

UCLA

UCLA Previously Published Works

Title

Addressing the Latino Physician Shortage: Briefing Proceedings

Permalink

<https://escholarship.org/uc/item/60c5t443>

Authors

Bustamante, Arturo

Balderas-Anaya, Yohualli

Publication Date

2020-06-01

Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NoDerivatives License, available at <https://creativecommons.org/licenses/by-nd/4.0/>

Peer reviewed



Addressing the Latino Physician Shortage

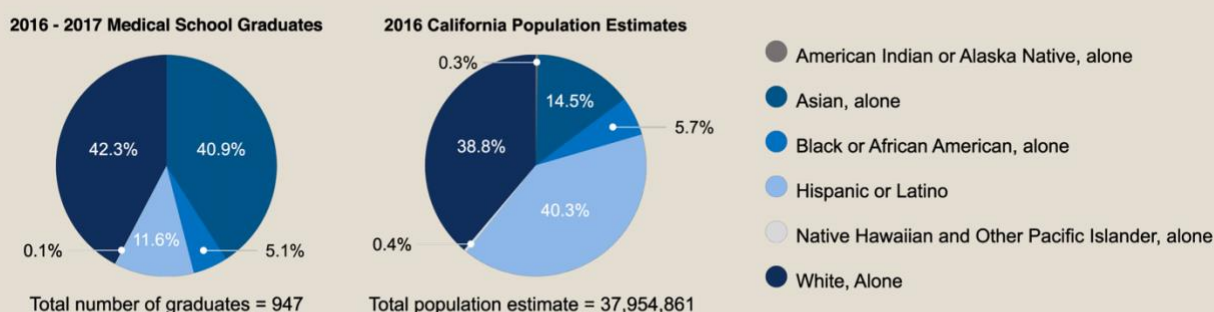
The California Initiative for Health Equity & Action (Cal-IHEA) and The Latino Policy and Politics Initiative (LPPI) jointly convened an expert panel on May 28, 2020 to showcase research focused on addressing the Latino physician shortage in California and supporting Latino physicians in practice. California has a growing shortage of primary care physicians, which presents significant access barriers for monolingual Spanish-speaking Latinos. There is an urgent need to improve the representation of Latinos in medicine and to ensure that Latino physicians are professionally supported. The briefing highlighted how workforce policies aimed at increasing the Latino physician pipeline can advance health equity for Latinos across the state. [View the full webinar here](#)

The shortage of Latino physicians in California is acute and longstanding. The impact of the shortage has resulted in gaps in care for Latinos, especially monolingual Spanish speaking families. Jeffrey Oxendine (UC Berkeley), Dr. Yohualli B. Anaya (UCLA), Dr. Arturo Vargas-Bustamante (UCLA), and Dr. Marlene Martin (UCSF) presented evidence focused on the Latino physician workforce shortage in the state and discussed policy solutions to address the pressures Latino physicians currently in their medical practice. Jeff Oxendine highlighted physician diversity recommendations from the California Future Health Workforce Commission's final report. Then, Dr. Anaya presented data from LPPI's [white paper focused on the physician shortage](#) in California, which indicated that Latinos make up 40% of the state's population but only 11% of the state's medical school graduates.^[Figure 1]¹ Moreover, California has the lowest representation of Latino resident physicians amongst states with large Latino populations. Latino physicians that benefit from programs like the Song-Brown residency program or participate in Post-Baccalaureate programs are more likely to serve in medically underserved areas^{2,3} and racial /ethnic concordance with physicians is associated with better health outcomes for Latino patients.^{4,5} Spanish speaking physicians are the most underrepresented language subgroup of the physician workforce.⁶ If current medical school matriculation trends continue, it will take five centuries for the number of Latino physicians to reach parity with that of their non-Latino White counterparts.¹

Dr. Vargas-Bustamante highlighted the importance of providing access to care for undocumented immigrants, 65% of whom are Latinos, especially given the lack of activity on this front by the current federal administration.² He presented his [toolkit of local and state coverage expansion initiatives](#) that can be implemented more broadly across the state. Dr. Martin, a hospitalist physician at Zuckerberg San Francisco General Hospital, shared her experiences of treating and managing COVID-19 on the frontlines and described ways that physicians can advocate to combat disparities in COVID-19 experienced by Latinos due to the pandemic. She encouraged Latino physicians and clinicians to share professional experiences and advocate on behalf of the communities that they serve. COVID-19 has exacerbated underlying disparities that a robust physician Latino physician workforce could help tackle. As the state needs to cut its budget, recommendations outlined in the [California Future Health Workforce Commission report](#) should

be funded to mitigate the long standing health inequities by race and ethnicity in our state. As the number of COVID-19 cases continue to rise, investments in the future health workforce should continue in order to meet the increased demand for culturally competent health care services.

Figure 1. Share of California medical school graduates vs. California's population by race and ethnicity for 2016-2017.



Note: The total state population estimate excludes non-Hispanic/Latino and Hispanic/Latino populations who reported "some other race alone" or "two or more races".

Source: Anaya et al., "California's Physician Shortage" 2019.

Rectifying the Latino physician shortage in California will require efforts from diverse policy and practice stakeholders. Table 1 summarizes recommendations and actions to address the leaky pipeline, the recruitment and training of Latino physicians, and ethical tensions and professional burnout experienced by Latino physicians currently in practice.

Table 1. Policy and Advocacy Recommendations

Recommendation	Actionable Items
Address academic and structural disadvantages faced by underrepresented minority (URM) students	- Pursue institutional partnerships to provide academic support, advising, and health career development support. - Some examples of effective models include UC Riverside Medical Scholars, UC San Diego Health Careers Opportunity Program, and the Biology Scholars Program. - Increase funding to support the expansion and sustainability of pipeline programs. Donation opportunities are linked here.

