

California's Language Concordance Mismatch:

Clear Evidence for Increasing Physician Diversity

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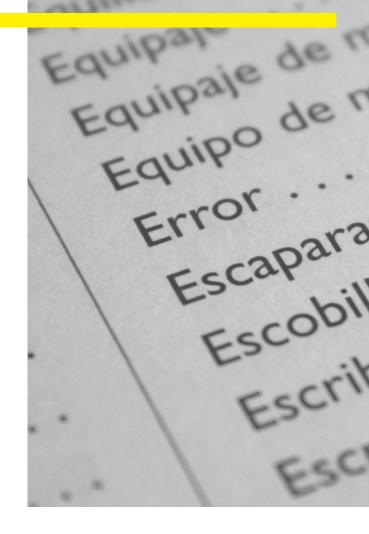
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EXECUTIVE SUMMARY

In California, nearly 44% of the population speaks a language other than English at home, and about 19% of the total state population can be categorized as Limited English Proficient "LEP" (State of California. 2018). The Institute of Medicine has noted that the Limited English Proficiency of some patients may have effects on health status, access to care, health outcomes and patient safety (2009). The purpose of this study is to identify how well California's physician workforce meets the linguistic needs of California's LEP population and present a handful of policy solutions to close the language concordance gap to improve health outcomes.



METHODOLOGY

"Language concordance" occurs when a patient and a physician speak the same language. We report the language concordance of the top 8 languages, plus Thai/Lao,* as a rate: physicians who speak a language per 100,000 population (over five years of age) that speaks the same language.

To do this, we used the U.S. Census
Bureau data file from the 2015
American Community Survey for
California. First, we rank-ordered the
state's languages by the number of
people who spoke them. Table 1 shows
the top eight languages spoken in
California, plus Thai/Lao.*

Table 1. Top Languages Spoken in California (Total Number of Residents)

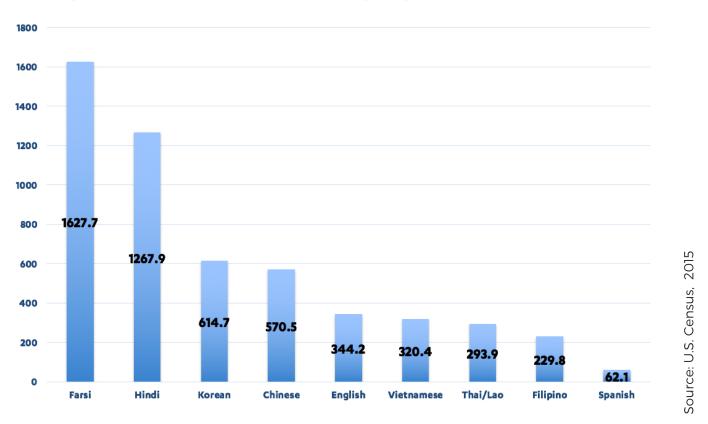
CA 2015	
Language spoken [general version]	Total
English	20,321,783
Spanish	10,637,225
Chinese	1,176,085
Filipino, Tagalog	866,129
Vietnamese	532,312
Hindi and related	519,760
Korean	381,885
Persian, Iranian, Farsi	199,592
Thai, Siamese, Lao	87,683

Source: U.S. Census American Community Survey, 2015

FINDINGS

Figure 1 provides the physician per 100,000 rate for each language group. The baseline comparison rate is the 344.2 physicians who only speak English per 100,000 population that only speaks English.

Figure 1. MD/100,000 by Language, California (2015)



Well-Represented Language Groups

Some language groups are well-represented in California's physician workforce. For example, the physician/100,000 population rate for Farsi is 1,627.7 and for Hindi-speaking physicians, the rate is 1,267.9. California is also well-represented with respect to two East Asian languages: Korean (614.7 ratio) and Chinese (570.5 ratio).

Under-Represented Language Groups

Some language groups are under-represented in California's physician workforce. With respect to Southeast Asian LEP Californians, the Vietnamese-speaking physician ratio is 320.4 and the Thai/Lao speaking physician ratio is 293.9. Additionally, the Filipino-speaking physician ratio is 229.8. Significantly far behind California's primary languages is Spanish. Spanish-speaking physicians are the most under-represented at 62.1 per 100,000 Spanish-speaking population.

POLICY CONSIDERATIONS

Nearly 20 million Californians age five and older speak only English at home, which means that nearly 16 million speak some other language. Some of these language groups are well-represented in the physician workforce, yet some are severely under-represented. Notably the first, third, and fourth most-spoken non-English languages in California are underrepresented by California's current physician workforce. This is especially concerning for Spanish speaking Californians, who suffer from the lowest physician population ratio in the state (62.1).

There are 12.1 million people in California who speak Spanish, Vietnamese, Filipino, and Thai/Lao at home.

To address this critical gap in care, we recommend an emphasis on language ability in medical school admissions to increase physician language concordance with: Spanish, Filipino, Thai/Lao, and Vietnamese. Increasing the physician supply in those languages will help reduce the negative effects of being an LEP patient seeking medical care from a physician in California.

POLICY SOLUTIONS

INCREASE MD ADMISSIONS OF SPANISH & SOUTHEAST ASIAN SPEAKING APPLICANTS

- MODIFY ADMISSIONS CRITERIA TO CA MD PROGRAMS TO INCREASE # OF LANGUAGE CAPABLE ADMITS
- INCREASE FUNDING FOR MD PIPELINE PROGRAMS

INCENTIVIZE PRACTICE IN LINGUISTICALLY UNDERSERVED REGIONS

- EXPAND LOAN-REPAYMENT CRITERIA TO INCLUDE LANGUAGE ABILITY
- EXPAND THE # OF RESIDENCY SLOTS IN PROGRAMS THAT SERVE LANGUAGE GAP AREAS
- INSTITUTE A HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATION FOR LANGUAGE GAP AREAS

EXPAND FOREIGN PHYSICIAN POOL IN THE SHORT-TERM FOR SPECIFIC LANGUAGES/REGIONS

TO ENSURE QUALITY CARE IN REAL-TIME FOR LEP CALIFORNIANS

CITATIONS

Institute of Medicine. Race, Ethnicity and Language Data: Standardization for Health Care Quality Improvement. 2009; Washington, DC: The National Academies Press, p. 96.

State of California, Office of the Attorney General. Limited English Proficient Consumers. 2018, available at: https://oag.ca.gov/consumers/limited-english Accessed September 3, 2018.

*Even though the Thai/Lao language group ranked 16th in the state, it was included because of the unique health problems endured by that population. See Smalkoski K, Herther NK, Xiong AB, Ritsema K, Vang R, Zheng R. Health disparities research in the Hmong American community: Implications for practice and policy. Hmong Studies Journal 2012; 13(2): 1-31.