Valley Coalition for
UC Merced Medical School

Vision for the Valley

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Prepared for:

The California Endowment

Prepared by:

Valley Coalition for UC Merced Medical School

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Foreword

We began the work of the Valley Coalition for UC Merced Medical School in February 2008 believing that a medical school in the San Joaquin Valley was a great idea. As we proceeded, it became clear that such a school is not simply desirable – it is essential. This report makes that case.

There are uncontestable arguments for a Valley medical school. The region is home to many groups that are traditionally underserved in California. The state's looming doctor shortage is already a fact of life in the Valley. Nearly $1 billion – perhaps more – leaves the Valley each year as people seek medical care they cannot find at home.

Too many Valley students who might otherwise have fine medical careers are never even made aware of the opportunities. A medical school in the Valley would help us "grow our own," given the strong propensity of new medical professionals to practice where they are trained.

We also made a gratifying discovery in our work: the people of the Valley "get it" when it comes to the need for this medical school. Coalition members were astonished, as we moved about the region, at the number of people who did not simply agree with the premise of a medical school in the Valley, but wanted to add their voices and labors to the effort.

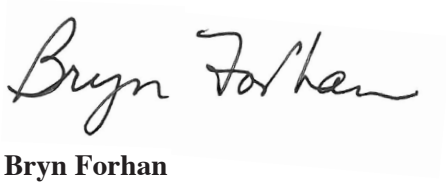
That has made the Coalition itself a much larger and more representative group today than it was at the start. Our work is not done with this report. We will continue to aid the University of California and state political leaders in this effort.

The Coalition was energized as well by the enormous support we received – including a generous grant – from The California Endowment. I must mention the invaluable work by former co-chair of the Valley Coalition, Bill Lyons, and the members of the Executive Committee: Luisa Medina, DeeDee D'Adamo, David Quackenbush, Bill Mattos, Bob Carpenter, Robin Adam, Jason Vega, Lynne Ashbeck, Liz Gomez, and Stacie Dabbs.

The Endowment grant gave us the opportunity to broaden our base and membership to include hundreds of local elected officials; business people; healthcare, hospital and clinic officials; leaders of non-profit, cultural and ethnic organizations; and most important, the general public. It also gave us the means to reach and involve thousands of people in the work of bringing a medical school to the Valley. This report documents those voices and we are happy to share them with the UC Regents, UC Merced officials, legislators and other decision makers.

A closing note: we heard from skeptics who think California cannot afford this project in these difficult economic times, but the cost of doing nothing is not zero. If we do not address the shortage of trained medical personnel now by building a UC Merced Medical School, the Valley will only see more people without adequate care, more money drained away, and greater state costs as the population grows even less healthy.

That is a prospect even bleaker than the difficulties we face now.



Bryn Forhan
Chairperson – Valley Coalition for UC Merced Medical School

Table of Contents

Executive Summary

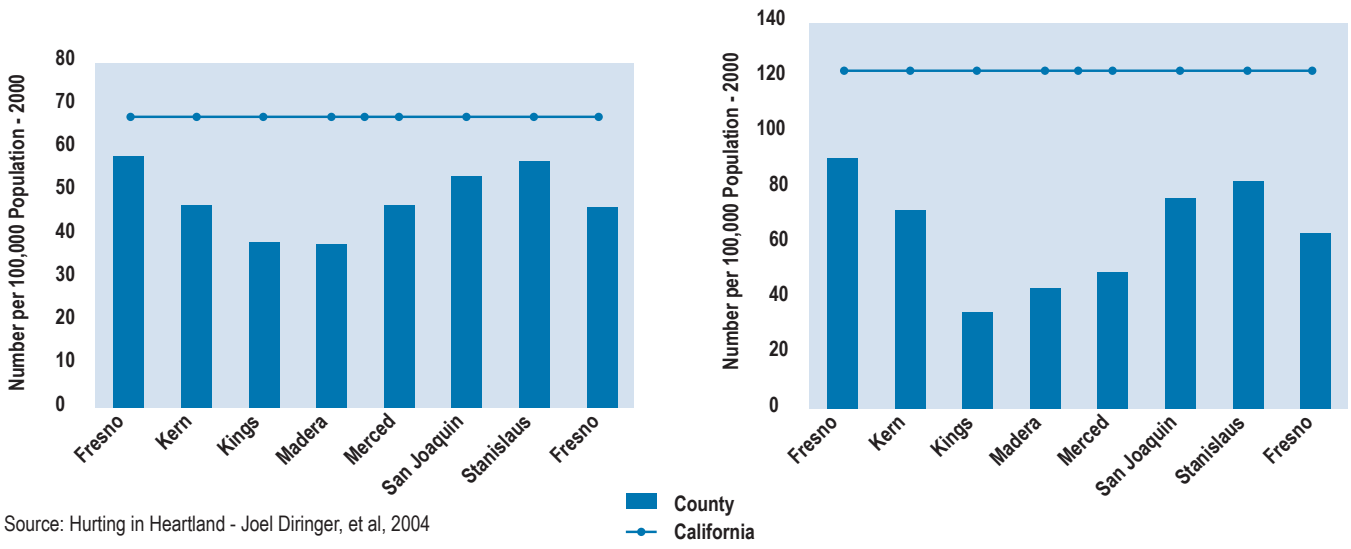
California faces a major physician shortage that will have severe impacts on healthcare for state residents. The San Joaquin Valley is already feeling the shortage, and that situation will grow even bleaker if nothing is done to address it. These facts have united leaders and residents of the eight San Joaquin Valley counties of Kern, Tulare, Kings, Fresno, Madera, Merced, Stanislaus, San Joaquin and the foothill county of Mariposa in a common cause: bring a medical school to UC Merced by 2015.

The physician shortage is due to several factors: California's population is both growing and aging; rates of chronic illness and conditions are rising; the physician workforce is aging; and medical education programs are insufficient to meet the growing demand. To keep up with demand, experts recommend a 34 percent increase in medical student enrollments between 2005 and 2020.[1]

...by 2015 the state will have a shortage of 17,000 physicians. The San Joaquin Valley already has 31 percent fewer primary care physicians and 51 percent fewer specialists than California as a whole.

A recent study predicts that by 2015 the state will have a shortage of 17,000 physicians.[2] The San Joaquin Valley already has 31 percent fewer primary care physicians and 51 percent fewer specialists than California as a whole.[3] These tremendous shortages have a profound economic impact on the regional economy. According to one expert, more than $845 million leaves the Valley each year as residents are forced to go elsewhere for quality healthcare.[4] This figure is based on a four-county survey; the loss for the entire Valley is likely much higher.

There is strong evidence that new physicians choose to practice near where they train. Nationally, 70-80 percent of physicians remain in the area where they received their medical school and residency training.[5] According to the UCSF, Fresno-Medical Education Program, 30-50 percent of its Residency Program graduates stay in the region. Thus, a medical school in the San Joaquin Valley would produce immediate benefits for the region. Expanded educational opportunities will allow the Valley to grow its own doctors, who can better understand and address the health needs of the region's varied communities. The flow of medical dollars out of the local economy would be reversed.



Source: Hurting in Heartland - Joel Diringer, et al, 2004

A medical school in the region would also make strides in creating a diverse healthcare workforce by attracting and retaining students from underrepresented groups. A primary goal of the UC Merced medical education program is to increase the numbers of healthcare professionals in the Valley, particularly from groups traditionally underrepresented in medicine. Culturally and linguistically competent medical care is critical in California, but especially so in regions like the Valley, with its diverse ethnic populations.

The UC Merced Medical School will improve the health of the Valley and state, serving as a leader in developing innovative, research-intensive programs focused on health issues specific to the Valley. The medical school will be built upon the university's strong health sciences research base by leveraging partnerships with UC Davis and UC San Francisco. It will be founded on a community-based distributive model, utilizing existing regional facilities for training culturally competent physicians. Students will spend the first two years of medical education on the UC Merced campus and the second two years in clinical settings in Valley medical facilities.

Planning for UC Merced Medical School has been under way for more than five years. The last several years have produced key milestones that are bringing the dream of a medical school in the San Joaquin Valley closer to reality. These important developments include:

May 2008

UC Board of Regents endorsed continued planning for UC Merced School of Medicine, due in large part to the advocacy efforts of the Valley Coalition for UC Merced Medical School.

Fall 2008

UC Merced retained consultants from the Washington Advisory Group (WAG) to help examine and evaluate campus efforts to plan and establish a medical school.

Jan. 2009

The WAG report offered suggestions for continued planning and options for the development of a medical education program leading to a fully independent school of medicine. The recommendations suggest planning in three phases:

Phase I

Establish an undergraduate program in biomedical education to attract exceptional students to pursue a BS degree that emphasizes the health needs of the Valley and prepares students for advanced study in all of the health sciences, medicine included, by 2010.

Phase II

Start the medical school as a "branch campus" in conjunction with the UC Davis School of Medicine as early as 2012, provided key milestones are met.

Phase III

Establish a fully-independent UC Merced Medical School after having functioned as a successful branch campus for a period of time and seek Regent approval when the economy is more favorable, ideally no later than 2020.

Jan. 2009 The Valley Coalition was funded by The California Endowment to implement an Outreach and Education Project to ensure communities throughout the Valley are aware of and involved in the planning for the future UC Merced Medical School.

Feb. 2009 UC President Mark Yudof presented the WAG report to the UC Regents and authorized development of the early phases of the medical school.

Feb. 2009 The Valley Coalition formally adopted a resolution (Attachment A) supporting in concept the recommendations in the WAG report and asked that the process be expedited. The Coalition called upon the UC Board of Regents, the UC Office of the President, and UC Merced officials to:

1. Establish Phase III of the program by 2015 in order to meet the projected physician shortfall of the state and the underserved medical needs of the San Joaquin Valley.
2. Incorporate medical education and clinical education at UCSF-Fresno and other locations in the San Joaquin Valley, as appropriate, during Phase II of the program.
3. Ensure that research is a key component of the medical school.
4. Provide funding for the development of the three-phase program, with the modified timeline in Phase III, as recommended in the resolution.

There are those who question the Valley Coalition's push for a medical school in such uncertain economic times. A similar objection was raised to development of the UC Merced undergraduate campus in 2003-2004. At that time it was projected that the state budget under consideration would lead to deep cuts in non-instructional programs at the University of California, a 30 percent student fee increase, the UC system's first instance of borrowing to cover regular operations since the early 1990s, and a one-year delay in the opening of UC Merced. The budget also contained no state funding for salary increases for faculty and staff.

