

Medical Leadership Council Meeting: May 2007

Improving Language Access is Key to Improving Patient Care

*Medical Leadership Council on Cultural Proficiency Meeting
May 30, 2007 in Los Angeles*

Leaders in health care, academic medicine and patient advocacy met in Los Angeles on May 30 to learn about innovative ways medical schools can increase physician workforce diversity and cultural competence, ways that translator services are improving patient care, and ways to include these critical developments in health care reform.

“This is an important year for health care in California,” said Ignatius Bau, JD, director of Culturally Competent Health Systems at The California Endowment, which convenes the Medical Leadership Council on Cultural Proficiency. “We must keep the concerns of language access, cultural competence, and health care for the underserved at the center of any discussions of major reform.”

The council, first convened in 2002, is comprised of elected and staff leaders from 32 organizations, including county medical associations, medical specialty societies, health systems, and advocacy groups. Its members work with physicians, patients, and health care staff statewide to improve language access for patients with limited English proficiency (LEP) and to improve cultural competence in the health care workforce.

At the Los Angeles meeting, faculty and researchers from the University of California, San Francisco and Davis, and the University of Southern California explained ways their medical schools are recruiting more diverse students, training medical students in cultural competence, and encouraging more students to enter primary care specialties. From high school mentoring to undergraduate recruiting to medical school support, historically underrepresented minority students are encouraged and, as a result, more are enrolling in medical schools.

Practicing physicians presented research at the meeting showing that providing professional interpreter services improves patients’ quality of care, and not providing language access seriously compromises care. One study, for example, found that “about 49.1% of limited-English-proficient patient adverse events involved some physical harm, whereas only 29.5% of adverse events for patients who speak English resulted in physical harm.”¹

With health care reform on just about everyone’s mind these days, Medical Leadership Council members also discussed the major reform proposals in the California Legislature, and advocated for ways to keep the Council’s interests part of the ongoing dialogue. Building a primary care workforce that serves the underserved and provides high quality health care, language access, and culturally competent care is important to the member organizations. Physicians, for example, know first hand the needs of their patients and want to ensure that any health care reforms address the many unmet needs.

“I continue to be impressed by the dedication of this group,” said Leonard Fromer, MD, FAAFP, past president of the California Academy of Family Physicians, the lead administrative organization for the Council. “Both our individual patients and our entire health care system will be healthier because of this work.”

***For more information:** Streaming video of Medical Leadership Council meeting presentations, presenters’ slides, and journal articles are all posted on the Medical Leadership Council for Cultural Proficiency’s Web site: www.medicalleadership.org. The site also provides a Language Access Toolkit to help physicians and staff provide interpreter services in their offices. The site is also home to the Language Access Resources & Interpreter Database, which lists interpreters’ contact information, downloadable health education materials in languages other than English, and more.*