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# Acknowledgements

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## *P*reamble

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When representatives of 41 Ethnic Physician Organizations chose to speak with one voice for the first time, it was to advocate on behalf of their communities in Los Angeles County that faced a catastrophic loss of health services because of the fiscal crisis that struck the county. In the midst of the Ethnic Physician Organization Summit, they came together to craft a message to all members of the Los Angeles Board of Supervisors expressing their “deep misgiving and great concern” about the proposed cuts by the Los Angeles County Department of Health Services and their disproportionate impact on the ethnic communities served by these physicians.

In this act, and in their subsequent decisions at the Summit, these physician leaders demonstrated their willingness to apply their considerable prestige to advocate and influence the public policy decisions that impact their communities and their colleagues. No longer will “critical decisions that impact their communities and practices be made without them at the table.”

That letter also provided the basis for a California Medical Association [CMA] Foundation press release and became a major agenda item of a visit to California state and federal legislators by CMA staff and physician representatives.

As the ethnic physician leaders from the Latino, African American, Chinese, Vietnamese, Philippino, East Indian, Korean, and Peruvian medical associations coalesced around their response to the Los Angeles County healthcare crisis, they also set in motion a process to create a network of Ethnic Physician Organizations to serve as a platform for collective action. The mission of this network will be to improve access to care and reduce health disparities for their communities. One physician remarked that she was “proud to be an ethnic physician.” That sense of pride and commitment ensures that the voices of ethnic physicians will continue to be heard on critical healthcare issues.

# *E*xecutive Summary

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## *Overview*

Ethnic physicians and their organizations play important roles in promoting the health of diverse communities. Research shows that minority physicians are more likely to practice medicine in communities with a higher percentage of ethnically diverse members. While most minority patients in California still receive care from a health provider of a different ethnic background, minority physicians in California often provide a bridge to greater language and cultural understanding between their colleagues and their communities.

California's Ethnic Physician Organizations range in their size, mission, complexity and infrastructure. The predominant structure of Ethnic Physician Organizations is all-volunteer, depending heavily on the abilities and strengths of their leaders. Many have a local focus while the larger statewide physician organizations address state and national policy issues while maintaining local community health activities. Many organizations also give priority to providing services and resources to the country of origin of their physician members.

The CMA Foundation embarked on an initiative in 2001 to develop a partnership with Ethnic Physician Organizations in California to support their efforts to strengthen their infrastructure and leadership.

The Ethnic Physician Organization Project is organized into three distinct phases of activity –

- Research that produced a baseline inventory of Ethnic Physician Organizations in California.

- Ethnic Physician Organization Summit that generated a commitment to the concept of an Ethnic Physician Organization network and a plan for action.

- Implementation of the Goals and Initiatives established during the Summit.

In the first phase of work, focus groups, interviews and surveys were conducted with Ethnic Physician Organization leaders and community based organizations to hear their ideas on how to –

- Improve the health of their communities, including access to care, address the disparities in health outcomes, and cross-border health care.

- Link ethnic physicians with youth in a medical mentoring process.

Promote, nurture, and encourage careers in medicine by ethnically diverse youth starting in the elementary and high school and continuing through medical school.

Improve cultural competency and sensitivity of all physicians and their staff.

Increase the leadership of ethnic physicians in organized medicine in California.

The second phase of the project was the convening of leaders from California's Ethnic Physician Organizations, representatives from organized medicine, other stakeholders serving the people of diverse communities, and foundation and corporate sponsors.

The objectives of the Ethnic Physician Organization Summit were to:

Improve the health of ethnic communities by helping ethnic physicians increase the effectiveness of their organizations.

Disseminate information regarding "Model Practices" in Ethnic Physician Organizations.

Determine priorities for strengthening Ethnic Physician Organizations.

Begin skill enhancement for ethnic physicians and their organizations through a series of workshops.

### ***Summit Goals***

Using the results of the Ethnic Physician Organization Project's initial research, the participants of the Ethnic Physician Organization Summit developed a series of goals designed to guide the next phase of the Ethnic Physician Organization Project. These goals are:

1. Identify and support a network of ethnic physician leaders to serve as community health advocates throughout California.
2. Provide training and technical assistance to support collaboration between ethnic physician and community-based leaders and their organizations.
3. Develop mechanisms to link physicians and community members involved in efforts to improve the health of their communities.
4. Encourage ethnic physician leadership development at the local, regional and statewide level.

5. Address the issues of health disparities and access to care.
6. Increase the workforce diversity and cultural competency of California's healthcare system.

Collectively, these goals focus on strengthening the infrastructure of individual Ethnic Physician Organizations and enhancing the ability of these organizations to work together and with community organizations to address high priority health care issues in their communities.

The participants at the Ethnic Physician Organization Summit expressed their consensus that the CMA Foundation should take an active role in the creation of the Ethnic Physician Organization Network and should manage its startup as a CMA Foundation program.

### ***Proposed Initiatives***

During the Ethnic Physician Organization Summit, ethnic physician leaders and the leadership of the CMA Foundation identified four initiatives to carryout the above listed goals:

Technical Assistance Center  
Communication Strategy  
Public Policy Center  
Leadership Development Program

#### **Technical Assistance Center**

The training and technical assistance will be delivered in part by experts on a variety of topics identified by ethnic physician leaders. The Project also intends to rely heavily on physicians teaching each other by sharing their lessons and best practices through the communication vehicles described below.

#### **Communications Strategy**

A comprehensive communications strategy is an essential component of the overall program. Summit participants identified a number of communications activities they considered essential to the accomplishment of the Project's overall goals, including development of an Ethnic Physician Organization website, maintenance and updating of the directory of Ethnic Physician Organizations and periodic convenings. Two convenings are proposed in 2003, one in the spring and one in the fall.

#### **Public Policy Center**

The CMA Foundation will be providing support to Ethnic Physician Organizations interested in public policy issues, acting as a conduit for policy information to Ethnic Physician Organizations and from Ethnic Physician Organizations to the public and policy makers. A policy committee will be established to identify issues of concern and to convene Ethnic Physician Organizations on these issues of concern. Where

appropriate, this committee will commission written policy briefs from the unique perspective of ethnic physicians and sponsor other venues and forums through which Ethnic Physician Organizations can communicate their positions to public policy makers, the media (including the ethnic media), the ethnic community and other interest groups.

### *Leadership Development Program*

The leadership program will create a network of ethnic physicians with enhanced community leadership skills, who can also serve as peer-mentors. The program will emphasize “hands-on” learning experiences to develop leadership skills. The program will also build an infrastructure that allows ethnic physician leaders to support one another in their role as community health advocates.

## *Conclusion*

The Project’s report captured the ideas, goals and constraints of ethnic physician leaders throughout California. And, it did reflect the positive feedback that followed the interviews and focus groups. However, we were almost completely unprepared for the enthusiasm and level of readiness of California’s ethnic physician leaders to collectively seize their vision and not only turn it into a plan for action, but to come together and take action on one of the most significant health issues facing California today.

It is not possible to predict the future with absolute accuracy, but with what we have seen, heard, and shared, we are absolutely convinced that decisions affecting the health of California’s diverse communities will not be made without the voices of ethnic physicians and their organizations being heard.

“Ten years from now, we will look back on the Ethnic Physician Summit and understand its true significance not as a beginning, but as a truly monumental step in the empowerment of ethnic physicians and the communities they serve.”

Anonymous Summit Participant

# ***I**ntroduction*

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## ***Project Purpose***

The California Medical Association [CMA] Foundation has embarked on an initiative to develop a partnership with Ethnic Physician Organizations in California to strengthen their infrastructure and leadership. The Ethnic Physician Organization Project was conceived from the vision of Rolland Lowe, MD, President of the CMA Foundation Board of Directors and Frank Staggers, MD, then President of the CMA. These two physicians recognized both the current contributions and vast potential of ethnic physicians and their organizations to address the health needs of California's diverse communities. The project's overall purpose is to strengthen the capacity of Ethnic Physician Organizations, working within their respective communities and collectively across communities, to reduce health disparities and increase access to health services for diverse communities in California.

California leads the nation in the growing diversity of its population. According to the 2000 Census, people of color now comprise the majority of California's population, accounting for roughly 53% of the population. Latinos now make up slightly more than 32% of the population, Asian Americans 11%, African Americans 6%, with the remaining 4% comprised of American Indians, Alaskan Natives, Native Hawaiians, Pacific Islanders and individuals of two or more races or some other race.