Despite the difficult economic times then, the new campus opened its doors early. The political will to do what was right emerged, bolstered by the certain knowledge that the return on the investment would be enormous. According to UC Merced, since the beginning of operations through August 2009, the Merced campus has contributed nearly $456 million in direct economic value to the San Joaquin Valley. This includes $269 million in local wages, awards of $90 million in construction contracts to local firms and purchases of $97 million in goods and services from local suppliers.[6]

Additionally, UC Merced demographics data shows that its student body reflects the diversity of California and can serve as a pool of potential students for the medical school: 32 percent of UC Merced undergraduate students are Hispanic, Asians account for 33 percent, Caucasian 22 percent and black seven percent. The top three geographic regions that produce UC Merced undergraduates are the San Joaquin Valley (32%), the San Francisco Bay Area (nearly 28%) and Southern California (nearly 24%). UC Merced reports that it also has the highest percentage of first-generation students with neither parent having a four-year degree in the UC system.[7]

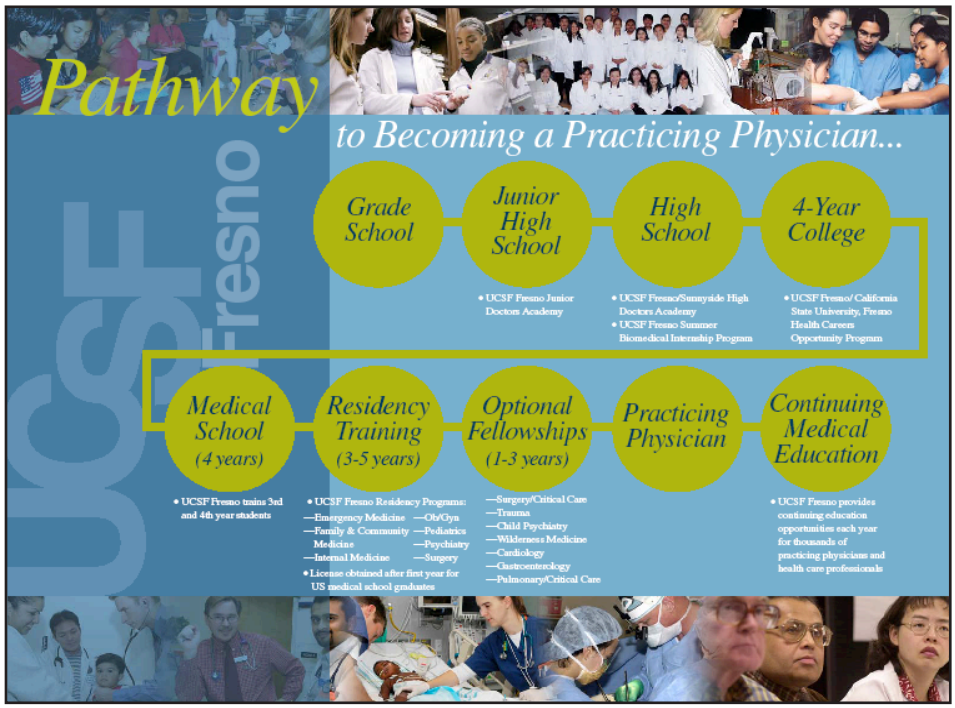
The naysayers may tell us that the state's circumstances are even worse now. But so are the health disparities in the Valley resulting from the shortage of doctors and medical professionals and a growing population.

A UC Merced Medical School will not only expand higher education opportunities in the San Joaquin Valley, it will also address the critical projected physician shortage and combat serious health-related illnesses and conditions that plague the Valley, such as asthma, diabetes and obesity.

Planning for the UC Merced Medical School will require an ongoing effort on several fronts. Faculty must develop an innovative 21st century medical curriculum that produces culturally competent healthcare providers who are up to the challenge of serving diverse Valley communities. Moreover, outreach efforts by the Valley Coalition and others must be continued to engage and inform potential community partners of the benefits to the Valley of the medical school and the need for funding to make it a reality. The UC Merced Center of Excellence for the Study of Health Disparities in Rural and Ethnic Underserved Populations (Center of Excellence) is a perfect vehicle in furthering these aims.

The Center of Excellence is charged with researching health disparities in underserved ethnic populations and training students interested in health-related careers. The goals of the Center of Excellence are to increase the number of UC Merced students who are knowledgeable about disparities in healthcare and health outcomes, improve the number of students from underrepresented and disadvantaged groups performing research in the region, and expand the capacity of the university to conduct health sciences research that addresses regional disparities. One important result of this effort will be the development of a pool of culturally competent students who are competitive candidates for medical school entrance, as well as for other health professions. The community engagement component built into the Center of Excellence's design will not only allow for students to gain hands-on knowledge and experience, but it will also provide a vehicle for the development of relationships in the community that can build ongoing support for development of the medical school. The Valley Coalition and the university can work collaboratively on this effort.

One of the first steps will be to develop collaborative relationships in the community that can support the medical school effort economically, educationally, and politically. The Center of Excellence can serve that purpose. Additionally, the Center of Excellence goes a long way in fulfilling the recommended first phase of the distributive model proposed by the Washington Advisory Group as the best program design for the development of the medical school. Pursuant to the WAG report, UC Merced should develop a Biomedical Undergraduate Program that sets the foundation for the medical school curriculum and allows for the preparation of a pool of undergraduates committed to the health sciences. As noted, the Center of Excellence does just that.



In order to engage community partners in the development of medical education programs, the Valley Coalition can work with UC Merced to explain the goals and programs of the Center of Excellence and the role it plays in the plan for medical education in the region to healthcare partners and community-based organizations. Such engagement could further inspire community leaders to foster a wider grassroots effort in creating and sustaining partnerships to build an innovative and creative medical education program for the Valley.

The Valley Coalition and UC Merced could also co-host programs and visits for business leaders and entrepreneurs to educate them about technologies used by the Center of Excellence and encourage opportunities for collaborations with corporations and UC Merced faculty. Unique opportunities are also available to create educational experiences through conferences and workshops for the diverse communities from which many UC Merced students will be drawn and to which many of the students will return to provide service. Such activities should be designed to establish ongoing trusted relationships that will inform the research focus of the Center of Excellence and the medical curriculum necessary to realize the social medicine component anticipated to be a major element of the proposed UC Merced Medical School.

As a public institution, the University of California has an obligation to serve all parts of the state equally. California's future depends on the success of the Valley. The state cannot afford to leave any region behind. A medical school at UC Merced will offer many health, education and economic benefits to the Valley and to the state. Given it takes 7-10 years to produce practicing physicians, steps must be taken now to plan and develop a medical school in the Valley.

The Valley Coalition for UC Merced Medical School

The Valley Coalition for UC Merced Medical School was created in 2008 to support the development of the medical school and serve as a strong advocate for the Valley. Congressmen Jim Costa and Dennis Cardoza joined with officials from UC Merced and leaders in a nine-county area to form the Coalition as a spearhead for the effort.

The Valley Coalition comprises more than 1000 healthcare officials, business and community leaders and elected officials who are dedicated to ensuring that the medical school will meet the diverse needs of the Valley. The Coalition is committed to supporting UC Merced's efforts to establish a school of medicine that will increase the number of quality and culturally competent physicians practicing in the region, expand higher education opportunities for Valley students and serve as an economic engine.

The Valley Coalition is chaired by Bryn Forhan, a Fresno businesswoman and community leader, and operates under the direction of a 10-member executive committee representative of the Coalition. The Coalition participates in community outreach and advocacy efforts focusing primarily on the following:

- Working with state elected officials to secure state funding.
- Working with members of Congress to secure federal appropriations and grants.
- Engaging in outreach and communications activities to expand the support base for the medical school.
- Advocating for the medical school with the goal of securing UC Regents' endorsement and approval.
- Providing UC Merced with community insight and guidance regarding matters related to developing support for the medical school.
- Advising UC Merced on community, government, medical and media relations related to the medical school planning efforts.
- Providing input to the UC Office of the President, the UC Board of Regents and UC Merced regarding suggestions on how to develop a medical school that meets the diverse needs of the region.

The Coalition brings together more than 150 organizations, groups and individuals across a wide range of sectors, including government, education, health, business and non-profit areas. As part of this effort, the Coalition connects local residents and community organizations to decision makers and policy leaders in a "grassroots to treetops" effort to mobilize support for the development of a UC Merced Medical School.

Participating Organizations and Groups (partial list)

Alliance for Community Research and Development- Merced County
American Experience Club
American Indian Council of Mariposa County
Assemblymember Alyson Huber's Office
Assemblymember Cathleen Galgiani's Office
Assemblymember Danny Gilmore's Office
Assemblymember Juan Arambula's Office
Bakersfield College
Baldwin Mentoring
Behavioral Health & Recovery Services of Stanislaus County
Bethesda Apostle Faith Church
Bloss Memorial Healthcare District
California Rural Legal Assistance, Inc.
California State Rural Health Association
Central California Legal Services, Inc.
Central Valley Health and Nutrition Collaborative
Central Valley Health Network
Ceres Unified School District
Children's Hospital Central California
Clinica Sierra Vista
College of the Sequoias
Community Action Partnership of Kern
Community Medical Centers
Community Medical Imaging Center
Community Revitalization Department- City of Fresno
Congressman Dennis Cardoza's Office
Congressman George Radanovich's Office
Congressman Jerry McNerney's Office
Congressman Jim Costa's Office
Council Member Blong Xiong Advisory Group
California State University, Fresno
California State University, Stanislaus
D&D Associates
Darden Architects
Department of Public Health- Merced County
El Concilio, Council for the Spanish Speaking
Emanuel Medical Center
First 5 Madera County
First 5 Tulare County
Fresno Business Council
Fresno City Council
Fresno Convention and Visitors Bureau
Fresno Metro Ministry
Fresno Unified School District
Fresno Veterans Affairs Hospital
Golden Valley Health Centers
Great Valley Center
Greater Bakersfield Legal Assistance, Inc.
Hands On Central California
Hanford Elementary School District
Health Net
Health Plan of San Joaquin
Health South Rehabilitation Hospital
Healthy House
Hispanic Chamber of Commerce- Hanford
Hospital Council of Northern California
Interfaith Social Justice Collaborative
John C. Fremont Hospital
Kaiser Permanente- Denair
Kaiser Permanente- Modesto
Kaiser Permanente- Stockton
Kaweah Delta Health Care District
Kern County Children and Families Commission
Kern Medical Center
Kings County Economic Development Corporation
Kings County Office of Education
Kings County Waste Management, Inc.
Kramer Translations
La Visionarias Guild Children's Hospital Central California
Latino Community Roundtable
Latino Health Forum
Lodi Memorial Hospital
Mariposans for the Environment and Responsible Government
Mercy Medical Center Merced
Madera Community Hospital
Madera Unified School District
Mariposa County Board of Supervisors
Mariposa County Chamber of Commerce
Mariposa County Economic Development Corporation
Mariposa County Health Department

Mariposa County Planning Committee
Mariposa Unified School District
Memorial Medical Center- Turlock
Mental Health Association of the Central Valley
Mental Health Board of Modesto
Merced County Board of Supervisors
Merced County Community Action Agency
Merced County Healthcare Consortium
Merced Employment Development Department
Merced Lao Family Community
Merced Unified School District
Merced/Mariposa Asthma Coalition
Merced/Mariposa Medical Society
Mercy Merced Family Medicine Center
Migrant Education Region VIII
Mike Lynch Consulting
Miriam's Place
Modesto City Council
Modesto City Schools District
Modesto Economic Development Action Committee
Modesto Junior College
Modesto Veterans Center
Mother Lode Job Training
Oak Valley Hospital- Oak Dale
Picayune Rancheria of the Chukchansi Indians
Planned Parenthood of Stockton
Porterville College
Proteus, Inc.
Public Health Department- County of Kern
Redevelopment Agency- City of Fresno
Ruiz Foods
San Joaquin County Business Council
San Joaquin County Medical Society
San Joaquin Grassroots Action
San Joaquin Valley Nursing Education Consortium
Sierra View District Hospital
Skilled Nursing Facility - Delano District
St. Joseph's Medical Center- Stockton
Stanislaus Economic Development and Workforce Alliance
Stanislaus County Board of Supervisors
Stanislaus County Democratic Central Committee
Stanislaus County Health Services Agency
Stanislaus County Equal Rights Commission
Stanislaus Medical Society
Stanislaus Sheriff's Department
State Center Community College District- Madera Center
State Center Consortium
Sul and Associates, L.L.C.
Supervisor Michael Rubio's Office
Sutter Memorial Medical Center
The California Endowment
The Greenlining Institute
The kNow Youth Media/Magazine
Tomer Drug Company
Tulare County Farm Bureau
Tower Health and Wellness Center
Tulare County Health and Human Services Agency
Tulare County Workforce Investment Board
Tulare County Youth Council
Tulare Employment and Training Association
Turlock City Council
Turlock Planning Commission
University of California, Berkeley
University of California, Merced
University of California, Merced Foundation
University of California, San Francisco- Fresno
Ultimate Linguistics
United Way of Fresno County
United Way of Merced County
University of the Pacific
Urban Oaks Nursery
Valley Heart Surgeons
Visalia Unified School District
West Fresno Healthcare Coalition Board of Directors
West Hills Community College District
Westside Healthcare Advisory Task Force
Yosemite Bank
Yosemite Gateway Partners

The Outreach & Education Project

In 2009, the Valley Coalition spearheaded a joint effort with UC Merced to ensure communities throughout the region were aware of and involved in the planning for the UC Merced Medical School. With funding from The California Endowment, the Coalition initiated an Outreach and Education Project based on The Endowment's "grassroots to treetops" philosophy — supporting its goal of creating culturally competent health systems.

