than 40% over the last decade and the total child population born to Latino parents will surpass half the population in many states. This demographic shift has a disproportional effect on the Latino families with recent health care and immigration policies. Research shows that recent Latin American immigrants face disparities when encountering the US pharmacy system. A review of these disparities shows how new policies should be informed when considering new pharmacy regulations in order to better address the cultural needs of recent Latin American families to improve medication understanding and adherence.

Conclusion—To date, research and regulatory requirements for medication safety in the United States have attended insufficiently to the patient-safety risk inherent in providing complex, English-language labels to non-English-speaking families, many of whom have limited literacy in their native language. As families move, this patient-safety risk is increased by shifts in pharmacies, which often have different medication-labeling standards. It is important to examine how recent immigrant parents are addressing the medication needs for their children based on their cultural norms and how those cultural practices and acculturation into the US health care system may impact their risk for injury. New research and policy efforts may help address these barriers to safe medication use.

Correspondence: Michelle Smith, Stanford University, Encina Commons 117, 615 Crothers Way, Stanford, CA 94305. Fax: (650) 723-1919. mcjsmith@stanford.edu.

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Keywords

public health; immigration; acculturation; pediatric medication

An experienced mother of 3 children, all under 5 years old, was enrolled in an National Institutes of Health (NIH) funded study designed to improve the understandability of labels for pediatric liquid medications. As part of the study, the mother received a medication label with the instructions “Take 2.5mL (½tsp).” She carefully measured out 2.5 teaspoons of the study medication into a cup – 5 times the indicated dose. At the end of the study, the mother reported that she found the medication label confusing and very unlike medication labels she had received in her native Mexico, from which she had emigrated 8 years prior. In her experience, the mother explained, Mexican medication labels and doses are not “individualized,” as they are in the United States (US), to the child’s age, weight and provider’s indications.

Over the past decade, the Latino population in the US has increased by more than 40%, and in many states, the proportion of the total child population born to Latino parents has surpassed or will soon surpass half of the population.^{1,2} This demographic shift comes alongside two public-policy decisions that broaden healthcare access for Latino families: the Affordable Care Act (ACA), which has disproportionately increased Medicaid coverage for Latino families, and new immigration regulations, which provide greater public-services access for Latino immigrant families with children.³ While there have been improvements in ensuring pharmacists are prepared to communicate with Spanish speaking families through the inclusion of Spanish language education in pharmacy programs, the limited availability of partially or fully bilingual pharmacists or interpreter access continues to be minimal across pharmacies studied.^{4,5} To meet the health needs of this growing immigrant population with increased access to healthcare services, it is critical to ensure that we design systems of care that are sensitive to the cultural norms and experiences of families who have recently arrived from other countries.^{6,7}

In Latin American nations and other nations of origin for immigrants to the US, the pharmacist often has a much larger role in healthcare decisions than in the United States. Due to limited access to clinicians, customers often rely on pharmacists and pharmacy clerks to provide advice and recommendations regarding medications for their ailments.^{8,9} If an individual is able to seek a prescription from a doctor, the doctor will give either verbal or written instructions, and when the prescription is filled, individuals are given the medicine in the original manufacturer’s container without any personalized labeling or instructions. These generic instructions on a medication label may or may not coincide with the instructions the doctor provided in the exam room. Furthermore, simply translating text on a medication label may introduce hazards. Prior pharmacy-based efforts to translate medication labeling from English to Spanish have been found to be inconsistent and, in some cases, potentially unsafe.¹⁰ Taken together, these cross-national differences in prescribing, labeling, and delivery of medications may explain some of the ethnic disparities in medication use and misuse, particularly for medications that require additional patient effort to dose or administer, such as pediatric liquid medication.

In Latin America, pharmacists often function as de-facto primary-care providers. Self-prescription and self-diagnosis are standard practices, substituting the pharmacist for a health care provider.^{7,9} Once arriving in the US, they may even refer to employees, from specialty markets selling Latin American products, for health and medication advice.⁷ Recent Latin American immigrants arrive in the United States with pre-set ideas about prescription medications and complementary alternative medicines from their home country.^{7,11} As a result, in many Hispanic communities in the US, some pharmacists continue to function in that capacity. In Hispanic communities in the US where pharmacists do not act as primary-care providers, families may suffer from confusion about medications, including indications and dosing.^{7,12} Due to limited Spanish speaking pharmacists, and translation services many new Latin American immigrants may face barriers to building similar relationships with their pharmacists.¹³ Research has shown that the language barrier is only one component in prescription labeling understanding. Having bilingual and also bicultural pharmacists may lead to improved understanding and concordance with medication.¹⁴

In a study done among 6 Latin American countries the results were that nearly two-thirds of prescription-only medications were obtained without a doctor's prescription, and nearly a third of these medications were dispensed for children.^{12,15} Once in the US, limited English proficiency and unfamiliarity with US medication practices may lead to self-prescription, medication misuse and overuse.⁷ Additionally, low acculturation and out-group perceptions are likely to contribute to low adherence.¹¹ This confusion may result in additional risks for medication misuse and safety issues, particularly among the most vulnerable populations: children and those with chronic illness.

To date, research and regulatory requirements for medication safety in the US have attended insufficiently to the patient-safety risk inherent in providing complex, English-language labels to non-English-speaking families, many of whom have limited literacy in their native language. Some states have passed legislation enacting the universal medication schedule, but enforcement is challenging without sufficient resources.¹⁶ As families move, this patient-safety risk is increased by shifts in pharmacies, which often have different medication-labeling standards.¹³ It is important to examine how recent immigrant parents are addressing the medication needs for their children based on their cultural norms and how those cultural practices and acculturation into the US health care system may impact their risk for injury. New research and policy efforts may help address these barriers to safe medication use, among them:

1. Further research to understand how immigrant families access, use and misuse medications through pharmacies in their newly adopted communities in the US.
2. Systems-level action, including root-cause analyses of actual medication safety problems, that include specific attention to the role of language, acculturation and health literacy.⁶
3. Policy action to help guide introduction and use of non-English-language labels¹⁷ for prescription and non-prescription medication.¹⁸

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Key Points

Background

- The Latino population has increased by 40% in the United States over the past 10 years
- Immigrant children, especially Latino immigrant, face increased health disparities, including the inappropriate use of over-the-counter (OTC) and prescription (Rx) medication.
- These child-health disparities may be exacerbated by the medication-related beliefs and behaviors of their parents, which are informed by different policies and prescribing practices in their home country.

Findings

- Current policies that require multi-language prescription labels are not implemented uniformly and accurately.
- Addressing health disparities may require adjustments to existing medication prescribing and delivery systems that account for parent language and acculturation.