***While Latinos make up over 32% of the population, only 5% of California's physicians are Latino.<sup>1</sup>***

Ethnic physicians and their organizations play important roles in promoting the health of diverse communities. Research shows that minority physicians are more likely to practice medicine in communities with a higher percentage of ethnically diverse members. While most minority patients in California still receive care from a health provider of a different ethnic background, minority physicians in California often provide a bridge to greater language and cultural understanding between their colleagues and their communities.

The recently released report, **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (March 20, 2002)** by the Institute of Medicine [IOM] again points out that health disparities based on race and ethnicity remain regardless of the socioeconomic differences and factors related to health access. The report also pointed out that language barriers pose problems for patients as well as cultural understanding on the part of their healthcare provider. According to the IOM report, one in five Latinos report not seeking health care because of language barriers.<sup>2</sup> Other issues related to

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<sup>1</sup> Commission on the Future of Education

<sup>2</sup> Institute of Medicine – UNEQUAL TREATMENT. Confronting Racial and Ethnic Disparities in Health Care. 2002

health disparities cited in the IOM report include bias on the part of healthcare providers, “clinical uncertainty” when interacting with minority patients, and beliefs or stereotypes of healthcare providers about the behavior and health of ethnic minority patients.

An important recommendation cited in the report speaks to the need to increase underrepresented US racial and ethnic minorities in the health professions. The IOM report restates that racial and ethnic minority providers are more likely than their nonminority colleagues to serve in minority and medically underserved areas.

A survey of the CDC’s Healthy People 2010 objectives also conveys a greater emphasis on health disparities. The CDC has structured the evaluation for each objective to display changes by race and ethnicity. This will allow for tracking the 467 objectives to determine how change is occurring across ethnic and racial lines and whether disparities in terms of access to care and health outcomes are declining.

An important objective of Healthy People 2010 is to increase the diversity of the healthcare work force. Healthy People 2010 recognizes the critical link between reducing health disparities and improved health outcome and the diversity within the healthcare professions.

Based on the IOM Report and CDC’s Healthy People 2010 Objectives it is imperative that ethnic physicians and their organizations play a key role in their community. Ethnic Physician Organizations and their physician members have the potential to positively impact the health of their communities. During the interviews, many of these organizations expressed the need to enhance the infrastructure and strengthen the leadership of their organizations to maximize their ability to serve as advocates for change. Ethnic physicians and their organizations have the potential to increase their value as resources for improving the health of the communities.

**Healthy People 2010  
Workforce Diversity Objective:**

In the health professions, allied and associated health profession fields, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups.

***Project Framework***

The Ethnic Physician Organization Project is organized into three distinct phases of activity –

Research that produced a baseline inventory of Ethnic Physician Organizations in California.

Ethnic Physician Organization Summit that generated a commitment to the concept of an Ethnic Physician Organization network and a plan for action.

Implementation of the Goals & Initiatives established during the Summit.

## *Ethnic Physician Organization Backgrounds & Focus*

Many Ethnic Physician Organizations were established to respond to the exclusion of ethnic physicians from involvement and leadership in organized medicine in the US. The National Medical Association, created to provide support to African American physicians, is the oldest Ethnic Physician Organization in the US, and has chapters in every state.

Other Ethnic Physician Organizations have been established to provide a social and professional network for immigrant physicians. Many of the early leaders and members of these organizations were trained outside the US and saw their roles as providing medical missions and resources for their country of origin. Some of these organizations developed their membership structure based on the medical school attended in their country of origin. Initially, they also tended to provide value to their members by providing individual physicians with the opportunity to be part of a larger network that was contributing something of value. Some organizations have maintained this more internal focus, providing support to their member physicians and opportunities for networking and social gatherings.

However, over time, there has been a significant shift in priorities among Ethnic Physician Organizations. Most of the organizations that provided information now focus on addressing the health needs of their communities along with their other goals. They are increasingly engaged in community health enhancing activities and in efforts to increase the numbers of young people from their communities who enter medical careers.

The Project found substantial diversity among the 41 Ethnic Physician Organizations identified in the initial phase of the project. Four Ethnic Physician Organizations are statewide organizations in California, seven are national organizations with a significant presence and leadership in California and 29 are regional organizations located primarily in Southern California and the Bay Area, with a small number located in the Central Valley. Three of the statewide Ethnic Physician Organizations employ paid staff while all other organizations are voluntary in nature. The organizations range in size from 20 to over 800 active, paid members. However, many of the associations do not make a significant distinction between paid members and nonmembers. They frequently involve nonmembers in their community health activities.

All Ethnic Physician Organizations are governed by a volunteer board of directors, have periodic membership meetings, maintain a membership database and newsletter for member communication. Ten associations also maintain websites that provide

information about the organization and its events and many offer patient education resources online.

A number of Ethnic Physician Organizations are experiencing a leadership transition. Leadership positions are being assumed by second-generation physicians trained in the US and many organizations are seeking ways to increase their relevancy to the increasing numbers of domestically trained physicians from their community.

Ethnic Physician Organizations in California also vary in the complexity of their activities. Many of the smaller organizations are primarily social in their mission and do not engage in community health or advocacy. On the other hand, the larger statewide physician organizations function both on a statewide level addressing policy and advocacy issues while maintaining local, community health activities.

The many Ethnic Physician Organization leaders who contributed to this project consistently identified health issues related to health disparities and barriers to access to care as priority concerns for their organizations. They also identified six avenues through which Ethnic Physician Organizations could channel their efforts to address these priority health concerns –

Organizational Capacity Building

Leadership

Community Health Partnership Building

Diversity in the Health Workforce

Cultural Competence

Public Policy Advocacy

### ***Priority Health Concerns***

#### **Health Disparities**

A number of health conditions were identified by ethnic physician leaders because of their prevalence and disproportionate impact within their community. Three conditions were noted most frequently –

Heart Disease

Hypertension

Diabetes

Other conditions and health problems identified included – cervical and breast cancer, asthma, alcoholism, violence, depression, Hepatitis B, tuberculosis, smoking, osteoporosis, lung cancer, STDs, HIV and gambling addiction.

Important underlying factors that impact several of these health conditions were also identified as a concern, including alcoholism, diet, nutrition and exercise, and smoking. Ethnic physician leaders also expressed a need for increased efforts to expand cancer screening, blood pressure screening, cholesterol, screening, early diabetes detection, and immunization campaigns within their communities. There was also strong interest in increasing the reach and effectiveness of community education programs focusing on smoking cessation.

A number of ethnic physician association leaders felt that their organizations and members could be actively involved in efforts to broaden the awareness of issues related to health disparities in their communities. Ethnic physicians also represent an important resource for policy makers working to address this issue.

### *Access to Care*

Most Ethnic Physician Organization leaders interviewed identified access to care as an important need in their communities. Larger Ethnic Physician Organizations have tended to become active in health policy advocacy and coalition building efforts to bring about change in healthcare systems to produce greater access and reduced health disparities. Ethnic physicians felt they could play a role in encouraging eligible community members to sign up for MediCal and Healthy Families. Many ethnic physicians want to explore how their members can donate their time serving the underserved through free clinics or other mechanisms.

## *Avenues for Intervention*

### *Organizational Capacity Building*

Ethnic physicians make significant contributions to their communities, both individually and collectively through their Ethnic Physician Organizations. They bring to this task a number of assets, some of which are unique to these organizations. Assets identified through the survey, interviews, and focus groups include:

Commitment to the health of their communities

Leadership positions in their communities

Partnerships with community organizations and businesses

Knowledge of their communities

Strong leadership

Political connections

Organization strengths such as membership, leadership, strong chapters, funding, and staff

However, Ethnic Physician Organization leaders reported significant barriers to the full application of the assets of their members to improving the health of their communities. There are built-in limitations created by the lack of staff for most Ethnic Physician Organizations. There are also barriers inherent in the conditions under which many ethnic physicians practice medicine.

These barriers include:

*The high percentages of MediCal and uninsured patients in their practices.* Respondents spoke of the difficulty they face in taking time away from their practices for community outreach, particularly the administrative component of organizing community health projects.

*The substantial loss of income that accompanies extensive participation in non-practice activities.* For physicians in solo practice and small groups, this could also lead to a permanent loss of patients due to the lack of practice capacity to absorb the extra workload.

*The isolation of many community based physicians from other community resources, colleagues from other geographic and ethnic communities, and the mainstream of medicine.* This is sometimes the result of historical patterns of exclusion of mainstream medicine or the intense time demands of a small practice. Physician isolation is sometimes exacerbated by a lack of outreach and acceptance by community health leaders.