The Valley Coalition retained The Rios Company, a social marketing organization, to assist in the design, development and implementation of the Outreach and Education Project. In conjunction with the Coalition, The Rios Company managed the project with a two-fold purpose: to raise awareness and educate the community on the proposed structure and benefits of a medical school in the Valley; and to build greater community support throughout the nine-county area principally affected by the medical school — San Joaquin, Stanislaus, Merced, Mariposa, Madera, Fresno, Kings, Tulare and Kern counties.

The primary outcomes of the outreach effort were:

1. Enhanced involvement of underserved communities in the UC Merced Medical School planning process, evidenced by a rapid expansion of the Valley Coalition.

2. A strengthened community voice in the medical school planning process, evidenced by a final report by the expanded, diverse Valley Coalition, to be submitted to UC Merced for integration into its plan submitted to the UC Regents for the medical school, that advocates high standards of cultural competence.

3. Increased community awareness in the Valley, as well as statewide, of the enormous positive impact a medical school will have in the Valley.

4. Increased Valley residents' knowledge of the tools used to infuse cultural competence into medical education.

The Outreach and Education Project elicited a wide spectrum of responses and program ideas to aid the planning of the medical school. In order to capture the community voice, a variety of communication tools and strategies were used to deliver the project's message and to generate interest and community participation. This enabled the Valley Coalition to successfully engage a wide range of individuals and organizations, including local residents, key stakeholders, community-based organizations and representatives from the business sector. The strategies are outlined below:

Stakeholder Engagement

The goal of the engagement effort was to provide a means for the region's key stakeholders and community members to maintain an active involvement in the project. These individuals have a vested interest and can assist in articulating the needs of the region.

Educational/Informational Material Development and Distribution

Educational/informational materials were designed and distributed through various outlets, including outreach events, community-based organizations, stakeholders and schools. Fact sheets describing the proposed medical school were included. (Attachments B and C).

Community Presentations/Speakers Bureau

A Speakers Bureau was used to increase visibility for the project and encourage a comprehensive regional effort. Presentation opportunities with local organizations and stakeholders were created, which helped generate links between high-profile leaders and the target populations.

One-On-One and Small Group Outreach

This strategy is effective for communicating with diverse communities, including the Southeast Asian populations and monolingual Spanish-speaking persons who are less likely to participate in public meetings.

Media Relations/Public Affairs

Relationships with the media were continually cultivated throughout the campaign. Media opportunities were created to coordinate with the Valley Coalition's activities. Non-English speaking audiences were targeted through ethnic media outlets.

Community Listening Tour/Community Meetings

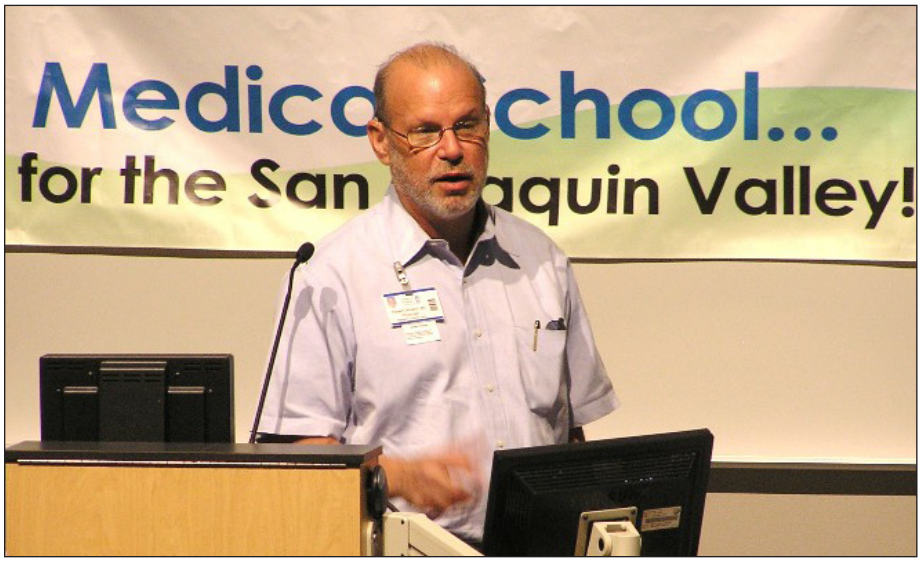
Key to meeting the goals of the Outreach and Education Project was the development and implementation of the "Community Listening Tour." The primary intent of the tour was to educate the public on the specific plans for the development of the medical school and the importance placed on cultural competence in the development of the medical curriculum, student preparation and community participation.

Using the aforementioned tools and strategies, the Valley Coalition developed and implemented a Community Listening Tour in nine counties: Fresno, Stanislaus, San Joaquin, Madera, Merced, Mariposa, Kings, Tulare, and Kern. Integral to the tour were community meetings, informed and organized via county committees, which were held in a central city within each of the counties on nine different dates.

These public meetings allowed residents to learn more about the medical school project and its impact and hear about existing cultural competence tools and standards in medical school education. The meetings also gave participants from all regions an opportunity to provide their input about the needs of their respective areas. The tour was launched on July 7, 2009, in Fresno and culminated November 19, 2009, in Bakersfield.

The community needs were also expressed during in-depth stakeholder interviews with prominent healthcare educators and professionals from throughout the San Joaquin Valley. Doctors, hospital executives, and educators offered their thoughts and recommendations with regard to the future medical school at UC Merced. These healthcare professionals were asked a range of questions covering issues specific to the needs of their communities and the development of a medical school in the Central Valley. Insights from these healthcare professionals are featured throughout the report.

The Outreach and Education Project was successful in meeting its objectives of raising awareness and educating the community and building greater community support throughout the San Joaquin Valley. Since its formation, the Valley Coalition has grown from 142 participants to more than 1,000 members currently. These members represent more than 150 organizations, groups and individuals from government, education, health, business and non-profit areas.



The expansion in the number of members has also led to a greater diversity among Coalition members. The Coalition witnessed an increase in the number of Latinos, African Americans, Asian/Pacific Islanders, and Native Americans, as well as greater involvement from women and individuals aged

55 and younger. Based on Coalition member responses to an electronic survey conducted both at the inception and conclusion of the Outreach and Education Project, the number of non-Caucasians in the Coalition jumped from 29 percent initially to nearly 45 percent. As well, female participation grew from 30 percent to 46 percent. Additionally, the number of members aged 55 years of age or younger increased from 40 percent to 52 percent.

Community Listening Tour
Valley Coalition for UC Merced Medical School

July 7 – Nov. 19, 2009
Schedule of Tour by County

Date:	County:	City Venue:
July 7	Fresno	California State University, Fresno *Fresno*
July 9	Stanislaus	Tenth Street Place Chambers *Modesto*
July 23	Madera	Madera Center *Madera*
July 30	Merced	City of Merced – Civic Center *Merced*
Aug. 5	Kings	West Hills College Lemoore *Lemoore*
Aug. 27	Tulare	Visalia Unified School District *Visalia*
Sept. 15	San Joaquin	Health Plan of San Joaquin *French Camp*
Oct. 21	Mariposa	Mariposa County Government Center *Mariposa*
Nov. 19	Kern	Kern County Administrative Building *Bakersfield*

Capturing The Community Voice

The public input gathered through the Outreach and Education Project indicated that there was enormous support for the UC Merced Medical School across all nine counties. The community feedback touches on several intersecting and overlapping themes, including: pipeline programs, medical training and curriculum, student recruitment, doctor retention, tuition costs, admission criteria, cost of building a medical school, research focused programs, community health outcomes and Valley health disparities. The theme of cultural competence was embedded throughout and deemed important to all phases of the development of the medical school and most important to positive health outcomes in the Valley.

Since public comments often touched on multiple themes, they cannot be cleanly divided into discrete categories. For the purposes of this report, themes have been collapsed into general areas of interest supported by comments made by participants.

Area of Interest 1: Student Preparation and Pipeline Programs

A subject of great concern at each of the community meetings was the preparation of students for a health profession career through pipeline programs that provide continuous educational support, recruitment and retention. An administrator for a local health provider framed the issue this way:

> *"…not enough students are eager to become physicians due to the lack of mentoring/education opportunities and exposure for young students. It is crucial to engage Valley schools for mentorship opportunities that enable students to experience medical school education programs."*

A retired physician lent support to such a characterization at the Fresno meeting when he said he was:

> *"…concerned that pre-med programs be coordinated via contact with motivated high school students through mentorship, one-on-one time with professionals and medical students in order to demystify the medical program for students in high school."*

A community advocate in Madera suggested starting a summer medical scholar academy wherein students spend one week on campus in dorms and attend classes that give a taste of the type of education received in health professional training.

> *"Each student would take a picture in lab coats to take home so they could capture the vision of what they could be. It is all about capturing the vision."*

> *"Of those who complete the program (Doctors Academy), 100% graduate high school and about 95% are accepted into 4-year colleges… about 60% go to UCs and the larger group went to UC Merced (last year)."*
>
> *– Kathy Flores, MD*

A physician practicing in Merced agreed:

> *"Young people decide what to go into based on what they see."*

A student involved with the Doctors Academy at Sunnyside High School in Fresno voiced his opinion that we do not need new programs to prepare students for a medical career; rather, we need to better support the ones we have:

> *"Programs such as the Doctors Academy need more support to make the program grow, to become more known. If this program doesn't progressively grow, then how can people of new ideas grow also?"*

Many of the participants commented that intervention and support of students should begin as early as elementary school. A community advocate for education said:

> *"We need to start reaching our kids as early as elementary school with outreach, linkage, promotion and talking to them along with helping our teachers know what to teach. Once we develop these students, we have to give priority to those high school candidates who are ready to launch into an intensive four-year program."*

Some participants stated that the UC Merced Medical School itself will serve as a motivator to many young people. A former educator thought that:

> *"…a UC Merced Medical School will not only help alleviate a serious shortage of medical providers in the Central Valley, it will also serve as a shining lighthouse for our youth, many of whom are only now beginning to see a glimmer of possibility for a top-quality education. These students are hearing from high school grads/UCM students that UC is accessible to them and they can be successful there."*

Notwithstanding the impact the medical school alone might have on our youth, most participants believed that targeted programs are necessary to identify and build up potential candidates for the health professions. At the Stanislaus community meeting an advocate for racial and economic equality stated:

> *"I would like to see UC Merced develop a pipeline program for underserved communities at the K-12 level for individuals who are interested in pursuing a healthcare career. Once the students are in a pipeline program, they should be recruited, retained and graduated from the medical school having obtained a cultural and linguistic competency curriculum that will benefit the Central Valley."*

Most participants recognized that the medical school cannot do it alone. An educator with the California State University system summed it up in her statement at the Fresno meeting:

> *"…there needs to be tighter articulation among CSU, Community College campuses and the UC system. As pipeline partners, CSU and Community Colleges make it their business to reach out to first-generation college attendees (Latino and Hmong primarily). They have potential gifts to offer back to the communities they come from. The emphasis on medical practice in the region needs to be on education and prevention that is family centered and culturally and linguistically competent. We should also include the development of more dental services in the region."*

A physical therapist suggested the expansion of the articulation and collaborative education and research effort with the medical school including allied healthcare. A UC Merced graduate and medical school hopeful living in Merced felt strongly that the medical school program should include a post-baccalaureate program and enrichment camps.

