

## POLICY BRIEF NO. 2 – SOLUTIONS FOR CHANGE

**ABSTRACT:** In a turbulent political environment it is easy to be engulfed in the negative narrative that pervades the airwaves. The disparity that exists for Latinos attempting to enter the health professions is great and has been widely documented. There are programs that exist that are working on solutions to the disparity daily that often go unrecognized. While the disparity cannot be ignored, there must be recognition of these efforts and programs and the value in collaborative partnerships that strengthen our mutual resolve. The Latino Physicians of California will direct its efforts in recognition that there are solutions that in partnership with likeminded advocates that remind us, and others that our strength is collective.

### THE CHALLENGE

One of the challenges our current health care system faces is the increasing diversity of our populations. With one in five Americans speaking a language other than English at home, a majority-minority shift for the U.S. population under 18 is predicted by 2020, and for the entire U.S. population by 2044. Communities of color are the majority of California with Latinos at 39% being the largest population; Whites at 38.4%; Asians at 13.1%; African Americans at 5.7%; Native Americans at 1%; and Native Hawaiian and Pacific Islanders at 1%.<sup>1</sup>

Latinos suffer from poorer health outcomes because of disparities in accessing health insurance coverage, quality care, and other factors.<sup>2</sup> In addition, there is a critical shortage of health care providers, especially primary care physicians for inner city and rural areas of California. This is where most of the Latino community resides. Addressing disparities in the health care workforce for the Latino Population is critical to achieving a culturally and linguistically competent health care system in California.

In 2011, Latino Physicians of California was created in response to the one of the major significant disparities in health care, the low rate of Latinos in the California Physician Workforce. Preliminary data suggest that other major health professions such as nursing, pharmacy, and health care administration also suffers from equally severe disparities of Latino professionals.<sup>3</sup> Latino health professional shortages present major challenges and opportunities for change in the health care system, both in the US and most dramatically in California.<sup>4</sup>

This mismatch between the growth in the diversity of our U.S. and California populations, and the lack of diversity in the physician pool threatens the health care systems' ability to adequately deliver equitable health care. Greater physician diversity increases access to low income patients, racial and ethnic minorities, non-English speaking patients, and those on Medicaid. Physicians who can communicate in a patient's preferred language and connect with their patients culturally deliver perceptually higher quality health care and better outcomes for ethnic and racial minority patients.<sup>5</sup> Although federal regulations mandate the utilization of interpreters and translation for Limited English Proficiency patients within health care systems, there remains widespread variation in the practical implementation of this federal mandate.

Only 47% percent of California community college students, 54% of Cal State University students, and 84% of University of California students graduate after 6 years (17-19). These statistics are worse for ethnic and racial minorities. College preparedness is important to the success of health care workforce pathways. Twenty five percent of U.S. Latino high school sophomores and eighteen percent of U.S. African American sophomores aspire to become physicians. At least two-thirds of those aspirants are lost by the time medical schools admit their entering classes. Only 7% of Latinos and 6% African Americans are make it to medical school.<sup>6</sup>

California imports roughly 78% of its total physician workforce from other states and abroad, and also ranks 37th among all states for the proportion of state residents who are able to attend an in-state medical school. Of the number of students accepted to medical schools in California, Latinos represented only 15% of those matriculating in 2016.<sup>7</sup>

It would be easy to be discouraged because the challenges to addressing this issue seem so insurmountable. However, LPOC gets its encouragement from its resilient Board of Directors and most of all from the young Latino/URM students who rely on us for support. It is the courage and tenacity these future health professionals show in light of daunting odds that inspires and maintains our resolve to fight and support their efforts. We also recognize that there are other likeminded organizations supporting these students and we want to share a small sample of these, knowing that there are more programs that we will continue to feature in the future.

## **WORKFORCE SOLUTIONS**

### **LATINO PHYSICIANS OF CALIFORNIA**

Over the past several years LPOC has partnered with several physician groups and community-based organizations. In 2014, LPOC gathered representatives from local, state, and federal stakeholders to discuss implementation of the Affordable Care Act in California. This led to a Covered California partnership led by the California Medical Association (CMA) Community Health Foundation that included the American Pediatric Association and LPOC. As a result LPOC provided training on Latino health disparities, the Covered CA Program, and MediCal Expansion providing Continuing Medical Education/Continuing Education Units to over 2,000 healthcare professionals across the state.