*Age and cultural differences across generations.* Young physicians with competing demands of family, debt, and practice often have less time to participate in community activities. Additionally second-generation ethnic physicians have fewer barriers to full participation in mainstream medicine and face language barriers in serving their own community.

The surveys and interviews revealed that many Ethnic Physician Organizations lack current membership databases, the ability to identify and reach out to potential members, and the means to solicit and collect dues on a regular basis. Responding organization leaders also identified the need to mobilize members to address critical community service needs and advocacy opportunities.

Ethnic Physician Organization leaders frequently identified a need for staff, along with funding support, as the primary resource to strengthen their organizations. Staff could

increase member contact and physician outreach, organize community service projects, support information dissemination, and write proposals for funding support.

Ethnic Physician Organization leaders also indicated the need for technology to strengthen their organizations. Websites, email capability, and membership databases were frequently cited.

While increased membership and dues collections could enhance the revenue of Ethnic Physician Organizations, organization leaders reported that their organizations would need increased funding from external sources to build the infrastructure they need.

### **Leadership**

The roles carried out by Ethnic Physician Organization leadership often vary depending on the size and mission of their association. Respondents described roles in four broad areas:

***Within their own organizations*** - All provide leadership within their organization focusing on the recruitment and support of their members.

***Within their communities*** – Ethnic physicians provide leadership in their communities through both health and non-health organizations. This sometimes involves serving on other boards or commissions, including other ethnic group oriented organizations. It also sometimes involves efforts to address a community health concern or work in a local mentoring program assisting students interested in medical careers.

***Public policy advocacy*** - In the larger associations, leadership in advocacy and public policy is given high priority. This has included both state and national health concerns, participation with other community-based organizations in coalitions to address access to care and health disparities issues as well as other issues that impact the practice of medicine.

***Organized medicine*** - Many of the ethnic physician leaders also expressed the desire to serve in a leadership role within organized medicine, both in their local medical society and within the CMA. Several have broadened their focus by becoming involved in the local board of their medical society while others serve in the leadership of the CMA on its board of trustees. Ethnic physician leaders felt their organizations could engage local medical societies to ensure the inclusion of ethnic physicians in mainstream medicine at the local level. They also felt their organizations could assist physicians to become more integrated in mainstream medicine through continuing education and support for achieving board certification.

Many of the ethnic physician leaders expressed the need during interviews for an ongoing leadership development program that would support the growth and leadership development of ethnic physicians.

### *Community Health Partnership Building*

Respondents to the project's survey and both physicians and leaders from community based organizations that participated in interviews and focus groups, recognized the value of partnerships for improving services to the residents of diverse communities. These partnerships are important for sharing information about the health needs of communities and in building collaborations that take advantage of the respective strengths of ethnic physicians and community organizations.

Ethnic physician leaders also recognized that partnerships with businesses and other community organizations could be important vehicles for information dissemination and other activities that promoted the health of communities. Some leaders also identified a need for skill building in the area of developing collaboratives.

Ethnic physicians are frequently very active in many aspects of the communities they serve. They participate in charitable events, lend their skills to health fairs, support community based organizations, and sometimes take leadership in addressing health issues through policy advocacy and education.

Ethnic physician leaders tend to work most frequently with the following types of community organizations:

- Business organizations
- Other Ethnic Physician Organizations
- Healthcare service providers serving their communities
- Community clinics

Partnerships were developed to raise funds for scholarships, organize and hold community health fairs, and identify sources of care for community members. When representatives of community-based organizations were asked about the importance of building partnerships with Ethnic Physician Organizations, all agreed that these types of partnerships would have positive consequences. Some associations have invited members of the community sit on their Boards of Directors.

Ethnic community based organizations often share a very similar mission and priorities with Ethnic Physician Organizations. As a result, Ethnic Physician Organization leaders felt they could educate their members concerning community approaches to health including closer ties with community resources. Building partnerships with other community institutions that influence the health of the people they serve was felt to be essential. This is especially important to address the health disparities faced by various racial/ethnic groups. Community institutions bring resources and institutional staffing to these efforts.

Ethnic Physician Organizations could also increase partnerships with organizations that share their values and health goals for their communities, especially in the areas of planning, education, and advocacy as well as adopting a broader view of health and their role as contributing to the health of their communities and individual patients. Ethnic physicians could learn more about health promoting community resources that could be of benefit to their patients.

Examples of opportunities for collaboration suggested by ethnic community-based organizations included:

Joint planning and programs to reduce health disparities. These efforts could include information sharing about community resources, community health status, and public health and coordinated volunteer service efforts.

Joint advocacy on issues that impact the health of their communities. These issues can include support for increased access to health insurance, increases in reimbursement for government programs, and reducing barriers to access to medical schools for students of color.

Joint problem solving on important health policy issues.

Representatives of community-based organizations also recognized the value of collaborating with Ethnic Physician Organizations. Many expressed an interest in holding joint meetings with Ethnic Physician Organizations, sponsoring joint conferences and education sessions on critical health issues, and promoting the importance of social interaction as a way of building trust. They recognized that successful collaboration requires a foundation of trust, and trust can only be developed through interaction and open communications.

Many respondents also identified a need for California's Ethnic Physician Organizations to work more closely together on issues of common benefit. Some of the smaller organizations saw benefits from sharing staff and other resources to achieve economies of scale. Respondents from both large and small organizations indicated collaboration was especially important on public policy issues and in working within the CMA.

Ethnic Physician Organization leaders indicated that staff was the primary resource needed to make and maintain the contacts required to build relationships with community organizations. Some leaders also identified a need for skill building training in developing collaboratives.

### **Diversity in the Healthcare Workforce**

Ethnic Physician Organization leaders believe that increased diversity in the medical profession is an important goal. A majority of organizations rate this as a very important issue. Most reported that they are involved in grant and scholarship efforts that provide

support to high school students and students accepted to medical schools. A small number of associations mentioned their involvement in mentoring projects carried out in their communities. Ethnic Physician Organizations can provide logistic and other support for physician mentoring and other volunteer service efforts.

Focus group members also pointed out that ethnic physicians often provide role models to youth, both in their offices as well as in their communities. They encourage youth to enter health careers and support their efforts through scholarships and recognition awards to outstanding science, premedical, and medical students. Physician mentors are frequently the difference on whether young people decide to pursue a career in medicine or healthcare.

When ethnic physician leaders were asked the reasons Asian, African American, Indian and Latino young adults go into medicine, the following reasons were shared:

Medicine is a profession that has very high status within their respective communities.

There is a serious need for physicians who understand and accept cultural behaviors and beliefs.

Being a physician is a way of giving back to the community.

Students have role models who are primarily parents and relatives in the medical field and receive encouragement from parents and family members.

Personal experiences that have left the belief that access to medical care can make a difference in someone's life.

Barriers identified by ethnic physician leaders that hinder medical school enrollment for Asian, African American, Indian and Latino young adults include –

The past success of the dot-com companies makes other career options attractive and more easily attained for students interested in a career in science.

A lack of mentorship and encouragement to enter health professions.

Academic and other barriers encountered by pre-med students in their junior and senior years of college.

Lack of adequate or appropriate guidance from school personnel in elementary and high schools. Many times students are discouraged from pursuing paths in

### ***Decision Medicine 2001***

The San Joaquin Medical Society launched an internship program that is designed to encourage local high school students to pursue medical careers.

One main goal of the program is to boost minority admissions to medical schools. Physician mentors are encouraged to allow students to attend rounds, local medical conferences and observe surgical and clinical procedures.

*“If we’re not careful, we will not have enough representation of minorities when it comes to medical schools.” – Kwabena Adubofour, MD, founder Decision Medicine 2001*

elementary and high schools that lay the foundation for academic success in college.

Financial barriers and the lack of knowledge about resources available to overcome them.

A lack of role models for students.

Financial rewards are not commensurate with the long hours of training and education required for a career in medicine.

Ethnic Physician Organization leaders described their ideal program to encourage and enable minority youth to pursue a medical education as one that would begin early and provide support and hands on experience for youth. Specifically,

Programs would start in elementary school by the 4<sup>th</sup> or 5<sup>th</sup> grade and involve parents so that they become acquainted with appropriate course work early. This would provide students with a sound academic foundation.

There would be more of a focus in high school and younger grades when youth are forming career choices.

Mentoring opportunities would also be developed in the college years.

Community service externships would be available in medical schools to expose medical students to community needs.

The Ethnic Physician Organizations would design comprehensive mentoring programs. This type of program would increase the awareness of medicine among high school students, scholarships and education grants, mentoring opportunities and support with the student's family involved.

The responses from ethnic physician leaders and other respondents generated five recommendations to promote health care workforce diversity.

