

Medical Leadership Council Meeting: November 2005 (Brief Summary)

Ending Health Disparities: California Health Care Leaders Work Together on Solutions

More than 28 organizations will meet as the [Medical Leadership Council \(MLC\) on Cultural Proficiency](#) over the next two years to educate, build capacity and engage their memberships on issues of racial and ethnic health disparities, including language access. Convened by [The California Endowment](#) (TCE) and meeting together since 2002 as the Medical Leadership Council on Language Access, at its November 2005 meeting, the group voted to broaden its attention to health disparities.

“Our work is historic,” said Robert Ross, MD, president and CEO of TCE, at the Council’s November meeting. “We’re leveraging the expertise of health care leaders - in medical societies, advocacy organizations, health plans and health systems - to solve a critical element of the nation’s health care crisis.”

“Together we’ve made great strides in awareness and services for language access,” added Leonard Fromer, MD, past president of the [California Academy of Family Physicians](#) (CAFP), which serves as the lead administrative organization for the MLC, along with its Foundation. “Now, while continuing that work, we’ll bring the same urgency and responsibility to eliminating health care disparities.”

[*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*](#), issued by the Institute of Medicine in 2002, revealed that patients from racial and ethnic minorities in the U.S. are less likely to receive even routine medical procedures and experience a lower quality of health services overall. And according to the [Joint Commission on the Accreditation of Healthcare Organizations](#), there is a body of research showing that differences in language and culture can have major impacts on the quality and safety of care, and disparities in health services and outcomes are associated with race, ethnicity and language.

Past work of the MLC includes a language access toolkit developed by CAFP. [*Addressing Language Access Issues in Your Practice*](#) has been the basis of CME courses for 600 physicians across California. Follow-up activities include both systems issues - how to find out who is LEP, assessing staff language competence, finding out if a medical group pays for telephone interpreters, and doctor-patient communication – and ways to improve patient-provider communication, such as paying more attention to the patient than to an interpreter, taking more time between sentences, and using teach-back techniques. The MLC will lend this type of expertise and development of practical tools to assist member organizations in reducing health disparities.

Improving health workforce diversity is one important strategy to accomplish this goal. TCE outlines ways to achieve enhanced diversity, include increasing incentives for health care professionals to serve in underserved areas; developing education and career ladders for health care professionals in underserved areas; recruiting more minority faculty in medical, nursing, dentistry and allied health professional schools; increasing academic and social support for under-represented minority students in health professions schools; increasing financial aid; creating effective high school pipelines to encourage under-represented minority students to enter the health professions; and better integrating internationally trained health professionals.

Ed O'Neil, PhD, MPA, FAAN, director, [Center for the Health Professions, University of California, San Francisco](#), agrees that workforce diversity is one way to address what will be among the biggest challenges the U.S. will have to meet in caring for an increasingly diverse population. As experts struggle to find ways to recruit and retain health care professionals, they must also increase the number of historically under-represented minorities in these fields, Dr. O'Neil advises. All health professional job categories, including allied health, which is the most diverse, are still over-represented by Caucasians.

O'Neil recommends reducing costs and time to training; changing regulations to allow innovation in education and training; aggressively engaging underrepresented minorities; moving beyond the traditional separation of education and practice to integrate training, resources, research and service; creating new practice models that are evidence-based, more attractive to professionals, and more effective; creating new care pathways which leverage emergent technology to move care out of traditional settings; and creating new ways of integrating educational competencies across traditional professional boundaries.

While tackling these issues will be no small undertaking, the newly expanded MLC is poised for success. Just a few past achievements of the MLC and its members include new CME on language access provided by the CAFP, American College of Obstetrics and Gynecology, American College of Emergency Physicians, and California Latino Medical Association; health systems language access initiatives at Catholic Healthcare West, Kaiser Permanente, Scripps, St. Joseph's, and Sutter; a videoconferencing medical interpretation project at the Alameda County Medical Center and San Francisco General Hospital; Contra Costa Medical Center's use of the promotora model to improve access to prenatal care for Latinas; San Joaquin Medical Center's initiative to hire staff interpreters and negotiating a 75% discount for a language line; and Los Angeles County-University of Southern California hospital increasing quality through targeted trainings for bilingual staff, frontline and mid-level managers and ongoing provision of ongoing support and materials.