2

Carrying on a tradition of partnerships, LPOC plans to work with key organizations in 2018 to establish the California Latino Health Collaborative to create a statewide strategy. We have conducted a number of statewide meetings to support Latino physicians, and to create physician/student mentoring programs. We provide funding and/or health professionals to speak at conferences, support student led meetings, retreats and individual counseling. A member of the Latino Medical Students Association (LMSA) has been on the Board of Directors since LPOC's inception.

In 2014, LPOC created a “Legacy Leader” position on its Board of Directors and Executive Committee to emphasize its commitment to improving the dismal number of Latino physicians in the health care workforce. Under this program, LPOC established the Latino Legacy Roundtable that is comprised of young Latino/URM students who conduct conferences (each drawing 300-500 participants) to assist students interested in the health professions to succeed in applying for a slot towards a medical/health professions degree. In 2016, LPOC became the fiduciary for specific projects for MiMentor.org, an online/app mentoring program lead by pre-med and pre-health students that provides support to Latino students and others who desire to enter the health professions or who are matriculating into the health professions. The LPOC Legacy Leader is Chair of the Roundtable (and is the Chief Information Officer for MiMentor). Recently LPOC and MiMentor received a joint grant from Kaiser Foundation Hospitals, Southern California to create a physician/student mentoring program to encourage successful applications to medical school. This project will include review and documentation that will allow it to be replicated statewide.

### **UCLA INTERNATIONAL MEDICAL GRADUATE PROGRAM**

In the United States over a quarter of doctors are from foreign countries, many from the Middle East, Asia, and India. Very few immigrant doctors are from Latin America. The UCLA International Medical Graduate Program creates a pathway for Latino doctors to practice in the United States – thereby closing the healthcare gap for Hispanic patients, one immigrant doctor at a time.

The UCLA International Medical Graduate (“IMG”) Program – founded in 2006 by Dr. Michelle Bholat and Dr. Patrick Dowling – gives doctors trained in Latin America an opportunity to focus on studying and undergoing training for U.S. licensing. The program offers participants test preparation classes, English courses, a clinical observership, and a stipend. The U.S. medical board exams cost three thousand dollars and are an expensive undertaking for immigrant doctors. After completing the exams, program participants apply for a three-year medical residency, which is required for practicing in the United States.

Upon graduating from the program, IMG participants must serve in one of California's medically underserved areas for two to three years. In some

Los Angeles clinics, there may be as few as two physicians per 4,000 Hispanic patients; underscoring the severe shortage for Latino doctors.

This highly competitive program receives 8 applications for every slot, and has placed 54 Latin American doctors into family medicine training programs. These doctors come from countries including Mexico, Peru, Costa Rica, Argentina, El Salvador, Cuba and Venezuela – and have the traits that make immigrants so valued in this country.

## UNIVERSITY OF CALIFORNIA, DAVIS

UC Davis has a number of exemplary programs that create pathways and support matriculating students.

**Transforming Education and Community Health for Medical Students (TEACH-MS)** Established in 2012, this program is a 4-year tailored M.D. program for students with a strong interest in primary care for the urban underserved. The TEACH-MS program seeks to improve access to effective, culturally respectful and equitable health services for the underserved communities by providing rewarding community based experiences that support interest in primary care among medical students.

**Accelerated Competency-based Education in Primary Care (ACE-PC)** Established in 2013 is a partnership between UC Davis, Kaiser Permanente-Northern California, and the American Medical Association for students who are confident that they want to pursue a career in adult Internal Medicine, Primary Care or Family Medicine. They have the opportunity to complete their undergraduate medical education in three years instead of four, and are granted a conditional acceptance into residency upon acceptance into the program. ACE-PC is the only 3-year medical school program offered in California and has had over 300 applicants each year. The curriculum and clinical experiences are linked to primary care residencies at UC Davis and Kaiser.

**The UC San Joaquin Valley Program in Medical Education (SJV PRIME)** This program is a partnership between the University of California, UC Davis School of Medicine, UC Merced, and UCSF-Fresno to train the next generation of San Joaquin Valley Physicians. It seeks to increase the diversity of the medical profession and remedy the uneven distribution of physicians in California. Its innovative approach to training future physicians with a pathway that will emphasize quality of care anchored in community-based research and educational experiences. SJV PRIME is a tailored clinical track for medical students who are committed to ensuring high quality, diverse and well-distributed medical care to improve health for populations, communities, and individuals in California's San Joaquin Valley.

**Rural Program in Medical Education (Rural-PRIME)** Focused on meeting the needs of rural communities through unique activities that include specialized course work, early clinical experiences, and mentoring by rural physicians. Medical students will become skilled physicians and also gain the experience necessary to become community leaders and patient advocates. Rural PRIME is training the next generation of rural physicians – practitioners who are skilled leaders, life-long learners and adoptors of technologies that enhance rural practice and the quality of patient care. The program is designed for students who are sure they want to practice in rural California.