Establish a model program focusing on high school and younger students. The program would be built on a team linking a practicing physician, a medical

***CMA Medical Student  
Section Survey January 2002***

An ambitious survey was undertaken by medical students in California and distributed to over 5,000 medical students to gather information about who they are and their future interests in medicine.

Highlights from the survey show –

- Over 40 different languages are spoken by California's medical students, the most prevalent being Chinese, Farsi and Vietnamese.
- Almost 30% plan to practice in an underserved community.
- While only 6% feel they are fluent Spanish speakers, almost 70% intend to be able to communicate in Spanish before graduation.

student, a premedical student, and a high school student for mentoring and shared support. It was felt that this approach would also increase the chances of sustaining the mentoring effort as each student advances through school.

Increase the role of Ethnic Physician Organizations in the medical school admissions process. Ethnic physician leaders could be valuable resources to local medical schools and monitor the admissions process similar to the efforts of the James Wesley Vines, Jr., MD Medical Society in Riverside.

Develop partnerships devoted to promoting workforce diversity initiatives. Partnerships could be developed among ethnic health associations in medicine, dentistry, public health, nursing and other health professions to share resources to strengthen outreach and mentoring efforts. In addition, it was also recommended that a partnership with business organizations could strengthen recruitment efforts to interest students in scientific careers and therefore increase the overall pool of potential applicants to medical school.

Ethnic physician associations should partner with ethnic media to increase the public awareness in ethnic communities and inspire more young people to pursue medical educations.

Ethnic physician associations should become powerful witnesses in the legislative and other public arenas regarding the issue of diversity in the workforce.

Several ethnic physician leaders indicated that their organizations would welcome the opportunity to pilot test these strategies.

### *Cultural Competence*

Ethnic physicians tend to be more culturally competent in addressing the health needs of members of their communities than physicians of other ethnicities. They frequently speak the same language, have an understanding of culture and history, and have a better understanding of health risks and underlying causes of prevalent or culture-specific conditions.<sup>3,4</sup>

One of the ways in which this cultural congruence is manifested is in a “two-way” honesty in the relationship between ethnic physicians and members of their communities. Patients have more trust in the physician and the physician is frequently able to elicit information that patients sometimes attempt to conceal from physicians not of their ethnicity.

Ethnic Physician Organizations are seen as leaders in the development of efforts to train and mentor their colleagues to grow in their understanding of the communities they

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<sup>3</sup> Council on Graduate Medical Education, “Minorities in Medicine? Twelfth Report, May 1998.

<sup>4</sup> Saha, et al., [2002] Do Patients Choose Physicians of Their Own Race? Health Affairs, Vol. 19, No. 4: 76-83.

serve. Ethnic physicians are frequent trainers and sources of information for their colleagues in cultural competence. They also serve as sources of referrals to practitioners with the competence to address the needs of diverse patients. Many ethnic physicians expressed interest in strengthening their work with physicians of different ethnicities to promote better understanding of the role of cultural difference in health care.

Many interviewed physicians are currently engaged in promoting cultural competence in their practice settings. These physicians, and the community advocates interviewed by the project, identified as important strategies for promoting cultural competence: employing more physicians of the same ethnic/cultural background as their patients, cultural competency training for physicians, increased availability of translated health education materials, and more use by the health care system of bilingual providers, targeted outreach, and trained interpreters.

### **Public Policy Advocacy**

Ethnic Physician Organization leaders consistently recognized the importance of public policy on the health of their communities and on their practices. An important theme of the Ethnic Physician Organization Summit was the need to “be at the table so their voices can be heard” on issues that are important to diverse communities and to their practices. Ethnic physicians recognize that they have a perspective unique to their position that needs to be heard.

Many Ethnic Physician Organization leaders also recognized the importance of greater participation in the California Medical Association both at the local, medical society level and at the state level. Several leaders, however, did express concern that, in the past, their participation was not strongly valued. Ethnic Physician Organizations can encourage members to become more active in organized medicine to increase the influence of ethnic physicians in CMA decision-making and policy setting. Many see the CMA as the way to have more influence in public policy advocacy.

Successful interventions to address more substantive, programmatic and policy issues will need to be built on infrastructure development efforts. Infrastructure and resource development will provide the foundation on which these program and policy recommendations will stand.

Ethnic Physician Organization leaders gave high priority to the development of tools and resources that would allow them to increase the level of engagement in advocacy and participation in the decision making of organized medicine. They indicated a need for training in advocacy, the development of an advocacy agenda, staff to track key policy issues and alert organization members, and communications tools to allow rapid mobilization of their members.

Participation in an Ethnic Physician Organization provides a focal point for physician advocacy at the state and local level, addressing issues of access to care, MediCal, managed care reform, health disparities and diversity in the physician workforce. Ethnic Physician Organization members face these issues on a daily basis. Their expertise

can have a tremendous impact on policymaking. Ethnic physicians could become a more significant force for social change through greater engagement in advocacy at the local and state levels.

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# *E*thnic Physician Organization Summit

## *Agenda*

Over 80 Ethnic Physician Organization leaders and other stakeholders attended the two-day summit to review and discuss the findings of the Ethnic Physician Organization Interim Report and develop a set of recommendations for future action to strengthen the individual and collective voice of Ethnic Physician Organizations in California.

The Ethnic Physician Organization Summit provided participants with the opportunity to:

Review, discuss and ratify the findings and recommendations of the interim report.

Network with their colleagues and demonstrate their ability to work together.

Discuss collectively strategies and next steps for strengthening Ethnic Physician Organizations.

Participate in training and receive technical assistance on issues identified as high priority needs during the Project's information-gathering phase.

The preliminary work of the Ethnic Physician Organization Project generated considerable interest in the Summit. As a result, participants arrived with high levels of curiosity about the potential for this project and excitement about participating in defining its direction. The opening sessions built on and reinforced these attitudes. Opening remarks, panel discussions, and questions and comments from participants revealed a high level of values and issues congruence among the Ethnic Physician Organizations represented at the Summit.

The objectives of the Ethnic Physician Organization Summit were to:

Improve the health of ethnic communities by helping ethnic physicians increase the effectiveness of their organizations.

Disseminate information regarding "Model Practices" in Ethnic Physician Organizations.

Determine priorities for strengthening Ethnic Physician Organizations.

Begin skill enhancement for ethnic physicians and their organizations through a series of workshops.

## *Goals*

Using the results of the Ethnic Physician Organization Project's initial research, the Summit participants developed a series of goals designed to guide the next phase of the Ethnic Physician Organization Project. These goals are:

1. Identify and support a network of ethnic physician leaders to serve as community health advocates throughout California.
2. Provide training and technical assistance to support collaboration between ethnic physician and community-based leaders and their organizations.
3. Develop mechanisms to link physicians and community members involved in efforts to improve the health of their communities.
4. Encourage ethnic physician leadership development at the local, regional and statewide level.
5. Address the issues of health disparities and access to care.
6. Increase the workforce diversity and cultural competency of California's healthcare system.

Collectively, these goals focus on strengthening the infrastructure of individual Ethnic Physician Organizations and enhancing the ability of these organizations to work together and with community organizations while directly addressing high priority health issues affecting health care in their communities.

### **Ethnic Physician Organization Network**

Summit participants expressed the viewpoint that increased collaboration among Ethnic Physician Organizations was essential to address access to care, health disparities and other issues they have in common, as well as to contribute to the strengthening of their individual organizations. Their recommendations included:

Regular convenings of the Ethnic Physician Organizations.

Shared communications among the organizations through a newsletter, email, and a shared website.

They also expressed support for the establishment of a network of Ethnic Physician Organizations to coordinate capacity building activities. Participants also indicated that the time is ripe for such a network because the Summit demonstrated that the Ethnic Physician Organizations:

Shared a common vision and agreed there would be issues where there would be disagreement and this would be OK.

Shared needs while still recognizing that their organizations were at different stages of development.

Demonstrated that they could share issues and problems with each other.

The participants expressed their consensus that the CMA Foundation should take an active role in the creation of the Ethnic Physician Organization Network and should manage its startup as a CMA Foundation program.

Specifically, the CMA Foundation should:

Act as a convener and coordinator.

Seek a substantial amount of funding from foundations to support development of the network and identify sources of funding for proposals from Ethnic Physician Organizations.

Promote communications among Ethnic Physician Organizations through establishment of a website, publication of a newsletter, and provision of support for further convenings.

Strengthen the capacity of Ethnic Physician Organizations through training and technical assistance in organizational development, coalition building, fundraising, leadership enhancement, and public policy advocacy.