The participants' focus on recruiting and retaining minority students is not without merit. According to a 2008 study conducted by the Greenlining Institute for the UC system and The California Endowment, *Representing the New Majority, Part III: A Status Report on the Diversity of the University of California Medical Student Body,* African American and Latino students are most likely to "leak out" of the health professions educational pipelines. Based on U.S. Census data on educational achievement:

- African Americans are 8 times more likely and Latinos 10 times more likely than whites to live in an area of concentrated poverty with low-achieving elementary schools.
- Latinos and African Americans in California are 84 percent more likely than whites and 271 percent more likely than Asian Americans to drop out of high school.
- African Americans in California are 42 percent more likely and Latinos 39 percent more likely than whites to drop out of college

> *"Maybe we need to look at the demographics for each county and look at the institution. Do targeted outreach so that there is a higher completion rate (among underrepresented groups). Bridge programs are a great idea."*
> *– Raul Rodriguez, Ph.D*

Thus, if the Valley is to grow its own healthcare workers, ongoing support must be available to targeted students. As a current college student from a low-income family in Madera shared that he would:

> *"…like to see the future medical school offer scholarships or some kind of capital resources for those low-income students who are interested in studying medicine."*

This position was shared by the Washington Advisory Group, which recommended the use of scholarships and/or tuition refunds for disadvantaged students. A hospital employee in Mariposa thought that the medical school also needs to find a way to support medical staff behind the scene doing coding, billing, technology, etc:

> *"There is a need in this community to provide education and support for staff in order to keep up with the technical changes in supporting the patient care process."*

Area of Interest 2: Diversity and Culturally Competent Physicians

One of the goals of the medical school is to train physicians who are culturally competent and who represent the diversity of the state and region. The concern for the development and recruitment of culturally competent physicians in the Valley was raised at each of the public meetings on the Community Listening Tour. The acknowledged racial and ethnic disparities in health and healthcare access were recognized as compelling conditions for the Valley's ever-increasing diverse population that must be addressed to improve the quality of care. This will require physicians who are culturally aware and sensitive in the clinical environment. Additionally, as the Valley's population becomes increasingly diverse, healthcare professionals will become more and more responsible for the healthcare management of people of different ethnicities, languages and cultures.

Providing culturally and linguistically competent healthcare to underserved patients can reduce racial and ethnic disparities in health and healthcare services and improve overall health outcomes. Equally important are the economic consequences associated with having a large segment of the Valley that suffers higher rates of illness and premature death and faces inadequate access to quality healthcare.

In a September 2009 study commissioned by the Joint Center for Political and Economic Studies and carried out by leading researchers from John Hopkins University and the University of Maryland, entitled *The Economic Burden of Health Inequalities in the United States*, researchers provided insight into the enormous financial burden racial disparities put on our healthcare system and society at large. The researchers examined the direct costs associated with the provision of care to a sicker and more disadvantaged population, as well as the indirect costs of health inequities such as lost productivity, lost wages, absenteeism, family leave and premature death. What they found was striking:

- Between 2003 and 2006 the combined costs of health inequalities and premature death in the United States were $1.24 trillion.
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by $229.4 billion in 2003-2006.
- Between 2003 and 2006, 30.6 percent of direct medical care expenditures for African Americans, Asians and Hispanics were excess costs due to health inequalities.

- Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than $1 trillion between 2003 and 2006.

There is a lack of consensus about the education, training and evaluation of healthcare professionals in the provision of culturally competent healthcare. To address this lack, the outreach campaign attempted to provide participants and stakeholders with an overview of federal guidelines and state legislative initiatives, along with examples of various professional organizations and foundations in California that have developed tools that could be included in medical school curriculum to educate and train culturally competent physicians.

> *"Start with the curriculum (education), then look at the training (i.e. where do we send the people?)—get practical training in communities. Align with organizations that practice cultural competency. Remove disincentive of salary/ pay so that the focus is on the patient."*
>
> *– Moses Elam, MD*

Thus, it is not just on the basis of a compelling social justice argument that the UC Merced Medical School needs to incorporate cultural competence into the curriculum as an intervention for addressing inequalities in health status and healthcare in the Valley. The economics of the situation are equally compelling. In either case, the need for intervention is immediate and was evidenced in many of the comments made at public meetings.

A statement by a family and community medicine professor, regarding the training of the Valley's healthcare workforce, captures the collective public thought on the development of the UC Merced Medical School:

> *"The Valley needs, first and foremost, a school that generates a healthcare workforce that will address the unmet healthcare needs of this region, including the training of physicians that are culturally and linguistically competent, vis-à-vis the large number of Hispanic and Asian underserved residents."*

Area of Interest 3: Curriculum/Training in Medical Schools

Historically, medical schools have taken two directions in addressing cultural competence training. The first approach is cultural immersion programs, in which students take part in an international experience or serve part of a clinical rotation in a focused localized setting. UC Irvine's Promoting, Reinforcing and Improving Medical Education (PRIME) program is an example. Participants go to Mexico to live with a Mexican family and work in a clinic environment, all before experiencing their first day of medical school.

The second approach involves integrating a cultural competence curriculum into existing school courses through case-based, small-group sessions. Although 87 percent of medical schools in the United States had some sort of cultural competence training curricula in 2000, content was often limited to three or fewer courses during the preclinical years, with only eight percent of medical schools offering separate courses.[8]

In 2003, the American Medical Student Association (AMSA) began a pilot program they called Achieving Diversity in Dentistry and Medicine (ADDM) under a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions and Division of Medicine and Dentistry. The ADDM project provided technical support and some funding to medical and dental schools for the development and evaluation of cultural competence programs. The program offered several directives:

1. Strategies for preparing medical school faculty to teach cultural competence through integration.
2. A suggested curriculum outline for cultural competence that can be tailored to any school.
3. A look at ways to evaluate the efficacy of a culturally competent medical education and student/faculty performance.
4. Detailed methods for student instruction in cultural competence, based on existing curriculum.
5. A blueprint for making cultural competence an integrated part of an institution.[9]

There has been limited use of the ADDM program. AMSA also offered cultural competence projects through its PRIME program. PRIME addresses issues in medical education, such as diversity training and trials of service-based learning targeted at students with career interests in primary care to meet the unique needs of underserved populations. The UC system has installed a PRIME program in each of its medical schools.

The UC Program in Medical Education (PRIME) programs began as five-year programs (MD and masters degrees) offering specialized education, training and support for students who wish to acquire added skills and expertise as they pursue careers caring for people who suffer disproportionate disease burdens.

UC Irvine, focusing on the growing needs of California's Latino communities, launched the first PRIME program in 2004 and admitted its fourth class of 12 students in 2007. Three other UC medical schools (Davis, San Diego and San

> *"Clinics are good labs for comprehensive training of primary care because we get such a broad scope of issues/ cases. To us, cultural competency and language access is simply being nice and being friendly. I find there is usually too much check-listing going on— (many) sort of lean on the checklist approach."*
>
> *– Mike Sullivan*

Francisco) and the UCSF-UC Berkeley Joint Medical Program admitted their first classes in fall 2007. These programs focus on rural health and telemedicine (Davis); the urban underserved (San Francisco and the UC San Francisco-UC Berkeley joint program); and health equity (San Diego). UCLA launched its PRIME program in 2008 training physicians to proactively address the needs of diverse disadvantaged communities by delivering culturally competent clinical care, providing leadership for health delivery systems, conducting research on health disparities and serving as advocates for various communities.[10]

The WAG report suggests that the PRIME program serve as a template for the development of the curriculum at the proposed UC Merced Medical School. A practicing family medicine physician summed up the contribution of participants as to what the focus of a PRIME program should be when he stated at the Stanislaus meeting:

> *"Primary care should be the focus of the UC Merced Medical School because life span increases with an increase in primary care providers. It is also critical to develop more residency programs and ensure that the UC Merced program is Valley-centric."*

This position was echoed by another practicing physician who said:

> *"…the Valley has an excess of health disparities and family physicians are at the forefront of keeping people healthy. Medical schools do not focus on primary care training which the Valley, state and nation need."*

The positions of these two physicians are supported by the American Medical Association, which estimates that the country will be short 85,000 doctors in primary care, cardiology, oncology and general surgery by 2020. The shortage is especially acute in certain rural areas, including the Valley. Doctors say the relatively lower prestige and pay in primary care tends to drive medical students into more lucrative specialties. A Mariposa participant felt that:

> *"…the current system is incentivized the wrong way. Specialty care is reimbursed first and for the most money and primary care is reimbursed last and for the least amount."*

A practicing surgeon in Stanislaus County feels that:

> *"If we don't address the issue of physician compensation, we will miss the mark in some respects… primary care has a 60-70 percent overhead and the reimbursement is low."*

An executive of a local healthcare provider in Merced stated:

> *"Golden Valley has 70 primary care providers throughout its system. Over the last 7 to 8 years a majority of our providers were trained outside of the US. What type of statement are we making in the Valley that we have to depend on India, China, the Philippines, etc. for our physicians?"*

An equally strong case was made by many participants for the need for specialty physicians. A specialty physician in Merced County stated:

> *"I am concerned about the need for primary care physicians, especially in the rural communities, but we need specialists, too. Who is going to take care of the people when they have multi-system issues in the ICU? Who is going to take care of them when they are bleeding out from traumas in the OR? We need to have people who are motivated to be specialists as well."*

The reality is that we need both culturally competent primary care physicians and specialists in the Valley, and the proposed UC Merced Medical School would be a giant step in helping to fulfill those needs. However, it was strongly suggested across the tour that increasing the number of medical students by way of the proposed UC Merced Medical School is only one of the necessary steps in growing the number of physicians in the Valley. An expansion of residency programs will also be necessary.

An administrator for a local healthcare provider stressed that:

> *"…it will be necessary to expand the number of primary care residency slots in the Valley from Stockton to Bakersfield."*

A public health department employee asked:

> *"How can the UC Merced Medical School ensure that its graduates get into residency training in California and the Valley?"*

An employee of a local health plan at the Stanislaus County meeting asked:

> *"And will there be residency programs that reach out to rural communities in the Central Valley?"*

A hospital executive in Merced spoke for most participants when he stated:

> *"Our current staff is of retirement age and recruiting is challenging. We interviewed 40 physicians and hired 8. It is difficult. We currently have a family medicine residency program with UC Davis in which 24 residents participate. Some stay in the Valley and some don't. It is imperative that we establish residencies in surgery and other areas. The increased faculty will improve the quality of physician care. Faculty should teach and see patients as well."*

As the population of the Valley becomes rapidly more diverse, there is increasing need and demand for cultural awareness in healthcare settings. The public's assessment on the need for cultural competence training can be summed up in a comment offered by a business executive at the Fresno public meeting:

> *"Western medicine is brilliant and essential for emergencies and complex medical conditions. However, by promoting education and cultural competency tools for self-care into K-12 and beyond, promoting personal responsibility for health and incorporating Eastern and alternative knowledge into the curriculum for medical students can lead to a healthier populace."*

Valley Insights: Interviews with Healthcare Professionals and Educators

Interviews were conducted with prominent healthcare educators and professionals from throughout the San Joaquin Valley to gain perspective from different points of view.

Doctors, hospital executives, and educators offered their insights regarding the future medical school at UC Merced. These healthcare professionals and community leaders were asked a variety of questions covering issues that are specific to the needs of the community and the development of a medical school in the Central Valley. The questions touched upon a range of topics from diversity, cultural competence and training needs to the preparation of future doctors and the ability to retain medical professionals in the region.

The healthcare professionals and educators interviewed had much to add to the community conversation. When asked "What are your thoughts on what the focus should be for the UC Merced Medical School?" the responses touched upon several themes.

Some articulated that the medical school should focus on rural, migrant and Hispanic populations, which make up a significant portion of the patient population. Others stated that the medical school should be more expansive and have a multi-pronged approach that goes beyond a rural focus to include urban areas. A few mentioned the PRIME program and its important role in serving as a model for the medical school. Another healthcare leader suggested that the medical school's role should center on educating and retaining primary care physicians in the region.

In this section, responses from eight of those leaders – six in the healthcare industry and two valley college presidents – and their profiles are listed in alphabetical order. It includes their unedited opinions on the focus of the UC Merced Medical School. (Note: Some of their responses on other related topics are found throughout this report).

> *"They should work with the hospitals that serve underserved. They should also work with the interpreters who have firsthand experience (with underserved populations)."*
>
> *– Sheela Kapre, MD*

Moses D. Elam, MD
Physician in Chief
Kaiser Foundation Health Plan, Inc.
Stockton, Modesto, Manteca, and Tracy, CA

"Anything practical you can link with something tangible. Something similar to rural health, but not quite—something that ties in the socioeconomic aspect, like "inland health." It should speak to the excellence of care—not migrant or immigrant health; that's too politicized. (As related to the Valley Health Agenda) Obesity, teen births, diabetes, heart attacks, stroke, kidney disease and immunization (immigrants) are all issues."

