TODAY’S CHANGES FOR SERVING TOMORROW’S DIVERSE COMMUNITIES:
INCREASING THE LATINO PHYSICIAN WORKFORCE NOW
EXECUTIVE SUMMARY
This project was supported by Washington State Proviso Funding (see Engrossed Substitute House Bill (ESHB) 1109 – Section 606, page 328 http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1109-S.SL.pdf?q=20200808074623).

We dedicate this study to all future Latino physicians and the communities they serve in the State of Washington.
Latinos are the largest in number and among the fastest growing racial/ethnic minority groups in the State of Washington (WA). By 2018, there were nearly a million Latinos living in Washington and between 1980 and 2018, the State’s Latino population grew from 2.9% to 13.1%. Based on a Pew Research Center report, approximately 32% of Latinos in WA were born outside the United States (US), and of those, 80% were born in Mexico alone. Approximately 66% of Latinos in WA report speaking a language other than English at home (primarily Spanish). Overall, 21% of Latinos in WA were uninsured, including 45% of foreign-born and 10% of US-born Latinos. Although Latino communities are present throughout the State, the largest concentrations are located in Western and Central Washington.

Latinos in WA are impacted by a number of social and health system inequities exacerbated by the lack of bicultural and bilingual Latino health care professionals. For example, 43% of COVID-19 cases in the State are among Latinos, though they are only 13% of the population, as compared with 37% of cases among non-Hispanic Whites, though they are 68% of the population. One of the identified barriers to quality care in this pandemic is the scarcity of trusted bicultural and bilingual Latino providers.

Nationally, the number of Latino physicians has been reported to be declining relative to the growing Latino population from 135 per 100,000 in 1980 to 105 per 100,000 in 2010. A recent report from the UCLA Latino Policy and Politics Initiative found that in 2014, Latino physicians comprised 4.7% of all physicians in California, while Latinos represented 38.4% of the state’s population. At current enrollment rates of Latino medical students, WA medical schools will fail to reach parity with the State’s growing Latino population in the foreseeable future.

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This Washington State Latino Physician Workforce study was supported and funded by the state legislature and grew from the expressed desire of a local Latino healthcare providing organization wanting to know the status of the Latino physician workforce in WA. The overall goals of this report are to describe the current Latino physician workforce in WA and to develop policy recommendations to meet the State’s growing need for Latino physicians. Specifically, this report includes: (1) an estimate of the number of practicing Latino physicians in WA; (2) a profile of Latino physicians that includes their age, gender, medical and surgical specialties, training and certifications, language access and geographic distribution; and (3) policy recommendations to increase the Latino physician workforce to better meet the health needs of Latino communities in urban and rural communities throughout Washington State.

Findings and policy recommendations included in this report will be shared with policy makers, state and local elected officials, medical educators, university officials and community members during a state-wide symposium on October 8 and 9, 2020.

The primary data source for this project is the Washington Medical Commission survey of physicians.

- Of the 14,731 physicians who reported being in active practice within Washington State, 462 self-identified as Latino (3.1% or 46 per 100,000 population6).
- Among Latino physicians, 70% report speaking Spanish compared with 12% of non-Latino physicians.
- Among practicing Latino physicians in WA, only 11% obtained their degrees in the WWAMI region (Washington, Wyoming, Alaska, Montana, Idaho) with 59% obtaining their degree in another US State or territory and 29% in a foreign country.
- Thirty-two percent of Latino physicians report a primary care specialty (internal medicine, pediatrics, family medicine), similar to non-Latino physicians.
- Several predominantly Latino counties in Central and Eastern WA do not meet the federal standard for ratio of primary care providers to population (1:3,500) nor are there enough Latino physician specialists (e.g., psychiatrists), suggesting the need for additional recruitment strategies that place Latino physicians in predominantly Latino communities.

6 Based on WA OFM Hispanic population estimate for 2019 of 994,648.
The shortage of Latino physicians can be addressed by considering the following recommendations which reflect a multi-faceted approach.

A. STRENGTHEN THE PRE-MEDICAL EDUCATION ECOSYSTEM

POLICY GOAL:
Expand the number of well-prepared Latino/URM (Underrepresented Minority) applicants to WA medical schools.