**UC Davis Student Run Clinics** UC Davis Medical School student run clinics provide an opportunity for early hands-on training to undergraduates that would otherwise not be available to them. Many students who serve in the community clinics choose primary care specialties when entering residency training. These clinics train students in delivering primary care services while simultaneously improving access to care in underserved communities. Undergraduate students act as interpreters, patient advocates, receptionists, and lab workers.

One of these clinics is Clinica Tepati which has been recognized nationally as an exemplary partnership between an academic medical center and the community. Founded in 1974, Clínica Tepati, is a model free clinic providing clinical services to a lower income inner city community in Sacramento County. In addition to health care, Clinica serves as a tremendous educational vehicle for the 200 plus undergraduate, medical students, and residents who volunteer there each year. Undergraduate students comprise most of the Board of Directors of Clinica, with the administration of the clinic headed by Medical Students under the direct supervision of U.C. Davis and Sutter Health System Medical Residents and volunteer Clinical Medical Staff.

Clinica has served as model for other similar UC Davis Student Run Clinics such as the Paul Hom Asian Health Center, the Imani Clinic, the Shifa Clinic, the Willow Clinic, the Joan Viteri Memorial Clinic, and the Knights Landing Clinic. Over the past 44 years Clinica has cultivated and inspired the careers of hundreds of physicians, nurses, hospital administrators, public health advocates, pharmacists, and one state legislator.

**PREP Médico** In 2015, UC Davis Medical School teamed up with the Permanente Medical Group to create the Prep Médico program to help address shortages of Latino doctors. The program offers health courses, lectures, and shadowing opportunities to low-income freshman and sophomore students from Central and Northern California who can demonstrate a commitment to serving Latino patients. Students who participate in the six week program, many of whom are the first in their families to pursue higher education, leave Davis with basic medical skills and a thorough understanding of what it takes to pursue a medical career. For students who are further along in their career path, Prep Médico offers targeted research opportunities and financial support for MCAT preparation. Kaiser Permanente also runs a four-week clinical teaching program for fourth-year medical students who speak Spanish and are passionate about serving the Latino population.

## **SUPPORTING SOLUTIONS, MOVING TOWARDS ADVOCACY**

As our core mission, we will continue to support current Latino/URM health professionals as they serve their communities and encourage others to join in our efforts. We will continue to create and build alliances to ensure that Latinos and Underrepresented minorities (URM) are supported in their efforts to enter the health professions.

While we reinforce and continue our partnership efforts we will strengthen our resolve to address the disparity, especially in the current turbulent political environment. We will work to support DACA students who are currently in medical school and residency programs, or who seek to pursue a career in the field of medicine at some point in the future. We view the fight for immigrant rights as a part of the larger struggle for human rights.

We will collectively and in partnership with others speak out against bigotry and injustice. We will join and support like-minded advocacy groups that are fighting for immigrant rights and join and support groups who are getting out the vote.

---

**Visit [Latinophysiciansofca.org](http://Latinophysiciansofca.org) for more information.**

- 
- 1 US Census Bureau, Quick Facts, California, July 1, 2017 (V2017).
  - 2 Disparities in Health and Health Care: Five Key Questions and Answers, Henry J. Kaiser Family Foundation, August 12, 2016.
  - 3 Sánchez, G., Nevarez, T., Schink, W., & Hayes-Bautista, D.E. (2015), Latino Physicians in the United States, 1980-2010. Academic Medicine.
  - 4 Dall, Tim, West, Terry, Chakrabarti, Ritashree, Iacobucci, W. (2015). The Complexities of Physician Supply and Demand: Projections from 2013 to 2025 Final Report Association of American Medical Colleges.
  - 5 Disparities in Health and Health Care: Five Key Questions and Answers, Henry J. Kaiser Family Foundation, August 12, 2016.
  - 6 Medical School Graduation Questionnaire, 2017 All Schools Summary Report, Association of American Medical Colleges.
  - 7 LPOC Policy Brief, Creating a Movement for Change, Based on Statewide Latino Physicians Needs assessment Survey (LPNAS) 2015.

---

© 2018 Copyright Latino Physicians of California  
For information or permission to print please contact:

Lia Margolis, CEO  
Latino Physicians of California  
[Liamargolis@latinophysiciansofca.org](mailto:Liamargolis@latinophysiciansofca.org)  
400 Capitol Mall, 22nd Floor  
Sacramento, CA 95814-4421

---