

Testimony:

We live in a world of globalization. As a pharmacist, or any member of the healthcare system, I see this more clearly than some. The patients at a pharmacy are of many different ethnicities and languages. It would be woefully ignorant to assume that all of my patients speak or read English. And even if the patient speaks English, he or she may not be managing her own medications and the caregiver or parent may not speak English.

A study in JAMA¹ showed that Spanish speaking patients who had a primary care provider who spoke their language had better HbA1C outcomes than those with English speaking PCPs. Additionally, in an article posted on the AMA website,² of the 8 reasons identified for medication non-adherence, fear and misunderstanding were among the top 3. These resources enforce the assumption that when a patient cannot understand their medical condition and treatment plan, they are much less likely to adhere to their prescribed plan. A simple way to decrease fear and misunderstanding at the point of medication dispensing would be to make sure that medication directions were written clearly in the patient's native language.

Most software programs used in community pharmacies today have the capability to print medication labels in at least a few other languages, Spanish being the most common. The process for changing the printed language is typically quite simple and only requires a few clicks. It would need to be communicated to pharmacy staff prior to dispensing that the patient's native language is not English. The main barrier to using these resources at this time would be lack of familiarity with the software, and communication from the clinic or patient about what language would be preferred.

When counseling non-English speakers, I have noticed that even if they do not understand the directions I am giving, they will typically just nod along or answer "yes" so that they can get the medication and leave. Fumbling through questions and trying to communicate with someone who does not speak your language can be frustrating enough when the topic is basic, let alone the personal nature of healthcare. Currently, the best case scenario in a typical pharmacy counseling session would be to have a family member who does speak English involved who can translate. These family members, however, are likely not trained translators and may not be accurately communicating the information that I am giving. Being able to present the patient with a prescription bottle and printed medication guide in his or her native language would reduce errors in translation and thereby decrease fear and misunderstanding that contribute to medication non-adherence.

As a pharmacist in the community setting who interacts with non-English speaking patients on a regular basis and sees the negative effects of lack of understanding of medication instructions on adherence and outcomes, I fully support Senate Bill 698 | House Bill 2801. Any encouragement and support to improve access to health information in a patient's native language is much needed and appreciated.

Thank you.

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1. <http://contemporaryclinic.pharmacytimes.com/chronic-care/medication-adherence-for-diabetes-less-likely-among-latinos-with-limited-english>
2. <https://www.ama-assn.org/delivering-care/patient-support-advocacy/8-reasons-patients-dont-take-their-medications>