Provide staff support to Ethnic Physician Organizations to assist with maintenance of their membership databases.

Provide and maintain an information clearinghouse.

In addition, participants recommended that the CMA play a major role in supporting the network's public policy advocacy efforts through its government relations department.

Although the participants did not recommend a specific governance model for the network, there was clear consensus that representatives from the member Ethnic Physician Organizations should be closely involved in the design, development, and decision making of the network.

Summit participants agreed that the success and energy of the Summit should be maintained through rapid follow-up action. Recommended next steps included:

The CMA Foundation should identify additional Ethnic Physician Organizations to invite to participate.

The representatives of Ethnic Physician Organizations who participated in the Summit should report to their membership and seek their organizational commitment for the Network of Ethnic Physician Organizations.

Ethnic Physician Organization leaders should establish an ad hoc planning committee of representatives from Ethnic Physician Organizations to assist with the further development of the network. One of the first tasks this group should undertake is to draft a mission and vision statement for review and comment by Ethnic Physician Organizations.

The CMA Foundation should develop and submit funding proposals to support development of the network.

### ***Future Initiatives***

Finally, the Summit participants identified four multi-year initiatives designed to achieve these goals:

Creation of a Technical Assistance Center

Development of a Communications Strategy

Initiation of a Public Policy Center

Establishment of a Leadership Development Program

### ***Summit Conclusions***

There are many accomplishments of the Ethnic Physician Organization Project. The Project has succeeded in identifying over 41 Ethnic Physician Organizations, identified their assets and needs, and solicited their input for a strategy to strengthen their capacity to serve their communities. At the Summit, participants came together and found sufficient common ground to enthusiastically embrace the concept of the Ethnic Physician Organization network and to take their first collective advocacy step: an expression of their deep concern at the direction health care reductions were taking in Los Angeles.

They were realistic, realizing the substantial level of resources required to bring the network to functional reality. They also recognized that the decision to build a lasting coalition of Ethnic Physician Organizations was only just the beginning of a process that would require considerable time and effort and patience and mutual understanding.

It was clear that the enthusiasm of Summit participants was an informed enthusiasm and that the commitment they expressed to working with each other for the benefit of California's diverse communities provides a strong foundation for further work.

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## ***M*oving Forward – Proposed Initiatives**

The Ethnic Physician Organization Project received consistent reports of how ethnic physicians and their organizations play important roles in promoting the health of diverse communities and how strengthening the infrastructure of their organizations could expand these roles.

During the Ethnic Physician Organization Summit, ethnic physician leaders and the leadership of the CMA Foundation identified four initiatives to address the above listed goals:

- Technical Assistance Center
- Communication Strategy
- Public Policy Center
- Leadership Development Program

### **Technical Assistance Center**

Currently, most Ethnic Physician Organizations are all-volunteer organizations. These organizations need additional resources and skills to strengthen their infrastructure to work more effectively in their communities. The Technical Assistance Center will support Ethnic Physician Organizations throughout California who are working at the community level to improve health through training and technical assistance, including:

- Organizational Management Skills
- Coalition Building
- Membership Database Development and Maintenance
- Fundraising and Grant Writing
- Leadership Skills
- Public Policy Advocacy
- Strategic Planning
- Public Presentation Skills
- Working With the Media

The training and technical assistance will be delivered in part by experts in each of these areas. The Center will rely heavily on physicians teaching each other by sharing their lessons and best practices through the communication vehicles described below.

### **Communications Strategy**

A comprehensive communications strategy is an essential component of the overall program. Summit participants identified a number of communications activities they considered essential to the accomplishment of the Project's overall goals.

A website is proposed to increase the ability of Ethnic Physician Organizations and community based organizations to network and communicate with each other about efforts to improve community health. The website will be constructed to house information on individual Ethnic Physician Organizations and their activities. The site will promote community action and allow Ethnic Physician Organizations to use technology in their community health efforts.

The communications strategy will include maintenance and expansion of the Ethnic Physician Organization Directory by continuing the task of identifying and contacting Ethnic Physician Organizations in California. The Directory will include contact information regarding the leadership of all the Ethnic Physician Organizations in California. In addition to Ethnic Physician Organizations, ethnic medical groups and IPAs will be added to the database and directory.

The Project will also develop a periodic (electronic or printed) newsletter and/or list serve to keep ethnic physicians abreast of each other's activities and community health projects.

Finally, as part of the communications strategy, the Project will schedule periodic convenings. The June 2002 Summit provided the first opportunity for Ethnic Physician Organizations from around the state to network and share the experiences and challenges of working to improve their communities. It is anticipated that future convenings will also include ethnic community based organizations and will address issues of mutual interest.

In 2003, two such convenings are proposed. During the first quarter, the Network of Ethnic Physician Organizations will meet. The purpose of the convening will be to –

- Continue the networking begun at the June 2002 Summit.

- Strengthen the infrastructure of the Network of Ethnic Physician Organizations.

- Enhance community-building skills.

- Disseminate information regarding health care disparities.

A second convening is proposed for the Fall of 2003, which will bring together Ethnic Physician Organizations and ethnic community-based organizations.

### *Public Policy Center*

The Ethnic Physician Organization Network will provide the infrastructure for Ethnic Physician Organizations to speak with a collective voice on the issues that challenge many of our communities such as:

Diversity in the Workforce

Health Care Disparities

Cultural Competency

Access to Care

The CMA Foundation will be a convener of Ethnic Physician Organizations interested in public policy issues, acting as a conduit for information – both in providing information to Ethnic Physician Organizations and communicating their perspective to the public and policy makers.

A policy committee will be established to identify issues of concern. The purpose of the committee will be to act as a convener of Ethnic Physician Organizations on issues of concern and, where appropriate, provide written policy briefs on identified issues from the unique perspective of ethnic physicians. This forum will provide a mechanism for the collective voice of several dozen Ethnic Physician Organizations to be heard. These policy papers will be shared with public policy makers, the media (including the ethnic media), the ethnic community and other interest groups.

### **Leadership Development Program**

The CMA Foundation seeks to strengthen the infrastructure of Ethnic Physician Organizations. A key component of this work will be to increase the capacity of individuals to exercise leadership within those organizations.

Ethnic Physicians also have an important role to play in their local communities and beyond. Research shows that physicians have a tremendous amount of respect and credibility in their communities. They need certain skills to develop and communicate their vision and strategy for improving health in their communities.

The leadership development program will create a network of ethnic physicians with community leadership skills who can also serve as peer-mentors. The program will emphasize “hands-on” learning opportunities to develop leadership skills. The program will build an infrastructure that allows ethnic physician leaders to support one another in their role as community health advocates.

It is anticipated that the needs assessment will result in a program which may include:

Weekend retreats that include workshops, keynote speakers, opportunities for networking and peer mentoring.

Workshops which may include:

- Individual Leadership Assessment
- Public Policy Analysis and Advocacy

- Health Care Changes and Trends
- Public Presentation Skills
- Working With the Media
- Strategic Planning
- Problem Solving, Consensus Building and Facilitation Skills
- Collaboration

Supporting material that may include:

- Technical briefs on leadership issues relevant to Ethnic Physician Organizations.
- Videotapes, CD-ROMs and DVDs with leadership development tools and strategies.

### ***Program Oversight***

Work of the Ethnic Physician Organization Project will be guided by a steering committee comprised of physicians representing Ethnic Physician Organizations in California. The steering committee will provide input into the development of the proposed interventions, identify partners and resources to maximize success, share their knowledge and expertise in community health, building organizational capacity, cultural competency, and ethnic communities and continue to recommend priorities for action.

## *F*inal Thoughts

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"Ten years from now, we will look back on the Ethnic Physician Summit and understand its true significance not as a beginning, but as a truly monumental step in the empowerment of ethnic physicians and the communities they serve."

Anonymous Summit Participant

It is not possible to predict the future with absolute accuracy. We can only view where we are and from where we have come to judge our potential. The year of the Ethnic Physician Organization Project has afforded us the opportunity to judge our baseline with great clarity. At the beginning of the project, as the team of interviewers met with one Ethnic Physician Organization after another, we noted the mixed reactions. There were questions about the underlying intent of the project and some skepticism in the face of the results of previous efforts. But these were only momentary hesitations.

As the meetings progressed, we could see the leaders of these organizations begin to envision a different future in which their voices, experiences, and concerns were recognized and respected. We saw increased hope and a willingness to envision a different future in which their organizations were able to expand the difference they made in the lives of the people of their communities and all Californians

At first the vision was focused only on their own organizations and communities, but as they heard the message that Dr. Lowe and Dr. Staggers delivered, they began to envision a future in which they were less alone, in which they had colleagues and allies with similar values, visions, and goals.