RECOMMENDATIONS:
2. Strengthen health professions pipeline programs between community colleges to 4-year colleges and universities.
3. Create STEMM educational partnerships between minority serving institutions (MSI)\(^7\) in WA and 4-year colleges and universities.
4. Create post-baccalaureate programs based at WA medical schools. Post-baccalaureate programs that begin after an undergraduate degree and are designed to support the transition to professional school and success in completing it.

B. INCREASE ADMISSIONS OF WA LATINO APPLICANTS TO MEDICAL SCHOOL

POLICY GOAL:
Increase the number of WA Latino students admitted to medical school to attain population parity.

RECOMMENDATIONS:
1. WA medical school admission committees commit to informing themselves about the changing demographics of the State and the urgent need to increase the number of bilingual and bicultural Latino physicians.
2. WA medical school admissions committees review and align their policies and practices to be responsive to the healthcare needs of Latino communities in the State.
3. Medical schools set a goal to reach population parity by 2025, at which time approximately 14.5% of the State’s population will be Latino.

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\(^7\) Federally designated MSIs present in WA include: Hispanic serving institutions; tribal colleges and universities; and Asian American, Native American, Pacific Islander serving institutions.
C. EXPAND LOAN REPAYMENT AND STIPEND PROGRAMS

POLICY GOAL:
Recruit and retain Latino/URM medical students and trainees.

RECOMMENDATIONS:
1. The state legislature create scholarships for entering Latino/URM medical students covering tuition (e.g., tuition waivers) and cost of living in exchange for post-residency service in underserved communities for designated years of service.
2. The state legislature create stipend support for Latino/URM trainees in residency to assist with early loan repayment and other living expenses (e.g., child care, interview travel) that lead to a full repayment award and service post-residency.
3. Hospitals and healthcare organizations expand loan repayment opportunities for graduating Latino/URM residents in exchange for practice in underserved communities.

D. DIVERSIFY GRADUATE MEDICAL EDUCATION PROGRAMS

POLICY GOAL:
Increase the number of practicing Latino/URM physicians with linguistic and cultural backgrounds congruent with Latino communities in WA.

RECOMMENDATIONS:
1. Create a pathway for international medical graduates (IMG) to enter WA residency programs, prioritizing IMG candidates that meet the linguistic and cultural needs of Latino and other underserved communities in the State.
2. WA state residency programs set a goal to reach population parity by 2025, at which time approximately 14.5% of the State’s population will be Latino.

E. LEVERAGE THE EXISTING LATINO/URM HEALTHCARE WORKFORCE

POLICY GOAL:
Increase the number of well-prepared Latino/URM applicants to WA medical schools following non-traditional pathways.

RECOMMENDATIONS:
1. Healthcare organizations including community health centers (CHC) and medical schools should create coordinated and integrated programs for Latino/URM employees with needed lived experience and linguistic skills to pursue medical school.
F. CREATE A LATINO PHYSICIAN ORGANIZATION FOR WASHINGTON

POLICY GOALS:
Increase the visibility of Latino physicians; create networking and mentoring opportunities for Latino physicians, trainees and medical students; and create opportunities for advocacy by Latino physicians.

RECOMMENDATIONS:
1. Create and support the first statewide Latino physician organization as either (1) a new standalone organization (e.g., California Latino Medical Association); (2) a caucus within the Washington State Medical Association; or (3) a Washington chapter of the National Hispanic Medical Association.

G. EXPAND LATINO/URM HEALTH PROFESSIONS RESEARCH AND POLICY INFRASTRUCTURE

POLICY GOALS:
Inform physician and other health professions workforce policy for WA.

RECOMMENDATIONS:
1. Add detailed race/ethnicity identifiers to the Medical Commission provider survey.
2. Add questions about language proficiency (for non-English language speakers) to the Medical Commission provider survey.
3. Establish and convene a Governor’s statewide advisory committee on healthcare workforce diversity responsible for providing annual reports to legislators and university boards of regents on measured progress.
4. Conduct a statewide health professions workforce diversity needs assessment to be administered on a 2-4 year cycle.

“The barriers that exist are significant but so is the incredible talent and potential in our communities. The findings in this report provide a data informed, collaborative path forward that will benefit all of us who are committed to caring for Washington’s diverse population.”

- Kristin Conn, MD, Medical Director, Equity, Diversity and Inclusion, Washington Permanente Medical Group