Dr. Moses Elam currently serves as the physician in chief for Kaiser Foundation Health Plan, Inc. His responsibilities include oversight of the medical operations for all of the organization's medical centers and offices, and satellite clinics in Stockton, Manteca, Lodi and Tracy. Dr. Elam has worked in this capacity since 2000, where he has focused his efforts into making The Permanente Medical Group a model for patient care.

Katherine Flores, MD
Director
UCSF Fresno Latino Center for
Medical Education and Research
Fresno, California

"Conceptually, it could be modeled after the current UC SOM PRIME programs, which provide a unique curriculum for students who are interested in serving a specific underserved population. Ideally, the school should focus on the needs of our rural Central Valley communities."

Dr. Katherine Flores is a faculty member of the University of California San Francisco-Fresno Medical Education Program. She serves as the project director for the UCSF Fresno Health Career Opportunity Program and as the director of the Latino Center for Medical Education and Research, which addresses the persistent shortage and underrepresentation of Latino (particularly Mexican-American) physicians in the community and in medical school faculty. She has established two programs to encourage disadvantaged students to pursue careers in medicine: the Sunnyside High School Doctors Academy and the middle school Junior Doctors Academy. Dr. Flores continues to practice family medicine.

Paul J. Hensler, FACHE
Chief Executive Officer
Kern Medical Center
Bakersfield, California

"Migrant Medicine: How do you track and how do you maintain medical records for these families? This would be a great population to follow and could result in very rich research. Where do migrants go for care? There are migrants in the oil industry and others we don't normally think about when we talk about this population."

Paul Hensler has been chief executive officer of Kern Medical Center for the past three years. Kern Medical Center is a county-owned hospital which sponsors eight residency and fellowship programs with the Schools of Medicine at UC Los Angeles and UC Irvine and provides rotations for 120 medical students each year. Prior to Kern Medical Center, Mr. Hensler held chief executive officer positions with Prime Healthcare, UC San Diego and Sutter Health.

Sheela Kapre, MD

Chair, Program Director
Internal Medicine Residency Training Program
Chair, Graduate Medical Education
San Joaquin General Hospital
French Camp, California

"They should work with the hospitals that serve underserved. They should also work with the interpreters who have firsthand experience (with underserved populations)."

Dr. Sheela Kapre has devoted herself to San Joaquin General Hospital, the facility where she finished her internship and residency. Upon completion, Dr. Kapre decided to stay with San Joaquin General. She has been with the hospital for 20 years and is now the chair of internal medicine, director of Critical Care, and director of Graduate Medical Education. Dr. Kapre enjoys the people and opportunities that come from serving in a high-quality critical care facility. She states, "People here have a real commitment to our highly-respected public institution. Medical students vie for the opportunity to study medicine with us."

Mike King

Chief Operating Officer
Doctors Medical Center
Modesto, California

"In our community, the Hispanic population is a major component—having an opportunity to do an immersion program of some sort. Golden Valley is an FQHC with a focus on farmworkers—we serve a lot of those. We are trying to find ways to connect with that population and get them educated—they don't want to deal with co-pays. Finding ways to change behavior relevant to medicine is important."

Mike King has served as the chief operating officer since 2006. Prior to that time, he was chief financial officer for Doctors Medical Center. Mr. King has served Tenet Healthcare Corporation as a chief financial officer at three different hospitals, most recently at Doctors Medical Center of Modesto, and prior to that at Community Hospital of Los Gatos and Central Carolina Hospital. Before joining Tenet in 1998, King worked as a senior manager, in charge of the firm's largest healthcare provider client at KPMG Peat Marwick Los Angeles.

Raul Rodriguez, Ph.D.

Superintendent/President
San Joaquin Delta College
Stockton, California

"The Delta covers 24,000 miles—San Joaquin, Alameda, Solano, half of Calaveras, South Sacramento county and one other county. We serve a cross section of urban, rural, etc. It would have to have a multi-pronged approach which makes it more difficult, but it's not just rural."

Dr. Raul Rodriguez has served as an educational administrator at San Joaquin Delta College since 2002. His career spans several decades, having served as president of Los Medanos College, Contra Costa Community College District, in Pittsburg, California since 1996. He was interim president at San Jose City College from August 1995 until July 1996, where he also held the position of vice president of instruction. Among his accomplishments, Dr. Rodriguez has chaired accreditation teams, established an educational center in the community of Brentwood and helped lay the foundation for a bond campaign.

Mike Sullivan
Chief Executive Officer
Golden Valley Health Centers
Merced, California

"It should focus on primary healthcare and the need to keep the students in the Valley. Primary care training is a corollary. Hospitals want specialists because they can derive more dollars from that, but community health centers want primary care doctors so that they can get people early on. The focus of PRIME should be whatever is valued."

Mike Sullivan serves as the chief executive officer of Golden Valley Health Centers. In 1972, early in his career, he was hired to direct the Merced County migrant health program. Shortly there after, a private, non-profit organization now known as Golden Valley Health Centers (GVHC) was formed and took over this program from the County. Under his leadership, GVHC has become one of the nation's largest community health center systems with 22 health center sites in Merced and Stanislaus counties. The organization employs over 530 staff including 100 physicians, dentists, physician assistants and nurse practitioners.

John D. Welty, Ed.D
President
California State University, Fresno
Fresno, California

"Whatever we do, we need to figure out a way to make ourselves stand out—to create a need for the medical school. It seems that a focus on the Valley's diversity (and how to address it) would be the way to go. A PRIME program modeled like the UC Irvine full immersion program seems like a good option for the medical school as well."

Dr. John D. Welty is president of California State University, Fresno, a post he has held since 1991. During his tenure, he oversaw the expansion of minority enrollment, the creation of an Honors College, the addition of new academic programs and institutes and construction of facilities, including a new library, at a total cost of $404.3 million. Recognized as a national leader in higher education, Dr. Welty has been honored with several awards, including the Sequoia Award from the Great Valley Center, the Chief Executive Leadership Award by the Council for Advancement and Support for Education, and was named an American Humanics 60th Anniversary Honoree.

Community Recommendations

Throughout the Outreach and Education Project, community members had an opportunity to share their recommendations for making the UC Merced Medical School both a reality and a success. Their recommendations have been grouped by theme, but have not been edited — comments are redacted as they were shared.

Diversity and Cultural Competence

- The UC Merced Medical School admissions committee should be racially and ethnically diverse, including its members' area of medical practice.
- The medical school admissions policies should favor applicants with a demonstrated commitment to serving in underserved communities as well as cultural and linguistic competence.
- Diversity of the medical school cohort should extend to both the medical school staff and faculty.
- A cultural and linguistic competence health/medical career pipeline for diverse communities should be developed in K-12 which is specific to the Valley.
- Special efforts should be made to recruit and retain students from underserved communities.
- The program should support maintenance and further development of first language skills.
- Provide financial incentives for low-income students representing underserved communities, i.e. scholarships.

Pipeline Programs and Student Recruitment

- Enhance the healthcare workforce pipeline by providing more support for student programs such as the Doctors Academy.
- Create more pathways for students to learn about healthcare careers at an early age.
- Pre-med programs in the Valley should be coordinated via contact with motivated high school students.
- Engage Valley schools for mentorship opportunities that enable students to experience medical school education programs first hand.
- Start the medical educational process as early as elementary school.
- Develop materials to help middle and high school teachers and guidance counselors inform students about opportunities in the health workforce and about available pipeline programs.

- Pipeline programs should develop better articulation among educational institutions to facilitate student use of all available educational institutions.

Collaboration and Partnership

- The medical school program should collaborate with community organizations serving linguistic and culturally diverse populations.
- The medical school program should encourage collaborative education/research between allied healthcare (PT, OT, SLP) and medical school.

- The medical school should include collaboration with community health centers in the planning process.
- The medical school program should coordinate training with Veteran Hospitals in the Valley which have technology for diagnostics and training such as CT, MRI, and electronic medical records.
- Include rural clinics in the clinical training portion of the medical school program.
- The medical school program should maximize the use of existing resources at UCSF Fresno.
- Connect faculty from local community colleges with medical school in the way of sabbaticals, research, and mentoring.
- Include local physicians as a part of the teaching core for the program.

Curriculum

- The medical school curriculum should have an integrated-care training approach to the human body.
- The medical school curriculum should include simulation technology to increase the quality of care of all health spectrum employees.
- Use program elements of the PRIME program to inform the development of the general medical school curriculum.
- The medical school curriculum should offer a joint PhD and MD degree program.
- Build online educational opportunities into the medical school curriculum.
- Integrate prevention into the medical school curriculum.
- Mental health needs in the Valley should be embedded in the medical program curriculum.
- Co-join School of Public Health classes with medical school curriculum.

Focus of the Medical School

- The UC Merced Medical School should be known for cross-disciplinary training that positions students to grow beyond the traditional specialties.
- The school's research focus should be on applied research that affects healthcare delivery in the Valley.
- The medical school should have innovative programs that focus on primary care training, which can have a great impact on health disparities in the Valley.
- The school's program should develop physicians who engage in interdisciplinary practice that has a holistic perspective.
- Because of distances and transportation barriers, emphasis should be placed on remote diagnosis.

Other Recommendations

- The medical program should have a doctorate program for nurses to train more nursing faculty.
- Provide a strong post-baccalaureate program to engage more students into the medical school and better prepare them.
- The medical school program should encourage and facilitate the development of more residency slots in the Valley for which local students are given priority.

The Case for Cultural Competence

One result of the Education and Outreach Project was to increase Valley residents' knowledge of the tools used to instill cultural competence in medical education. The project informed residents of current standards and guidelines that promote cultural competence. Several strategies were employed to reach a broad cross-section of the San Joaquin Valley, among them numerous community and one-on-one group meetings, presentations and stakeholder interviews.

Valley residents are generally unaware of the range of tools at the state and national levels that can facilitate and promote cultural competence among physicians in the region. This section provides information on The California Endowment's support of cultural competence, as well as information on Federal Guidelines, California State Initiatives, and additional guidelines from the Association of American Medical Colleges for integrating cultural competence into curriculum design.

The California Endowment's Support of Cultural Competence

The California Endowment has played a significant role in the effort to establish standards for the development of culturally competent physicians in the state. In April 2001, J. Gilbert and J. Puebla-Fortier received funding from The Endowment to gather national input for the development of standards for cultural competence. Their work establishes criteria to plan or evaluate courses in cultural competence and provides direction for healthcare professionals, educators, consultants, administrators, licensing and accreditation organizations, policy makers and advocates. The directions:

1. Content of Cultural Competence Education

- Institutions may start out simply in their inclusion of cultural competence training, but are expected to build in more complex, integrated and in-depth attention to cultural issues in later stages of professional education.
- Cultural competence training is best integrated into numerous courses, symposia, and practicum activities as they occur throughout a curriculum.
- Wherever possible, diverse patients, community representatives, consumers and advocates should participate as resources.

2. Training Methods and Modalities

- Cultural competence education is best achieved through a diverse set of training strategies such as lectures, in-depth, interactive exercises and discussions, case study analyses, and genograms.
- Ideally, cultural competence education should not be confined to one course or workshop, but should be integrated into many curricular offerings, such as case discussions, grand rounds, symposia, clinical rotations, preceptorships, and continuing education courses and conferences.

3. Evaluating Cultural Competence Learning

- Evaluation of students' mastery of cultural competence attitudes, knowledge and skills should rely on a variety of techniques both qualitative and quantitative. Students should be given the opportunity to self-assess their cultural competence knowledge and skills at various points in their education.
- The ultimate test of knowledge and application of cultural competence attitudes, content and skills is increased patient satisfaction with clinical encounters and improved health status.

Having physicians and medical students pass this ultimate test of cultural competence knowledge through community participation was aptly captured by a community advocate at the Merced meeting:

> *"Physicians and medical students should work outside medical school and with the community they are in with healthcare organizations. Healthcare organizations are dying to work with physicians and students to improve overall healthcare and health needs of our community."*

Federal Guidelines

Based on a project survey, stakeholder interviews and public discussion at meetings throughout the Valley, the Valley Coalition determined that very few residents are aware of the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS standards) promulgated by the Office of Minority Health (OMH), under the U.S. Department of Health and Human Services (HHS) in December 2000. As was explained during the listening tour, the standards are a "collective set of mandates, guidelines and recommendations intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services."[11] The standards reflect the minimum activities required for the provision of culturally and linguistically competent healthcare in the United States, and serve to promote a common understanding of the definition of cultural and linguistic competence.