It was in this way that the stage was set for the Ethnic Physician Summit. The Project's report captured the ideas, goals and constraints of ethnic physician leaders throughout California. And, it did reflect the positive feedback that followed the interviews and focus groups. However, we were almost completely unprepared for the enthusiasm and level of readiness of California's ethnic physician leaders to collectively seize their vision and not only turn it into a plan for action, but to come together and take action on one of the most significant health issues facing California today.

It is not possible to predict the future with absolute accuracy, but with what we have seen, heard, and shared, we are absolutely convinced that decisions affecting the health of California's diverse communities will not be made without the voices of ethnic physicians and their organizations being heard.

The Project Team  
2002



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# *Appendix A*

## *Ethnic Physician Organization Directory and Compendium*

# *Directory of Organizations*

Afghan Medical Association of America  
American Association of Physicians of Indian Origin- Northern California Chapter  
American Lebanese Medical Association  
Armenian American Medical Society of California  
Association of American Indian Physicians – California Office  
Association of American Physicians of Indian Origin, Fresno  
Association of Black Cardiologists  
Association of Black Women Physicians  
Association of Pakistani Physicians of North America  
California Latino Medical Association  
Chinese American Medical Association of Southern California  
Chinese American Physician’s Society of the East Bay  
Chinese Community Health Care Association (CCHCA)  
Federation of Chinese American and Chinese Canadian Medical Societies  
Golden State Medical Association  
Golden State Medical Association – Capitol Medical Society  
Golden State Medical Association – Charles R. Drew Medical Society  
Golden State Medical Association – Daniel Hale Williams Medical Forum  
Golden State Medical Association – James Wesley Vines, Jr. MD  
Golden State Medical Association – John Hale Medical Society  
Golden State Medical Association – San Diego  
Golden State Medical Association – Sinkler-Miller Medical Association  
Golden State Medical Association – Stockton  
Golden State Medical Association – Visalia  
Greater Los Angeles Indian Medical Association  
Indian Medical Association of Southern California  
Inland Empire Chapter of Indian Medical Association  
Islamic Medical Association of North America  
Korean American Medical Association of Southern California  
National Arab American Medical Association – California Chapter  
Peruvian American Medical Society  
Philippine Medical Association of Southern California  
Philippine Medical Society of Northern California  
Sacramento Asian Physician Society  
San Diego Association of Physicians of Indian Origin  
San Diego Vietnamese Physician Association  
Thai Physicians Association of America  
Tri-Valley Indian Medical Association  
Ukrainian Medical Association of North America  
Vietnamese Physician Association of Northern California  
Vietnamese Physician Association of Southern California

FOR MORE INFORMATION REGARDING THESE ORGANIZATIONS, CONTACT THE  
CMA FOUNDATION (916-551-2550).

# Compendium of Organizations

## Afghan Medical Association of America

### A. Background/History

The Afghan Medical Association of America (AMAA) is a 501(c)(3) corporation that has been in existence since 1992.

### B. Mission

The Afghan Medical Association of America is concerned about the current health status of the Afghan nation and has been actively involved in extending the medical and educational aid to Afghanistan. This association is not a part of any group or political party and is concerned about the basic human rights of the people of Afghanistan.

### C. Organizational Infrastructure

AMAA is governed by a 16 member Board of Directors including four officers for two-year terms. The president is elected for a 3-year term at the annual membership meeting. Membership is extended to all programs, allied health professionals and all other individuals who are interested in helping the goals of the association.

They hold an annual meeting. AMAA has a website ([www.afghanmed.org](http://www.afghanmed.org))

### D. Activities

AMAA sends funds to the Afghan hospitals and basic science teachers. The association facilitated the application agreement between Kabul Medical Institute (KMI) and Loma Linda University. They have a specific interest in supporting female medical education.

# American Association of Physicians of Indian Origin, Northern California

## A. Background/History

AAPIO includes the Bay Area, Merced/Modesto, Santa Cruz and Sacramento area. Over 800 physicians and allied health professionals are members. AAPIO is a chapter of AAPI (American Association of Physicians of Indian Origin), which represents about 36,000 physicians of Indian origin across the nation.

## B. Mission

The mission and objectives of the APPIO are:

Whereas the need exists for cohesive action on the part of the physicians, dentists and other medical scientists of Indian Heritage residing in the United States, it is hereby resolved that a non-profit organization be formed to maintain the identity of said group of people, to provide a forum for scientific, educational, cultural, charitable and social interaction among its members.

The name of the association shall be the American Association of Physicians of Indian Origin herein referred to as the AAPIO.

It shall maintain its office in the place designated by the Executive Committee.

AAPIO, as an organization has the following objectives:

- A. To bring together physicians, dentists and other medical scientists of Indian heritage practicing in Northern California under one organization.
- B. The association is organized exclusively for scientific, educational, cultural and charitable purposes.
- C. To assist medical and dental students and the students of the human sciences, physicians and dentists to obtain scientific training in the United States.
- D. To conduct seminars and other educational programs to acquaint members of new scientific developments in the field of human science.
- E. To support and foster the availability of medical assistance to indigent people.
- F. To make contributions to organizations that qualify as exempt organizations under section 501© in Internal Revenue Code 1986 or the corresponding provision of any future United States Internal Revenue Law.

G. To provide mutual understanding and cooperation between this association and other associations in the United States and India.

H. To maintain a directory of physicians of Indian Origin.

I. To provide other member services as needed.

### **C. Organizational Infrastructure**

AAPIO holds a general meeting of the membership twice a year. Their annual meeting is in May where new leadership is elected. The executive committee meets on a monthly basis. The Governing body which meets three times a year, includes regional coordinators.

The annual Dues are \$50 or \$500 for lifetime membership. There are 650 annual physicians members, 100 allied health members, and 200 lifetime members. They are a 501 (c) (3) corporation.

Although AAPIO has no staff, they do have a computerized membership list. They publish a newsletter and have a website ([www.appio.org](http://www.appio.org))

### **D. Activities**

- Continuing Medical Education
- Political Advocacy: AAPIO maintains close relationships with their local legislative representatives and they are frequent speakers at AAPIO meetings.
- Patient Education: Programs include health fairs(screening and awareness)

Heart disease, diabetes and osteoporosis are important patient education issues for AAPIO. Breast cancer, cholesterol, and diabetes screenings are significant needs in their community.

Much time is spent educating patients about the managed care system. There are very few easy to understand patient education materials available. Access to care for the uninsured is a priority issue.

AAPIO is actively involved in foreign medical graduates issues. They work with the CMA and the Medical Board on these issues and keep their legislators informed.

# American Lebanese Medical Association

## A. Background/History

The American Lebanese Medical Association (ALMA) was established in 1994 in the state of Massachusetts.

## B. Mission

The objectives of ALMA are:

To develop a society through which physicians and other health care professionals who share Lebanese heritage or a humanitarian interest in Lebanon and its people may come together and undertake concrete projects to improve the health and well being of all of Lebanon's diverse religious and cultural communities.

To hold an annual medical conventions in Lebanon to enhance advanced training and promote scientific exchanges between American and Lebanese medical professionals.

To foster the creation and development of academic institutions and health care facilities of excellence in Medicine and Surgery in Lebanon.

To build, in conjunction with the Lebanese Medical Association, a Doctor's Library, to provide access to advanced publications, books, magazines and audio-visual material to Lebanese medical and health care professionals.

To assist, through publication, subscription and wide dissemination, Lebanese scientific publications, such as the Lebanese Medical Journal, in order to reach a wider audience and publish high quality scientific material.

## C. Organizational Infrastructure

ALMA is governed by a 15 member Board of Directors (four from California). They hold an annual meeting.

## D. Activities

ALMA sponsors an International conference, has a website ([www.almamater.org](http://www.almamater.org)) and publishes the Lebanese Medical Journal.

# Armenian American Medical Society of California

## A. Background/History

The Armenian community in California was growing very quickly in numbers during the 1970s and 1980s due to Armenian immigration from many parts of the world. The formation of an Armenian medical society was a necessity in conjunction with many other Armenian medical societies throughout the world like those in France, Lebanon, and Canada.

## B. Mission

The mission of AAMSC is to cultivate and develop professional, social and friendly relationships amongst its members, to contribute towards the improvement of the health services rendered to the Armenian community in the Diaspora and Armenia. Since its inception, the Armenian American Medical Society of California has been a vibrant and integral part of the community in all its endeavors.

