

**Press Release  
Medical Leadership Council on Cultural Proficiency  
May 20, 2009 Meeting**

**Physician Leaders Work to Eliminate Health Disparities  
Based on Race and Ethnicity**

*[City]* – Medical societies and health care systems across California are piloting innovative ways to improve health care and – ultimately – health outcomes for patients who speak limited English. From encouraging diverse youth to consider careers in medicine to insisting that national health information technology standards include a focus on ethnicity and language, physicians and hospitals are working to ensure that all patients receive quality medical care, regardless of their primary language or culture.

Member organizations of the Medical Leadership Council on Cultural Proficiency (MLC) met in Oakland on May 20 to share updates about what’s working best to meet this goal. Convened by The California Endowment, the MLC has been meeting for seven years and is regarded as a leader in efforts that will help eliminate the health disparities based on race and ethnicity that still plague health care in California and the U.S.

“As the nation catches up with California in addressing language access, cultural proficiency, and workforce diversity, the Council organizations are positioned to take leadership on these issues,” said Robert K. Ross, MD, President and CEO of The Endowment. “In the seven years we’ve been meeting, the MLC has become a leadership group. Going forward, we’re a leadership force.”

**It all comes down to basics**

“We’re changing the basic ways that health care is delivered,” said MLC meeting facilitator Leonard Fromer, MD, a past president of the California Academy of Family Physicians. Recent Endowment-funded projects undertaken by county medical societies, medical specialty societies, and health systems include these:

- The California Health Care Safety Net Institute is leading the REAL Data Planning Initiative to assist public hospitals in improved standardization of data collection to capture and analyze data on race, ethnicity, and preferred languages to better ensure patients receive health services in a language they can understand.
- Catholic Healthcare West (CHW) has developed the CHW Qualified Medical Interpreter Program, among other efforts.
- Sutter Health infuses cultural proficiency throughout the organization by making sure it’s part of the way the system evaluates its patient care, business approach, and employee relations.

- The California Medical Association is assisting independent physician practices with bilingual staff evaluation; assisting physicians in evaluating and improving their practices' language access services; and partnering with the University of California-Sacramento Center to increase interest in medical training among a diverse pool of undergraduate students.
- The California Primary Care Association is developing a comprehensive fact sheet detailing how cultural and language proficiency can be integrated into state and national patient centered medical home efforts.
- The San Joaquin Medical Society (SJMS) is creating a toolkit, including a booklet and video, to assist other medical societies in developing local versions of Decision Medicine. This two-week program, designed by SJMS, introduces 24 diverse students to the field of medicine through hands-on field study opportunities each year.

“Compromising a patient’s health care because the doctor or nurse can’t understand his or her language is literally a violation of someone’s civil rights,” said Fromer. “Improving language access began in part because State and federal laws required it. Now we understand that in order to provide quality care, providers must possess enough cultural proficiency to deliver that care in a way that respects a patient’s language, ethnicity and culture. It’s the only way we can partner together for the best possible outcomes.”

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*The Medical Leadership Council on Cultural Proficiency is a unique and powerful group of 37 medical and specialty societies, health plans and health systems working to improve language access, cultural proficiency, and health care workforce diversity in California. For more information, and to view a video about the Council’s work, see [www.MedicalLeadership.org](http://www.MedicalLeadership.org).*