Cultural Competence Definition

Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system agency or among professionals that enables effective work in cross-cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.[12]

A Merced County public meeting participant offered that if the proposed UC Merced Medical School adhered to this definition in the development of its curriculum and training of future physicians for the Valley, the medical school could:

> *"1) provide opportunities to collaborate with organizations serving linguistically and culturally diverse populations; 2) expose students to socio-cultural determinates of health; 3) teach cultural humility and focus more on prevention models; 4) support maintenance and further development of first language skills; and 5) support communication skills with diverse linguistic patients to learn strategies to work with patients who use more indirect methods of communication; and experience team-based medicine."*

A community advocate added that the proposed medical school needs to integrate cultural competence into its curriculum and training so that students can:

> *"…learn about other cultures while at the same time learning about themselves, power dynamics, and negotiation skills to address where patients are coming from and focus on social determinants of health, based on work coming out of unnatural causes. Finally, the students would also have an opportunity to work with other healers such as Hmong shamans, who are both learners and teachers."*

The 14 CLAS standards include mandates, guidelines, and recommendations and can be divided into three themes as listed below:

- **Theme I:** Cultural Competent Care (Standards 1-3)
- **Theme II:** Language Access Services (Standards 4-7)
- **Theme III:** Organizational Supports for Cultural Compentence (Standards 8-14)

Mandates
Federally required activities for all agencies receiving federal funds.

Guidelines
Activities recommended by the OMH to the Federal government to become mandates.

Recommendations
Suggested activities by the OMH for voluntary adoption.

Standards 1-7 have the most direct impact on clinical care, while Standards 8-14 deal more directly with organizational activities. It is suggested that all 14 of the standards are necessary for the successful provision of culturally competent healthcare. (Attachment D)

The first three CLAS standards, which are particularly relevant to supporting the incorporation of cultural competence curricula into health professional education and training are summarized below.

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices in their preferred language. (Guideline)

This standard addresses the main concern the CLAS standards aim to alleviate by emphasizing the importance that all healthcare providers be able to deliver culturally and linguistically appropriate services when interacting with patients. Thus, medical students trained at the proposed medical school need to be sufficiently prepared to serve patients from diverse backgrounds and make them feel comfortable in their healthcare interactions. Providing culturally competent care includes the ability to identify and respond to diverse health beliefs, cultural values regarding care and disease incidence and prevalence, as well as treatment efficacy in diverse populations. In implementing this standard, the medical school education must consider including curricula on cross-cultural education and training and ongoing

assessments of students' abilities to provide culturally competent care. The medical students should also work toward the development of culturally tolerant and open-mined attitudes, respectful interpersonal behaviors, skills to effectively communicate with culturally diverse patients, and motivation to continue enhancing the development of knowledge development regarding culturally competent healthcare.

A practicing primary care physician in Merced offered that the task of developing culturally and linguistically sensitive physicians is made easier if the medical school targeted students:

> *"…who know the problems around the Central Valley and are sensitive to it and willing to stay. It is encouraging if our best students could go to medical school locally in light of the cultures that don't want their children to move away from home."*

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. (Guideline)

It is no secret that the demographic diversity of healthcare professionals is not congruent with the increasingly diverse population they serve in the Valley, and that racial and ethnic minority students in healthcare professions are underrepresented. According to data presented by the Greenlining Institute at the Merced County public meeting, underrepresented minorities comprise 44 percent of California's population, but only 17.8 percent of first-year medical students (2007 entering class) across all eight UC medical school programs.

The current disparity between minority representation in the UC medical student body and in California's population is so severe that, even if all the UC medical schools were to matriculate only minority applicants starting 2010, it would take 38 years to graduate enough doctors to achieve parity with the current racial makeup of California.[13] The significance of this is enhanced by studies finding that patients prefer to be cared for by people of similar appearances and cultural backgrounds.[14,15,16] For example, black patients are more likely than whites to visit black physicians.[17]

In addition, patients who are treated by providers of the same race and ethnicity as themselves report higher satisfaction with their provider as compared to those patients who are treated by someone who is racially or ethnically different.[18] Therefore, efforts by the proposed UC Merced Medical School to recruit and retain minority students, faculty and professionals will be needed in order to reach demographic equity between patients and providers. Also, this standard supports the recommendation to solidify relationships between academic settings and healthcare organizations that can provide community-based experiences focused on cultural diversity and connect younger students with cultural learning experiences.

A community advocate at the Madera County community meeting pointed out that the medical school program should:

> *"…encourage collaboration with high school and college programs and that the institutions themselves should have better articulation between high school, college and the UC system."*

A hospital executive in Mariposa added:

> *"…having a local medical school which participates with local providers to educate their students and give them exposure to the joys of rural healthcare delivery increases the likelihood that they will return to our community to practice medicine."*

Finally, a student's perspective was offered by a young man in Merced who felt that:

> *"This kind of program (the distributive model) will be attractive to pre-medical students like me who want to train in educational programs which permit us to have immediate contact with the community and the healthcare systems already in place."*

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. (Guideline)

This Standard addresses the need to normalize the curricula and training of healthcare professionals. Currently, no uniformity for the training and education of cultural competence exists. Most public meeting participants saw this as an opportunity to design a cultural competence curriculum that is unique to the Valley.

An administrator for a local healthcare provider spoke for most at the Fresno public meeting when she stated that the medical school:

> *"…offers us an opportunity to place an emphasis on education for multicultural medical needs in our Valley and to prepare students with crucial medical skills that are unique to the Valley such as nutrition/obesity and chronic diseases such as heart disease and diabetes."*

It was also frequently suggested that training be ongoing in order to reach practicing physicians and all organizations providing medical services. However, Standards 1-3 are only guidelines set forth by the OMH and are not yet governmentally mandated standards. Therefore, the UC Merced Medical School must develop creative approaches to developing culturally competent physicians and encourage Valleywide adoption and dissemination of culturally competent organizational training and practices.

California State Initiatives

The Medical Practice Act passed by the state of California places regulation of physician licensure under the Medical Board of California and sets the requirements for continuing education. Initially, this act created a voluntary program for providers to learn foreign languages and cultural beliefs and practices that may impact patient healthcare practices. In September 2005, Assembly Bill 1195 was amended with the intent to encourage physicians and surgeons to meet the cultural and linguistic concerns of a diverse population. The curriculum of continuing medical education courses was mandated to include topics related to cultural and linguistic issues in the practice of medicine, unless the courses are solely for research or topics that do not include direct patient care.

These curricula must address at least one of the three following principles:

1. Cultural competence through applying linguistic skills, using cultural information to establish therapeutic relationship, or using pertinent cultural data in diagnosis and treatment.
2. Linguistic competence, which refers to providing direct communication in the patient's primary language.
3. A review or explanation of relevant federal and state laws/regulations regarding linguistic access.

The medical school curriculum should be aligned with these continuing education requirements. A college level educator and executive reinforced this belief at a Fresno meeting with the following statement:

> *"We have an opportunity to do something different than other medical schools. The challenges in the medical field are there because of what is not offered in medical school."*

The idea of doing something different was expanded upon by a healthcare consultant in his contribution at the Merced meeting when he suggested that the UC Merced Medical School could be involved in something new:

> *"…new being geriatrics and early care in education — I mean intergenerational care. The medical school could bring together people who are working with the seniors and people working with kids."*

Association of American Medical Colleges

An additional guideline governing the medical school in establishing a cultural competence curriculum was developed in 2000 by the Liaison Committee on Medical Education (LCME) of the Association of American Medical Colleges (AAMC), the medical school accreditation body.

AAMC Standard for Cultural Competence
The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases and treatments. Medical students should learn to recognize and appropriately address gender and cultural biases in healthcare delivery, while considering first the health of the patient.[19]

The AAMC developed five institutional requirements for what it considers an effective cultural competence curriculum:

1. Support of the leadership, faculty and students.
2. Commitment of institutional and community resources.
3. Involvement of community leaders in curriculum design and evaluation.
4. Provision of integrated educational interventions appropriate to the level of the learner.
5. A clearly defined evaluation process including accountability and evaluation.

These standards address the concerns expressed by an administrator for a local healthcare provider at the Fresno meeting:

"The medical school needs to collaborate with community health centers in the upfront planning of the medical school and that the medical school programs should be based on the environmental and societal justice needs in the Valley."

The need for collaboration was echoed by a college-level educator who reported at the Stanislaus listening tour that:

"CSU, Stanislaus is a Hispanic-serving university. We graduate about 100 biology BS degrees annually. A significant fraction of our students pursue further education at medical schools. We are 30 miles from UC Merced and should be considered by institutional research on nearby pre-med programs."

UC Merced Medical School: The Big Picture

One question was repeatedly raised at every stop during the Valley Coalition Community Listening Tour: whether the current economic environment in California and the nation is too bleak to even contemplate the building of a medical school in the central San Joaquin Valley. The UC system, one of the finest in the world, is experiencing budget cuts and possible layoffs. Student fees are being raised to offset budget shortfalls and the University of California's historic promise of access and quality is clearly threatened. How can the Valley Coalition possibly justify building a medical school under such circumstances? The question is legitimate, and merits a response.

In 2003-2004, it was projected that the state budget under consideration would lead to deep cuts in non-instructional programs at the University of California, a 30 percent student fee increase, the UC system's first instance of borrowing to cover regular operations since the early 1990s, and a one-year delay in the opening of UC Merced. The budget also contained no state funding for salary increases for faculty and staff. This was the economic and political environment at the very time that advocates for the new UC campus in Merced were in the final phase of planning for its opening. The naysayers were everywhere.

The state was facing a $38 billion state budget deficit. The Legislature adopted language indicating that the state would not provide funding the following year – the 2004-2005 fiscal year – for any student enrollment growth, employee salary increases or other cost increases at UC. This was the same period during which the new Merced campus was to open.

Despite the difficult economic climate, the new campus opened its doors early. The political will to do what was right emerged, bolstered by the certain knowledge that the return on the investment would be enormous. According to UC Merced, since the beginning of operations through August 2009, the Merced campus has contributed nearly $456 million in direct economic value to the San Joaquin Valley. This includes $269 million in local wages, awards of $90 million in construction contracts to local firms and purchases of $97 million in goods and services from local suppliers.[6]

Statewide, the university's economic contribution over the nine-year period was near the $1 billion mark. This figure includes the $456 million spent in the San Joaquin Valley, $109 million in goods and services purchased from firms outside the area, and $384 million in construction contracts awarded to firms outside the Valley.[6] The claim then that the Merced campus would act as an economic engine for the region has been proven. The university's economic contribution will continue to grow in the coming years as the campus expands to accommodate rising student enrollment. With 3,400 students enrolled in the fall of 2009, up 26 percent from the fall of 2008, UC Merced

is on pace to reach the 5,000 mark by 2013. Total student enrollment is expected to reach approximately 25,000 students at full build out within 30 years.[6]

Additionally, the student body reflects the diversity of California. Thirty-two percent of UC Merced undergraduate students are Hispanic. Asians account for 33 percent, Caucasian 22 percent and black seven percent. The top three geographic regions from where undergraduates hail are the San Joaquin Valley (32%), the San Francisco Bay Area (nearly 28%) and Southern California (nearly 24%). UC Merced also has the highest percentage of first-generation students with neither parent having a four-year degree in the UC system.[7]

The naysayers may tell us that the state's circumstances are even worse now. However, so are the health disparities in the Valley resulting from the shortage of doctors and medical professionals and a growing population.

The case for a medical school in the Valley to address health disparities is a compelling one. The San Joaquin Valley has 31 percent fewer physicians and 51 percent fewer specialists than the rest of the state.[3] Projected population growth rates in the Valley are twice that of the rest of the state. Without taking action, the doctor-patient ratio will become unsustainable.