## C. Organizational Infrastructure

AAMSC has 150 members. The Society is governed by a 9 person Board of Directors that meets on a monthly basis.

AAMSC publishes a quarterly newsletter and has a website ([www.aamsc.com](http://www.aamsc.com))

They have paid staff and are funded through dues, individual contributions, fundraising events, and foundation grants.

They are a 501(c)(3) corporation.

## D. Activities

The AAMSC sponsors CME programs, community projects and advocacy programs. Some of their activities include:

### Eye Project

The AAMSC's eye project "Save the beautiful Armenian eyes" was started in 1992 through the extraordinary efforts of an Orange County ophthalmologist Dr. Roger V. Ohanesian. AAMSC, Dr. Ohanesian and Dr. Richard L. Kasper, with generous donations from Allegran, Inc., Algon Surgical, Inc., Eye Technology, Inc., and many others sent eye surgical equipment totaling to an estimated total value of \$1,218,000, to this one of the most up to date retinal surgery centers established in Armenia.

Dr. Ohanesian and Dr. Kasper traveled to Armenia to operate and train Armenian ophthalmologists. Also, through the efforts of AAMSC, several Armenian eye surgeons were brought to the U.S.A. for training in retinal surgery. One of the latest projects that Dr. Ohanesian has undertaken is to create eye surgical mobile units to travel to remote parts of Armenia.

#### Juvenile Diabetes Program

The Juvenile Diabetes program has been in operation in Armenia since 1993. This program was started through the efforts of Dr. Mark Nazarian, a long-term member of AAMSC. The program serves the needs of the juvenile diabetics in Armenia and Artsakh. With the money raised through different fund raising events such as the annual "Hye shakar" concert, insulin is purchased and shipped to Armenia every year. Insulin is a high priority medication in short supply in Armenia. AAMSC has been working through a government-sponsored program so all supplies and medicine are given to all diabetic children, free of charge.

#### Shenkavid Maternity Hospital Project

This project was started with the efforts of Dr. Peter Kojian. This is a Laparoscopic and Endoscopic Center at the third Maternity Hospital in Yerevan. Dr. Peter Kojian, an OB/GYN specialist from Orange County travels extensively every year to this hospital to perform surgeries and train the house staff in the latest laparoscopic techniques. Recently under the auspices of AAMSC, and with generous donations from Ethiopian-Armenian community in the U.S.A., Dr. Kojian shipped about \$250,000 of radiological equipment, and brought this hospital's radiology department to an acceptable level. In addition, six delivery beds, six stretchers, four fetal monitors, two sets of stirrups, two sets of arthroscopes, a Marquette ECG Machine, and numerous other medical supplies were sent.

#### Los Angeles Annual Health Fair Project

AAMSC and Armenian nurses association holds an annual health fair around the month of October. This health fair is usually held at St. Mary's Armenian church in Glendale. Numerous AAMSC member physicians, and nurses volunteer their time to consult on indigent Armenian patients. Basic health screening tests, such as basic blood work including blood sugar, cholesterol testing is done free of charge. Mammography, nutritional counseling also is provided free of charge. Multiple pharmaceutical companies also participate both financially, and by their presence. All the major local hospitals also contribute to this great event.

## Guemri Mammography Project

Through the efforts of Dr. Abraham Maissian and Dr. Israel Avasepian, the Guemri Mammography and ultrasound center was established in October of 2000. AAMSC arranged for donation and transport of a mammography and ultrasound machine to Guemri.

## AAMSC "Your Health" TV Program

AAMSC and Glendale Memorial Hospital are sponsoring a weekly live TV program on health education and awareness. "Your Health" is broadcast every Wednesday from 6 to 7 P.M. on cable TV channel 55. Dr. Sylva Karchikyan runs this program.

Dr. Karchikyan interviews different health professionals first, followed by live questions from the public. This program has gained great success and popularity among both public and health professionals.

Priority Health care issues include:

- Breast Cancer
- Hypertension
- Violence
- Asthma
- Cardiovascular Disease
- Diabetes
- Tobacco Education
- Cancer screening
- Cholesterol Screening
- Diet/nutrition/exercise

AAMSC views limited diversity in the physician population as an important issue. They believe lack of funding and insufficient high school preparation contributes to the lack of diversity.

Mentoring, Scholarship and early exposure to the health field in high school could encourage more diversity in the physician workforce.

# Association of Black Cardiologists

## A. Background/History

The Association of Black Cardiologists (ABC) is a national nonprofit 501(c)(3) organization of more than 1500 African-American cardiologists and medical professionals.

In 1974, Dr. Richard Allen Williams and sixteen other cardiologists founded ABC.

## B. Mission

The ABC believes that good health is the cornerstone of progress. They are firm in their resolve to make exemplary health care accessible and affordable to all in need, dedicated to lowering the high rate of cardiovascular diseases in minority populations and committed to advocacy and diversity.

ABC is guided by high ethics in all transactions and strives for excellence in their training and skills.

## C. Organizational Infrastructure

ABC is governed by a 20 member Board of Directors (3 from California) and a 5 member executive board (2 from California).

Membership in the ABC is not limited to physicians but open to anyone interested in fighting cardiovascular diseases in African-Americans.

One-half of the states of the United States have less than four African American cardiologists. In recognition of the fact that eighty percent of African American cardiac patients receive their care from non-African American cardiologists, ABC membership is best characterized as "Physicians who are primarily involved in providing cardiovascular care for African American patients."

ABC now has over 500 members from a potential pool of approximately 600 African American cardiovascular specialists.

ABC has both a website and a quarterly newsletter.

## D. Activities

- Legislative advocacy in Washington, DC
- CME Accredited programs
- Digest of Urban Cardiology (bi-monthly publications)
- ABC Newsletter (quarterly publication)

- Scholarships for medical students and fellowships for cardiologists in training
- Physicians Placement Services
- Coordinating Center for Clinical Trials
- Speakers Bureau
- Center for Patient Education Initiatives
- Demonstration Center for Community Public Health Programs
- Cultural Sensitivity Training for Physicians
- Blood Pressure and Health Promotion Programs at Churches, Barbershops, and Beauty Salons
- Legislative Initiatives on African-American Health
- Center for Women's Health

ABC is a catalyst to:

- Encourage industry, government and on-governmental organizations to support the training of minority physicians and cardiologist;
- Sponsor projects that will meet the health care needs of minority patients;
- Provide quality continuing medical education and sensitivity training for physicians;
- Champion cardiovascular research that will benefit mankind.

Important healthcare issues include:

- Cardiovascular Disease
- Coronary Heart Disease
- Stroke
- High Blood Pressure
- Congenital Heart Defects
- Congestive Heart Failure
- Rheumatic Heart Disease
- Smoking
- Cholesterol

Diversity is a part of the ABC mission. They provide scholarships and cultural sensitivity training.

# Association of Black Women Physicians

## A. Background/History

The Association of Black Women Physicians (ABWP) began in 1982 when fifty African American women physicians and medical students met to share their experiences and to discuss career development. The women recognized the need for organized support for black women pursuing professions in medicine. The group officially adopted the name, set their goals into a mission statement, formed bylaws and began working.

## B. Mission

The ABWP is an organized network of Black Women Physicians committed to the improvement of public health and welfare, through the advancement of knowledge concerning women and community health. We serve as a philanthropic source of funds to individuals and projects related to the health concerns of the Black community. We endeavor to enhance the personal and professional quality of life of present and future black women physicians.

## C. Organizational Infrastructure

ABWP meets on a quarterly basis and produces an annual newsletter. They have a staff person. The association is funded through dues, fundraising events, and foundation grants.

ABWP is a 501(c)(3) corporation.

## D. Activities

ABWP activities include the following:

- "Second Sundays" Breast Health Education and screening outreach program
- "Real Men Cook" prostate Forum co-sponsor
- Minority AIDS walk
- Cardiovascular Project
- Black Women Lawyers Joint Symposium
- Annual Charity and Scholarship Dinner Dance
- The Jenesse Center
- Foster Children with HIV
- LA Teenshop
- Christmas Party and Joy Drive
- General meetings with CME
- Theatre Night
- Annual Strategic Planning Retreat
- Family Picnic
- Medical Student scholarships

Important healthcare issues include:

- Breast Cancer
- Cardiovascular Disease
- Diabetes
- Diet/Nutrition/Exercise
- Diabetes Screening

One of the reasons ABWP was established was to provide support for black women pursuing careers in medicine. In 2001, they provided \$35,000 in scholarships to black women.

