



# Health Professionals and Patients in California: Speaking the Same Language

California is facing a health workforce crisis. There are not enough health workers to meet the needs of the state's increasingly diverse, growing, and aging population. This [Health Workforce Strategies for California series](#) highlights current critical health workforce interventions and builds on the findings of the California Future Health Workforce Commission.

California is facing a shortage of health professionals to meet the needs of its large, diverse, and aging population, and the situation is worsening. Shortages exist across professions and geographies, with sizeable urban and rural underserved populations. Despite increasing population diversity, California's health professionals don't reflect the increasing diversity of the state's population. For example, in 2019, 39% of Californians identified as Latinx, but only 14% of medical school matriculants and 6% of active patient care physicians in California were Latinx.<sup>1</sup>

**Although there are many languages spoken in California, the most prevalent after English are Spanish, Tagalog, Cantonese, Mandarin, and Vietnamese.**

Over the past two decades, studies have shown the importance of racial and social concordance between physicians and their patients as well as the need for intercultural competencies, which lead to increased trust and greater patient satisfaction. Particularly important, however, is the ability to speak the same language, which not only increases trust and patient satisfaction but simultaneously decreases poor clinical outcomes due to miscommunication.<sup>2</sup> According to the US Census Bureau, almost 44% of California households speak a language other than English, and nearly seven million Californians (19%) report speaking English "less than very well."<sup>3</sup>

Although there are many languages spoken in California, the most prevalent after English are Spanish, Tagalog, Cantonese, Mandarin, and Vietnamese.<sup>4</sup> It is essential to increase the number of health professionals in California who can effectively deliver health care services in a language other than English.

Currently, there are no data available on language proficiency among California's health professionals. Physicians self-report to the Medical Board of California the languages they speak, but proficiency is not measured. Furthermore, the Medical Board data do not indicate whether a physician has sufficient knowledge of health care terminology to converse with patients in their own languages about health care needs.

This brief builds on a recent [review of the evidence](#) to identify long-term and near-term policy strategies to increase language concordance for health professionals and patients in California.

**Language concordance occurs when the health professional and the patient are fluent in the same language and able to communicate effectively about health and health care.**

Pipeline programs provide high school, college, and postbaccalaureate students with multifaceted support to enhance their readiness for graduate-level health professional training and to help them successfully pursue health careers. Expanding pipeline programs that specifically enroll bilingual or multilingual students is an effective long-term policy strategy for increasing workforce diversity that can also increase language concordance. These programs often provide academic, career, and psychosocial support as well as mentorship. Some programs offer financial support as well. Postbaccalaureate programs have been shown to be particularly effective at increasing the number of underrepresented students of color and those from lower-income backgrounds who graduate from medical school, choose primary care careers, and practice in medically underserved areas.<sup>5</sup> Encouraging professional school admission processes to review applications holistically, especially taking into consideration the languages a candidate speaks, could also enhance language concordance.

Expanding specialized health professional school training programs requiring a second language component, such as the University of California Irvine School of Medicine's Program in Medical Education for the Latino Community (UC PRIME-LC) is another effective long-term policy strategy for increasing language concordance. Although current programs are small, graduates obtain health care training in two languages, directly impacting language concordance.

### **Medi-Cal threshold languages are languages spoken by 5% or more of Medi-Cal enrollees in a county.**

Grants for specialized language training for intermediate and advanced speakers of Medi-Cal threshold languages is a near-term policy strategy to increase language concordance. Medi-Cal threshold languages are languages spoken by 5% or more of Medi-Cal enrollees in a county. Many of California's existing health professionals are heritage speakers of a second language; others may have learned a second language in school. Both groups often require additional training in medical vocabulary

to ensure they can care for patients in that language.<sup>6</sup> Upskilling heritage language speakers is ideal because they have cultural competence as well as linguistic competence, but enhancing the capabilities of people with acquired language skills is also valuable. Intermediate and advanced speakers need a relatively short period of training to be able to achieve competence at a level at which they can care for patients who speak that language without an interpreter. Although Spanish should be the highest priority given the large number of Spanish speakers in California who have limited English proficiency, grants should also be made available for classes in any Medi-Cal threshold language in the county in which a health professions school is located.

Another near-term policy strategy to increase language concordance is to provide ongoing state funding for the UCLA International Medical Graduate Program. This program began in 2006 with the goal to improve health access to bilingual and bicultural family medicine physicians in underserved communities. The program admits Latinx physicians who have completed medical training outside the United States but legally live in the United States, and prepares them for the US Medical Licensing Examination while simultaneously providing hands-on clinical training and teaching them about the culture of medicine in the US. The program has several components and, on average, participants complete the program in one year. There is no cost to the physician while in the program, or for the examinations, and physicians also receive a small monthly stipend. The estimated average cost per physician to complete the program is \$55,000. In return, they agree to enter a family medicine residency program in California, and then to work in a federally designated primary care shortage area in California for two to three years after residency, depending on the amount of support they received during the program. Since the program began, it has graduated 160 international medical graduates who have gone on to family medicine residency training.<sup>7</sup> These physicians are uniquely positioned to care for the increasingly multicultural population in California and to help to diversify the current physician workforce.

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## About the Foundation

The **California Health Care Foundation** is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes

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