This is not limited to the Valley. California faces a major healthcare crisis — by 2015 the state will have a shortage of 17,000 physicians.[2] The University of California's Health Sciences Advisory Council recommended a 34 percent increase in medical student enrollments between 2005 and 2020. Further compounding the situation is the recent healthcare reform, which will insure millions of previously uninsured Americans, resulting in a greater number of patients and a greater demand for primary care physicians at the local and national levels.

> *"The significance of the medical school, also, is that it can serve as an economic driver especially around campus, with all of the people that are needed—faculty, staff, and others needed to support the medical school. A medical school would bring in an educated population that is well paid and can contribute to the economy."*
>
> *– Moses Elam, MD*

A UC Merced Medical School will not only expand higher education opportunities in the San Joaquin Valley, it will also address the critical projected physician shortage and combat serious health-related illnesses and conditions that plague the Valley, such as asthma, diabetes and obesity. Strong evidence suggests that new physicians choose to settle into practice near where they train, so establishment of a medical school in the Valley would produce immediate benefits for the region.[5]

Each year over $845 million in healthcare dollars leave the region to other areas of the state where Valley residents seek the quality healthcare.[4] This amount reflects the survey of just four north Valley counties. The total amount for the entire Valley is even higher. Establishing a medical school in the Valley helps to reverse the flow of medical dollars and ultimately recaptures those funds for the local economy. One can also assume that the medical school will serve as an economic engine of sorts. UC Merced has already received new funds totaling more than $10 million to support several aspects of medical school planning and related biomedical research activities. Since its inception, the UC Merced campus has been successful in raising funds from private sources of more than $72 million.[20]

A medical school at UC Merced makes sense economically and socially. To move ahead, the one element needed is the political will to do what is right for the San Joaquin Valley. Political will is what helped build the new UC Merced campus, greatly benefiting the region now and in the years to come. A medical school at UC Merced will reap substantial dividends by preparing future generations of physicians at a time when there is such a critical shortage in our region and beyond. There is perhaps no greater opportunity to increase access to healthcare and reduce the disparities in health among Valley residents.

Making The Dream A Reality: Next Steps

Planning for the UC Merced Medical School will require an ongoing effort on several fronts. Faculty must develop an innovative 21st century medical curriculum that produces culturally competent healthcare providers who are up to the challenge of serving diverse Valley communities. Moreover, outreach efforts must be continued to engage and inform potential community partners of the benefits to the Valley of the medical school.

In fact, the single most frequently asked question by participants during the Community Listening Tour was, "How can we help to bring a medical school to the Valley?" The answer to that question and recommendation for the next step by the Valley Coalition is for UC Merced and the Valley Coalition to join forces to promote the benefits of the Center of Excellence for the Study of Health Disparities in Rural and Ethnic Underserved Populations (Center of Excellence) recently launched by UC Merced.

The Center of Excellence is charged with researching health disparities in underserved ethnic populations and training students interested in health-related careers. The goals of the Center of Excellence are to increase the number of UC Merced students who are knowledgeable about disparities in healthcare and health outcomes, improve the number of students from underrepresented and disadvantaged groups performing research in the region, and expand the capacity of the university to conduct health sciences research that addresses regional disparities. One important result of this effort will be the development of a pool of culturally competent students who are competitive candidates for medical school entrance, as well as for other health professions. The community engagement component built into the Center of Excellence's design will not only allow for students to gain hands-on knowledge and experience, but it will also provide a vehicle for the university to develop relationships in the community that can build ongoing support for development of the medical school.

The stated mission of the proposed UC Merced Medical School is to advance the health and well-being of the public with a focus on serving the needs of Central California. The vision for the medical school is to lead the nation in interdisciplinary education, research and patient care using collaboration, innovation and discovery in the training of culturally competent physicians and other health professionals.

One of the first steps will be to develop collaborative relationships in the community that can support the medical school effort. The Center of Excellence can serve that purpose. Additionally, the Center of Excellence goes a long way in fulfilling the recommended first phase of the distributive model proposed by the Washington Advisory Group as the best program design for the development of the medical school. Pursuant to the WAG report, UC Merced should develop a Biomedical Undergraduate Program that sets the foundation for the medical school curriculum and allows for the preparation of a pool of undergraduates committed to the health sciences. As noted, the Center of Excellence does just that.

Development of 21st century biomedical research and healthcare training programs must be adapted to the changing face of research and healthcare. The health sciences and medical education programs in the UC system are built upon this idea. The belief is growing that solutions to complex health problems, including many types of disease prevalent in the Valley, will only be achieved by interdisciplinary research teams. Basing its programmatic efforts on development of state-of-the-art biomedical and clinical research and development of innovative medical education training programs will allow the Center of Excellence to provide a perfect vehicle to keep students interested in local healthcare professions and will present opportunities to further rally the community to press for the full development of the medical school.

In order to engage community partners in the development of medical education programs, the Valley Coalition can work with UC Merced to explain the goals and programs of the Center of Excellence and the role it plays in the plan for medical education in the region to healthcare partners and community-based organizations. Such engagement could further inspire community leaders to foster a wider grassroots effort in creating and sustaining partnerships to build an innovative and creative medical education program for the Valley.

The Valley Coalition and UC Merced could also co-host programs and visits for business leaders and entrepreneurs to educate them about technologies used by the Center of Excellence and encourage opportunities for collaborations with corporations and UC Merced faculty. Unique opportunities are also available to create educational experiences through conferences and workshops for the diverse communities from which many UC Merced students will be drawn and to which many of the students will return to provide service. Such activities should be designed to establish ongoing trusted relationships that will inform the research focus of the Center of Excellence and the medical curriculum necessary to realize the social medicine component, anticipated to be a major element of the proposed UC Merced Medical School.

Establishing a medical school in the Valley is a major undertaking that requires ongoing participation and collaboration of multiple segments of the regional community, including students, faculty, community-based organizations, business leaders, residents, government officials and other stakeholders. A few critical steps in this effort are community engagement at the grassroots level, innovative medical education programs and cutting-edge partnerships with the business community.

However, none of the above actions will have great impact without the economic resources and political will to get the job done. The Valley Coalition stands ready to help in both of these areas and will push with all of its support and influence to not only make an independent medical school at UC Merced a reality but to do it on an expedited timeframe so that the task is completed by 2015.

A snapshot of the Valley offers a dire picture that will require the collective will of the community to overcome a severe physician shortage, a lack of culturally competent healthcare professionals and alarming disparities in health and healthcare access. This is a crucial time in the development of the UC Merced Medical School. It is also an opportune moment for local residents to become engaged, sustain the momentum and transform the UC Merced Medical School from dream to reality.

Acknowledgements

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Endnotes

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ATTACHMENT A

WHEREAS, the University of California, Merced is planning a medical school, founded on a community based distributive model of medical education in order to best serve the needs of the San Joaquin Valley and focus teaching and research on the community health needs of the region.

WHEREAS, the UC Merced Medical School will address the critical projected physician shortage and combat serious health-related illnesses that plague the San Joaquin Valley and will also expand higher education opportunities in the San Joaquin Valley.

WHEREAS, UC Merced retained the services of the Washington Advisory Group (WAG) to provide recommendations on the planning process for the medical school, and WAG recommends a delay of UC Merced's current plan due to the recent economic downturn in the State of California and the nation as a whole.

WHEREAS, WAG states that "the commitment to establish an independent UCM medical school is undiminished," and instead recommends the development of a three phase plan:

> **Phase I:** Development of a "Biomedical Education Track" for an undergraduate pre-med program at UC Merced, to be developed as early as 2010.
>
> **Phase II:** Development of a UC Davis/ UC Merced program for a "branch medical school" of UC Davis, to be developed as early as 2012.
>
> **Phase III:** A fully independent UC Merced Medical School, with a distributive model program, to be developed no later than 2020.

WHEREAS, Mark Yudof, President of the University of California, endorsed the WAG report in his remarks before the University of California Board of Regents on February 4, 2009, pledging to work with UC Merced on the development of the plan.

WHEREAS, assessments of California's health care work force point to a shortage of up to 17,000 physicians in the State of California by 2015 and the University of California's Health Sciences Advisory Council recommended a 34 percent increase in MD student enrollments between 2005 and 2020. The Council also recognized that medical education programs need to be developed in the San Joaquin Valley and the Inland Empire, where projected population growth rates are twice that of the rest of the state.

WHEREAS, the San Joaquin Valley has historically been an underserved region in terms of recruiting and retaining medical professionals and has 31 percent fewer primary physicians and 51 percent fewer specialists than the rest of the state and UC Merced's Medical School will be the single most important action that can be taken to address this shortage.

WHEREAS, it will take years to plan for a quality medical school, and many more years before the first medical school class is placed into residency, so it is important to act now in order to avoid an even more serious health care crisis in the San Joaquin Valley.

WHEREAS, the Valley Coalition for UC Merced's Medical School is comprised of elected officials, cities and counties, medical professionals, hospitals and organizations throughout the nine county region (San Joaquin, Stanislaus, Merced, Mariposa, Madera, Fresno, Tulare, Kings and Kern counties) of the San Joaquin Valley whose purpose is to support the development of the medical school and to provide recommendations as to how to best develop a UC quality program that meets the needs of the San Joaquin Valley.

WHEREAS, Boards of Supervisors from the nine county region of the San Joaquin Valley have adopted resolutions in support of the development of the medical school.

WHEREAS, the Valley Coalition for UC Merced's Medical School was awarded a $147,000 grant from the California Endowment to engage in outreach activities in the nine county region of the San Joaquin Valley in order to obtain input from these communities and make recommendations to the University of California as to how to best develop a UC quality program that meets the needs of the San Joaquin Valley.

NOW, THEREFORE BE IT RESOLVED that the Coalition strongly supports the continued planning of UC Merced's Medical School;

BE IT FURTHER RESOLVED that the Coalition supports in concept the recommendations contained in the WAG report and calls upon the Board of Regents of the University of California, the University of California Office of the President and UC Merced officials to:

1) Establish Phase III of the program by 2015 in order to meet the projected physician short fall of the state and the underserved medical needs of the San Joaquin Valley;

2) Incorporate medical education and clinical education at UCSF-Fresno and other locations in the San Joaquin Valley, as appropriate, during Phase II of the program;

3) Ensure that research is a key component of the medical school;

4) Provide funding for the development of the three-phase program, with the modified timeline in Phase III, as recommended in this resolution.

Adopted: February 19, 2009

Valleywide Support: Resolutions, Proclamations and Letters - partial listing

As part of the Outreach and Education campaign, the Valley Coalition visited numerous officials in the nine county area throughout the San Joaquin Valley. Below is a partial listing of the many government resolutions and proclamations as well as general letters from organizations and leaders demonstrating the groundswell of support for the project:

California Partnership for the San Joaquin Valley

Children's Hospital Central California

City of Ceres

City of Coalinga

City of Fresno

City of Huron

City of Livingston

City of Madera

City of Merced

City of Modesto

City of Turlock

City of Visalia

First 5 Tulare County

Fresno Center for New Americans

Fresno Council of Government

Fresno County Board of Supervisors

John C. Fremont Hospital

Kaweah Delta Health Care District Board of Directors

Kings County Economic Development Corporation

Kings County Workforce Investment Board

Madera Community Hospital

Madera County Board of Supervisors

Mariposa County Board of Supervisors

Mariposa County Economic Development Corporation

Mariposa Rotary Club

Mayor Ashley Swearengin, City of Fresno

Merced County Board of Supervisors

Stanislaus County Board of Supervisors

Visalia Unified School District

ATTACHMENT B

As a University of California campus committed to teaching, research and public service, UC Merced has a responsibility to address the pressing needs of the San Joaquin Valley. There are 31 percent fewer primary care physicians and 51 percent fewer specialists practicing in the Valley than in California as a whole and the state is expected to face a shortage of up to 17,000 physicians by 2015. With the Valley growing at twice the rate of the rest of California, further doctor shortages will have an adverse and disproportionate impact on the region.

As medical school enrollment expands for the first time in 30 years to respond to the anticipated need for more doctors across the U.S., a unique opportunity it taking shape for medical schools, particularly new or branch campuses, to reassess medical education programs to ensure they meet the needs of society.