3. For Current Medical Students & Practicing Physicians:
There are many pre-medical student organizations for URM students at the undergraduate level, partnering with them, sharing your journey to medicine, sharing resources, and offering mentorship/guidance is a good way to begin attempting to address the leaky pipeline at the individual level.
 - Each university will have its own student organizations, but [MiMentor](#) is an online platform where pre-medical and medical students can find mentorship and guidance for their pre-health careers.

Increase recruitment and training of linguistically capable medical students and physician residents.

1. Recruit and train students from rural areas and other under-resourced communities to practice in community health centers in their home regions by providing medical students with full-tuition scholarships for medical school in exchange for practicing in underserved areas.
 - Program examples [UCLA Leaders of Tomorrow Scholarship Program](#) & [UC Riverside Dean's Mission Award - Service Program](#)
2. Protect the Song-Brown physician training program funding. This program has a proven track record of producing physicians who practice in underserved areas. The termination of this program would mean a significant long term impact for communities, as studies indicate that residents stay and practice in the communities in which they train.
 - CA Sen. passed a budget proposal that saves Song-Brown. Call your local [Assemblymember](#) and encourage them to support the Senate budget proposal.
3. Protect CalHealthCares (CHC) and CalMedForce (CMF). Both of these state-funded programs provide funding for physician educational expenses. CHC is a loan repayment program for physicians and dentists that serve Medi-Cal patients. CMF is a publicly funded grant program for the development of new residency positions.
 - Currently, both of these programs have been cut from the Governor's revised budget due to COVID-19 related expenses.

- Call your [state representative](#) and ask for them to reinstate the funding for these programs.
4. Protect the ability of active physicians, medical students, and residents who depend on the Deferred Action for Childhood Arrivals (DACA) program to study and practice medicine in the US.
 - Ensure medical schools still consider students for admission, regardless of undocumented or DACA status.

Expand health insurance coverage and address ethical tensions for Latino physicians

1. Develop patient-centered medical homes within county-run medical services similar to programs supported by MyHealth LA and NYC Care.
 - Providing comprehensive health insurance to undocumented individuals represents a cost-effective method of providing care for the state and local levels.
 2. Protect DACA - 57% of DACA recipients gained health care coverage through their employers. Losing DACA and the ability to work would mean a loss of healthcare coverage.
 - State and local advocacy efforts should be made to ensure all federal options for expanding coverage are exhausted and explore state and local options for expanded coverage to immigrants.
 3. Contact your [representative](#) in the legislature and ask for an expansion of Medi-Cal to elderly (65+ years) undocumented Californians.
-

ADVOCACY OPPORTUNITIES

- [Resources/Advocacy tools for DACA recipients and Allies](#)
- [National Immigration Law Center - State and Local Advocacy to Support DACA Recipients](#)
- [Healthworkforce Policy Coalition led by California Primary Care Association](#)
- [Latinx Physicians of California](#)

PIPELINE PROGRAMS

- [Doctors Academy](#)
- [FACES for the Future](#)
- [Biology Scholars Program](#)
- [Stanford Summer CC](#)
- [UCR Medical Scholars](#)
- [UCD Prep Medico](#)
- [UCSD HCOP](#)
- [Mi Mentor](#)
- [Health Career Connection](#)
- [CR Drew Pipeline Programs-](#)
- [HCOP-Alta Med](#)
- [UCSF Latinx COE](#)
- [Future Physician Leaders](#)
- [Family Medicine Bridging the Gap](#)

REGIONAL PIPELINE PROGRAMS

- [Inland Coalition](#)
- [OneFuture Coachella](#)
- [Salinas Valley Health Pathways](#)
- [Alameda County Health Pathway Partnership](#)
- [SD Regional Consortium](#)
- [East Bay Health Pathway](#)
- [LA Chamber Health Pathways](#)
- [Western U Health Pathways](#)

References Cited

1. Vargas Bustamante, A., Martinez, L. E. & Balderas-Medina Anaya, Y. California's Physician Shortage. (2019).

2. Metz, A. M. Medical School Outcomes, Primary Care Specialty Choice, and Practice in Medically Underserved Areas by Physician Alumni of MEDPREP, a Postbaccalaureate Premedical Program for Underrepresented and Disadvantaged Students. *Teach. Learn. Med.* **29**, 351–359 (2017).
3. Graduate Medical Education Funding in California — The Song-Brown Program. 4.
4. Anderson, L. M. *et al.* Culturally competent healthcare systems. A systematic review. *Am. J. Prev. Med.* **24**, 68–79 (2003).
5. Institute of Medicine (US) Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*. (National Academies Press (US), 2009).
6. Hsu, P., Anaya, Y. B.-M. & Hayes-Bautista, D. E. California’s Language Concordance Mismatch: Clear Evidence for Increasing Physician Diversity. 4 (2018).
7. Vargas Bustamante, A. & Beltran, L. F. How to Expand Health Care Coverage to Undocumented Immigrants. (2020).

About the Author:

Gabriel Garcia authored this Cal-IHEA briefing proceeding. Mr. Garcia earned his B.A. in Public Health with a Minor in Public Policy from the University of California Berkeley. Originally from Santa Ana, Mr. Garcia is a research and policy fellow with Cal-IHEA. Informed by his lived experiences, he aspires to develop health policy initiatives that target and address the social determinants of health that disproportionately impact minority and low-income communities.

FOLLOW US

