

PRESS RELEASE
For Immediate Release

**Physician Leaders Move Beyond ‘Diversity’
To Culturally Proficient Health Care**

San Francisco – From high tech solutions like Video Medical Interpreting (VMI) to low tech solutions like supporting ethnic physicians in solo and small group practices, physician leaders from across the state met on May 28 in San Francisco to promote essential elements of culturally proficient health care.

Convened by The California Endowment, this influential group – the Medical Leadership Council on Cultural Proficiency (MLC), comprised primarily of county medical societies and statewide specialty associations – works to guarantee language access, cultural proficiency, and workforce diversity in health care statewide.

“In the seven years we’ve been meeting, we’ve changed the way physicians and health care professionals think about cultural proficiency, and therefore the way they work,” said Robert K. Ross, MD, President and CEO of The Endowment. “Our foundation has supported your organizations in learning how physicians in different specialties and different parts of the state can best improve care for the diverse patients of California, and your members have taught us what they need to succeed.”

Continuing this work, The Endowment devoted the May MLC meeting to a tour of state-of-the-art health care interpreting methods at San Francisco General Hospital and several presentations on how best to improve the diversity and cultural proficiency of the physician work force. Sessions included:

Promoting and Adopting Best Practices – Video Medical Interpreting: Meeting at San Francisco General Hospital (SFGH), where 20% of patients do not speak English, the group toured clinics to see how SFGH meets half of its 80,000 to 90,000 requests for interpreters each year by providing interpreter services through portable video monitors. Experts advocate for VMI to become increasingly available in inpatient and outpatient settings statewide to effectively meet California’s vast language access needs, augmenting in-person and telephone interpreting.

Encouraging Physicians to Access Interpreters: Academic physicians also presented study results showing that making interpreters available is only effective when medical staff are trained and expected to use them. Gaps still exist, for example, between informed consent practices for English-speaking patients and those who speak other languages. Hospitals and medical offices alike are experimenting with ways to close the gap.

Supporting Ethnic Physicians in Solo and Small Group Practices: The California Medical Association Foundation, with funding from The California Endowment, recently completed projects aimed at understanding and addressing barriers to care for minority patients and ways to support ethnic physicians in solo and small group practices, who are important providers of this care. Recommendations include changing medical school education to include training about multilingual and multicultural medical practice; supporting increased opportunities for health care interpreter training; and increasing Medi-Cal payments to physicians providing services to ‘safety net’ populations.

Creating Physician Workforce Diversity: Kevin Grumbach, MD, director of the UCSF Center for California Health Workforce Studies, presented his recent study of the ethnicity and language diversity of physicians in the state, using Medical Board data. His findings include: the underrepresentation of Latinos and African Americans in California medicine is “dire”; minority physicians are much more likely to serve in Medically Underserved Areas, Health Professional Shortage Areas, and minority and low income communities; and minority physicians are much more likely to work in primary care. His call to action includes: investing in the educational pipeline; promoting diversity as a key element in expanding medical education and building new medical schools; and recruiting more medical students from underrepresented Asian and Pacific Islander American groups, including Lao, Hmong, Cambodian and Samoan.

“As California’s population is ever changing, increasing in diversity, the field of medicine must keep pace,” said Leonard Fromer, MD, a Past President of the California Academy of Family Physicians, a member of the MLC and convener of the Council. “Because health disparities based on race are real, and because inadequate language access puts our patients at risk, we must be sure every patient understands and is understood. Our state’s health depends on it.”

For more information about the Medical Leadership Council, its member organizations, its history, speakers and projects, visit www.MedicalLeadership.org. The site is also home to the Language Access Database, a unique searchable database providing language access resources specific to each county in California.