UC Merced's planned School of Medicine focuses on improving the health of the Valley and state and serving as a leader in developing an innovative program that meets the demands of the 21st century.

Planning Overview

- Planning for a medical school at UC Merced was under way before the arrival of undergraduate students at UC Merced in fall 2005.
- In May 2008, The UC Board of Regents endorsed continued planning for a UC Merced School of Medicine.
- In fall 2008, UC Merced retained the Washington Advisory Group (WAG) to assist in examining and evaluating the campus' planning efforts to establish a new medical school.
- In January 2009, the consultants submitted a final report to Chancellor Sung-Mo "Steve" Kang after reviewing background materials and meeting with numerous individuals on campus, at sister campuses, at the UC Office of the President, representatives from potential clinical affiliates in the Valley, academic planning partners at UC Davis and UCSF Fresno and leaders of the Valley Coalition for UC Merced Medical School.

Washington Advisory Group Report

- The report offers suggestions for continued planning and options for development of a medical education program leading to a fully independent School of Medicine at UC Merced. The recommendations are advisory and will be considered as UC Merced enters the next phase of planning.
- The principal recommendation contained in the report suggests planning for a fully independent medical school in three stages:

    1) Establish an undergraduate program in biomedical education to attract exceptional students to pursue a BS degree that emphasizes the health needs of the Valley and prepares students for advanced study in all of the health sciences, medicine included.

    2) Start as a "branch campus" in conjunction with the UC Davis School of Medicine as early as 2012 provided key milestones are met (e.g. 16 24 students would be admitted into a UC Merced specific program of medical study with learning experiences on the Davis campus and at UC Merced and in the Valley).

3) Establish a fully independent UC Merced medical school after having functioned as a successful branch campus after a period of time and seek Regental approval when the economy is more favorable, ideally no later than 2020.

- In early February 2009, the simultaneous development of phases one and two as recommended by WAG was encouraged by UC President Mark Yudof.

- The Valley Coalition for UC Merced Medical School and the California Partnership for the San Joaquin Valley expressed support for the WAG report's phased approach to establishing a medical school, and passed resolutions in support of a truncated timeline whereby the independently accredited UC Merced medical school is established by 2015.

UC Merced's Planned Model for an Independently Accredited School of Medicine

- The proposed UC Merced School of Medicine is expected to be research-intensive with anticipated programs focusing on global health and health issues specific to the Valley.

- Initial plans utilize academic partnerships with sister campuses and use existing healthcare resources in the Valley. Preliminary plans also anticipate the training of students on the Merced campus with clinical training in existing Valley hospitals and clinics.

UC Merced's plans to establish a School of Medicine continue to evolve. The process of establishing a new medical school, including the model for medical education and curriculum is faculty-driven and involves a number of steps. The approvals of UC faculty, UC Office of the President, and the UC Board of Regents are necessary. The cost of establishing a new medical school requires funds from the California Legislature as well as private contributions. A revised timetable for the development of the school will emerge as planning continues.

ATTACHMENT C

FACT SHEET

UC Merced Medical School

- The State of California faces a major health care crisis— by 2015 the state will have a shortage of 17,000 physicians.
- The University of California's Health Sciences Advisory Council recommended a 34% increase in MD student enrollments between 2005 and 2020.
- The population projected growth rates in the valley are twice that of the rest of the state.
- SJ Valley has 31 percent fewer primary physicians and 51 percent fewer specialists than the rest of the state.
- UC Merced Medical School will expand higher education opportunities in the San Joaquin Valley as well as address the critical projected physician shortage and combat serious health-related illnesses that plague the SJ Valley, such as asthma, diabetes and obesity.
- Strong evidence suggests that new physicians chose to settle into practice near where they train, so establishment of a medical school in the Valley would produce immediate benefits for the region.
- Each year over $845 million in health care dollars leave the Valley to other areas of the state where our residents seek the quality health care they deserve. Establishing a medical school in the Valley would help to reverse the flow of medical dollars, and would ultimately recapture those funds for our local economy.
- Specific Proposal- Distributive Model: The medical school will be founded on a community based distributed model of medical education, utilizing current medical facilities in the Valley, as well as the resources of UC San Francisco and UC Davis. This is the most cost effective and fastest way to start up a new medical school. The first two years of medical education will be on the UC Merced campus, and the second two years of medical education will be in clinical settings in Valley medical facilities.
- One of the goals of the medical school is to train physicians who are culturally competent and who represent the diversity of the state and region. The focus of the medical training will be the elimination of health disparities in the San Joaquin Valley.
- As a public institution, the University of California has an obligation to serve all parts of the state equally. California's future depends on the success of the Valley. We cannot afford to leave one area of the state behind. A medical school at UC Merced will offer many health, education and economic benefits to the Valley and to the state.
- In addition to addressing the critical shortage of physicians in the Valley and improving the health status of residents, a UC Merced School of Medicine will have a positive economic, impact on the region, will expand education opportunity for community members, extend the campus' research programs throughout the Valley and all of the benefits associated with such research as evidenced in communities with existing UC medical schools.
- It takes 7-10 years to produce practicing physicians. Steps must be taken now to plan and develop a medical school in the Valley.

HOJA DE DATOS

Escuela de Medicina de la Universidad de California en Merced

- El estado de California se enfrenta a una importante crisis de salud: para 2015, habrá en el estado una escasez de 17,000 médicos.

- El Consejo Consultor en Ciencias de la Salud de la Universidad de California recomendó un aumento del 34% en la inscripción de estudiantes de medicina entre 2005 y 2020.

- El índice de crecimiento demográfico proyectado en el valle es del doble que en el resto del estado.

- El valle de San Joaquin tiene 31% menos de médicos generales y 51% menos de médicos especialistas que el resto del estado.

- La Escuela de Medicina de la Universidad de California en Merced ampliará las oportunidades de educación superior en el valle de San Joaquin, además de abordar la crítica escasez prevista de médicos y combatir graves enfermedades que agobian al valle de San Joaquin, como el asma, la diabetes y la obesidad.

- Hay sólidas evidencias que indican que los médicos recién egresados suelen establecerse cerca de donde se capacitan, así que el establecimiento de una escuela de medicina en el valle produciría beneficios inmediatos para la región.

- Cada año, más de 845 millones de dólares gastados en atención médica salen del valle a otras regiones del estado, en las que nuestros residentes buscan la atención de calidad que merecen. Establecer una escuela de medicina en el valle ayudaría a revertir el flujo del gasto en atención médica y, a fin de cuentas, recuperar esos fondos para nuestra propia economía local.

- Propósito específico - Modelo distributivo: La escuela de medicina se basará en un modelo comunitario distribuido de educación médica, utilizando las instalaciones médicas actuales en el valle, así como los recursos de la UC San Francisco y UC Davis. Ésta es la forma más rentable y rápida de iniciar una nueva escuela de medicina. Los primeros dos años de la enseñanza médica serán en el plantel de la UC en Merced, y los siguientes dos años, en ambientes clínicos de establecimientos médicos del valle.

- Uno de los objetivos de la escuela de medicina es capacitar a médicos que sean culturalmente competentes y representen la diversidad del estado y de la región. El punto central de la capacitación médica será eliminar las disparidades de salud en el valle de San Joaquin.

- Como institución pública, la Universidad de California tiene la obligación de atender por igual a todas las regiones del estado. El futuro de California depende del éxito del valle. No podemos darnos el lujo de dejar rezagada una región del estado. Una escuela de medicina en la UC de Merced ofrecerá muchos beneficios en materia de salud, educación y economía para el valle y para todo el estado.

- Además de abordar la crítica escasez de médicos en el valle y de mejorar la situación de salud de los residentes, la Escuela de Medicina de la UC en Merced tendrá un impacto económico benéfico en la región, ampliará las oportunidades educativas para los miembros de la comunidad, hará llegar los programas de investigación del plantel a todo el valle y todos los beneficios asociados con tales investigaciones, como se evidencia en las comunidades en las que ya existen escuelas de medicina de la UC.

- Se necesitan de siete a diez años para producir médicos practicantes. Deben tomarse medidas desde

U.S. Department of Health and Human Services - Office of Minority Health
National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10
Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14
Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Valley Coalition for UC Merced Medical School Contributors

California State University, Fresno

Children's Hospital Central California

City of Merced

City of Modesto

City-County Joint Power Agency, Stanislaus

Community Medical Centers

County of Kern

County of Mariposa

County of San Joaquin

County of Stanislaus

Doctors Medical Center

Family Healthcare Network

First 5 Tulare County

Health Plan of San Joaquin

Lodi Memorial Hospital

Lyons Family

Madera Center- State Center Community College District

Mariposa County Chamber of Commerce

Memorial Hospitals Association

Mercy Medical Center Merced

Proteus, Inc.

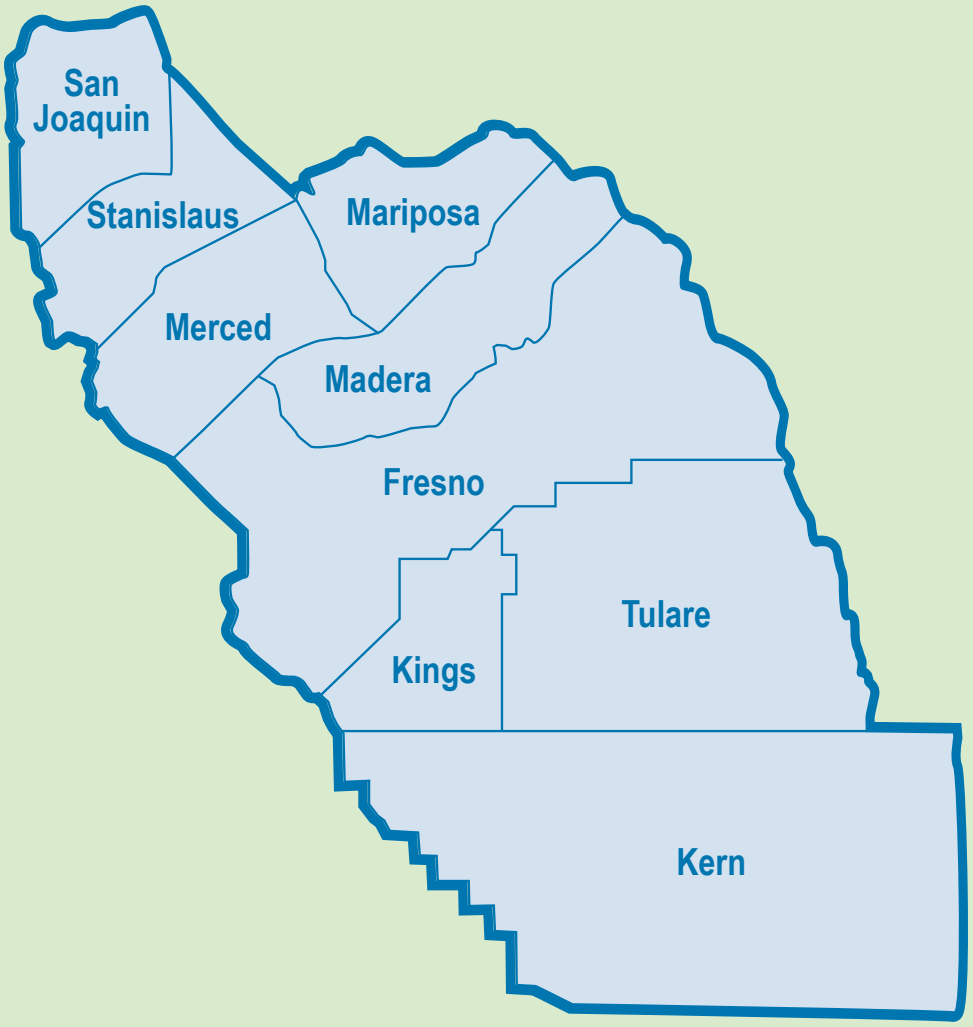
St. Joseph's Medical Center

Sutter Amador Hospital

The Training and Employment Association of Tulare County

Visalia Unified School District

West Hills Community College District



Vision for the Valley

Valley Coalition for UC Merced Medical School