

PRESS RELEASE
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**Health Care Leaders Find Ways to Provide Language Access
and to Address Physician Shortage**

Los Angeles (DATE) – Thirty-two organizations comprising the Medical Leadership Council on Cultural Proficiency (MLC) met in Sacramento on November 28, 2007. The council includes county medical associations, medical specialty societies, health systems, and advocacy groups working to improve language access in health care and to increase the diversity and cultural competence of the state's health care workforce.

Many in the group believe that health care reform in the state would benefit the patient populations whose health care and health status the MLC's work is designed to improve.

Under current health care reform proposals, "seventy percent of the newly insured would be from communities of color," said Ellen Wu, MPH, executive director of the California Pan-Ethnic Health Network. "Among the newly insured, more than 50% will speak a primary language other than English and almost 80% will be low-income," she said.

Calling on California legislators and the Governor to pass health care reform this year, Robert K. Ross, president and CEO of The California Endowment, convenor of the MLC, asserted that "it's wrong to say health care reform can't proceed because of the state's budget problems. Leaving millions of people uninsured will just add to the problems."

Presenters at the day-long meeting called for increasing the number and diversity of physicians and other health care professionals in California, backing state and federal legislation to improve language access and increase culturally competent care, and supporting physicians in their efforts to provide both to patients.

Addressing the provider shortage: Anmol Mahal, MD, past president of the California Medical Association, called for increasing the number of physicians trained in California to help meet the growing need for physicians and to help increase diversity. "Only 25% of the physicians practicing in California attended medical school here," he said. "Fifty percent attended elsewhere in the U.S. and about 25% are international medical graduates."

"California will face a shortage of between 5,000 and 17,000 physicians by 2013," many of them in primary care, said Angela Minniefield, MPA, deputy director of the Healthcare Workforce Development Division of the Office of Statewide Health Planning and Development (OSHPD). Currently, 7.8 million Californians live in geographic areas officially recognized as Health Care Professional Shortage Areas, where there is at most one physician for every 3500 residents. OSHPD oversees several programs to recruit health care providers to these areas.

Better coordination of efforts among the entities training new health professionals and the entities wanting to employ them also would help address the shortage and improve diversity, say Kevin Barnett, DrPH, MCP, a senior investigator at the Public Health Institute in Berkeley, and Jeff Oxendine, MPH, MBA, associate dean for public health practice at the University of California-Berkeley School of Public Health. Their research shows that better links are needed between the “supply” side (state educational agencies; medical, nursing, public health and other schools and programs; undergraduate colleges and universities; and K-12 schools, among others) and the “demand” side (health care delivery systems, public health agencies, health plans, IPAs, PPOs, and others).

Backing state & federal legislation: One state law and three federal bills promise to improve language access and culturally competent care.

In California, Senate Bill 853, which passed in 2003 and goes into effect in 2009, requires all health plans and insurers to cover interpreter services and to have plans in place to provide interpreters as well. This means that by 2009, all patients with insurance should be covered for interpreter services, said Wu.

In the First Session of the 100th Congress, the State Children’s Health Insurance Program (SCHIP) reauthorization language would increase the reimbursement for interpreter services, said Deena Jang, JD, policy director for the Asian and Pacific Islander American Health Forum. The Health Equity & Accountability Act (HR 3014) would further increase reimbursement for interpreter services and would establish several measures to improve language access. And the Minority Health Improvements & Health Disparity Elimination Act (S 1576/HR 3333) would apply several approaches to improving cultural competence and ending disparities.

Supporting physicians in providing language access: The California Endowment is funding several projects by county medical societies to expand the MLC’s Language Access Resources database; train medical office staff in ways to provide interpreter services; evaluate physician recruitment and outreach strategies; and find regional solutions for providing language access and culturally competent care. Most projects are in the early stages; results will be reported to MLC members in 2008.

For more information, visit the MLC Web site: <http://medicalleadership.org>.