ABWP sees a need for:

- More physicians from the same ethnic background as patients.
- Cultural competency training for physicians
- Educational materials for African Americans

## **Association of Pakistani Physicians of North America**

### **A. Background/History**

The Association of Pakistani Physicians of North America (APPNA) is a nonprofit organization. The APPNA was established in 1977.

### **B. Mission**

The objectives of APPNA are:

- To advance medical education and research.
- To advance the interests of medicine and medical organizations.
- To foster scientific development and education in the field of medicine for the purpose of improving the quality of medicine and delivery of better health care, without regard to race, color, creed, sex or age.
- To facilitate a greater and better understanding and relations amongst Pakistani physicians and between them and the people of North America.
- To support the efforts of those who would preserve, protect and enhance the reputation and services of the medical profession in general and Pakistani physicians in particular.
- To assist newly arriving Pakistani physicians in orientation and adjustment.
- To institute ways and means to cooperate with other medical organizations in North America.

- To encourage medical education and delivery of better health care in Pakistan, specifically by arranging for donation of medical literature, medical supplies, and by arranging lecture tours, medical conferences, and seminars in Pakistan.
- To participate in medical relief and other charitable activities both in Pakistan and in North America

### **C. Organizational Infrastructure**

The APPNA has a Board of Trustees, Regional Chapters, including a California/Oregon Chapter.

The association has a website ([www.appna.org](http://www.appna.org)) and a newsletter. APPNA holds an annual meeting.

## **California Latino Medical Association**

### **A. Background/History**

The California Latino Association (CaLMA) was incorporated in October, 1998- the merging of the California Hispanic American Medical Association (CHAMA) which was established in the 1930's and comprised primarily of foreign medical graduates from Latin America and the Chicano/Latino Medical Association of California (CMAC). The first President and Chairman of the Board of Governors was Dr. Juan Villagomez.

### **B. Mission**

The mission that Dr. Villagomez so valiantly championed for CaLMA was to strive, as an association of concerned physicians, to insure that provision of quality and culturally sensitive medical care to the largest under-served population in California.

To meet its charge, the CaLMA Board of Governors and Board of Directors strive to achieve the following goals:

- Provide effective education to the Latino community so that it may understand and seek high quality health care services.
- Encourage health care policies that lead to the provision of culturally competent health care services for the Latino population.
- Sponsor conferences and continuing medical education seminars for physicians and allied health care professionals to discuss, develop, and implement innovative methods for the delivery of high quality medical care for the Latino community.
- Raise funds for scholarships for needy and meritorious students sharing the goals of CaLMA.

### C. Organizational Infrastructure

Pursuant to a grant from the California Wellness Foundation, CaLMA is investing in building an organizational infrastructure, which includes:

- Development of a membership database throughout the State (local chapters established include Bakersfield, San Jose, Fresno and San Diego).
- Production of a newsletter
- Annual conference
- Hiring staff for the association

CaLMA currently has over 700 members; annual dues of \$500 and 2800 charter members. There are approximately 4000 Latino Physicians in California – half U.S. trained and half foreign trained.

### D. Activities

CaLMA activities include:

- Annual Fall Conference: 2001 focused on diabetes education
- Networking with other Latino organizations, particularly Latino Health Alliance
- Engage in public policy advocacy
- Provide scholarships to Latino students

Diversity – advocacy for increased enrollment and retention of Latino students pursuing careers in the healthcare profession by raising scholarship funds

Cultural competency – advocacy for health policies that encourage the provision of linguistically competent and cultural sensitive healthcare services.

Scholarships – CaLMA awards two \$5000 scholarships annually to Latino Medical Students.

Promoting diversity and increased access to care are top priorities of CaLMA. In addition, CaLMA focuses on those conditions that disproportionately impact the Latino community. Which include:

- Diabetes
- Cardiovascular disease
- Cancer –access to screening
- Immunization
- Prenatal care
- Asthma
- Obesity/nutrition
- Depression
- Alcohol Abuse

Advocating and encouraging more Latinos to enter medical school is a priority for CaLMA. CaLMA is actively involved in legislative efforts to increase diversity and ensure that culturally sensitive medical care is available.

## **Chinese American Physicians Society of the East Bay**

### **A. Mission**

The objectives of the Chinese American Physician Society (CAPS) include:

- To eliminate, eradicate and discourage racial prejudice and discrimination in all facets of the medical profession.
- To encourage, foster and stimulate a greater awareness of the social responsibility of the medical profession to the community.
- To provide a forum for the exchange and discussion of information concerning problems, new advancements and improvement of skills relating to the field of medicine.
- To advocate, promote and encourage the expansion and availability of low-cost medical services in socio-economically disadvantaged communities.

### **B. Organizational Infrastructure**

There are 120 members. Monthly meetings are held. CAPS is a 501(c)(3) corporation. Website is at [www.caps-ca.org](http://www.caps-ca.org)

### **C. Activities**

CAPS is actively involved in several community health awareness programs including Hepatitis B education and anti-smoking campaigns.

CAPS also offers educational programs to its membership. They participate in the Community Health Forum, and offer scholarships of \$1500 to \$3000 annually to medical students.

CAPS top health issues are:

- Hypertension
- Asthma
- Diabetes
- Lung cancer
- Hepatitis B
- Osteoporosis
- Access to care
- Cultural competency in HMO's, medical groups, and health facilities.

There is a lack of early mentoring and educational guidance. There is a need for physicians who understand and accept cultural behavior and beliefs.

## **Chinese Community Health Care Association**

### **A. Background/History**

The Chinese Community Health Care Association (CCHCA) was established in 1982 to provide San Franciscans with quality health care and excellent services.

### **B. Mission**

The primary mission of the CCHCA is to provide quality care:

- At affordable prices
- In a culturally sensitive manner
- To the Chinese community of San Francisco and the Bay Area

In support of its primary mission, the CCHCA is committed to:

Maintain a close linkage with the Chinese Hospital Association and provide support to Chinese Hospital as a community health care institution encompassing a hospital, managed care health plans, ambulatory care services, and an array of community health programs, and

Promote and strengthen the medical group of CCHCA, provide managed care contracting opportunities for participating CCHCA physicians, obtain appropriate reimbursement for the CCHCA medical group by maintaining an open panel drawn primarily from the active and courtesy staff of Chinese Hospital, and needed community physicians screened by an appropriate credentialing process.

### **C. Organizational Infrastructure**

CCHCA is an IPA with 150 members. There is an annual meeting and a monthly newsletter. CCHCA has paid staff and is funded from dues, capitation from HMOs, and government and pharmaceutical grants. CCHCA is a 501(c)(4) corporation.

### **D. Activities**

CCHCA is involved in a variety of community projects, advocacy and has a medical student summer fellowship. They work closely with the Chinese Hospital and its educational arm, CCHRC, NICOS Chinese Health Coalition, and the Chinese Health

Plan. They participate in community health education programs to improve access to care and eliminate health disparities.

They are studying the strength and weaknesses of the federal government CLAS standards, as it may impact community-based organizations. CCHCA sees a need for more bilingual providers, trained interpreters, more physicians from the same ethnic background as their patients, translated health education materials, and cultural competency training for all health providers, including physicians.

Healthcare priorities include:

- Hypertension
- Cardiovascular disease
- Diabetes
- Diet/nutrition/exercise

Asian Americans are not considered an underrepresented minority because of the large number of ethnic Asians (especially Chinese) who are physicians. However, this does not distinguish those who have chosen a non-clinical career or are working within the ethnic community, which may in some areas still have shortages.

In the Asian community there is a tremendous encouragement by families to their children to enter professions such as medicine – It is considered one of the highest professions that can be achieved.

CCHCA supports the Chinese Hospital medical staff outreach programs such as working with UCSF Asian students.

One needs to begin mentoring in high school and college. Community service “externships” during medical school can expose medical students to community needs.

## **Federation of Chinese American and Chinese Canadian Medical Societies**

### **A. Background/History**

The Federation of Chinese American and Chinese Canadian Medical Societies (FCMS) has a combined membership of over 3000 health professionals. Member organizations are San Francisco, New York, Los Angeles, Toronto, Oakland, and Vancouver with chapters in Albany, Boston, Phoenix, and Washington, D.C. The first conference on Health Problems related to the Chinese in North America was started by the Chinese Hospital in San Francisco in 1982. The inauguration of FCMS took place on July 2, 1994 in New York City. The biennial Conference has rotated between the many cities of the member organizations.

## **B. Mission**

To foster communication and association of medical societies and health care professionals sharing a common goal of enhancing the health of Chinese in North America and facilitating the professional development of its members.

FCMS goals and objectives include:

1. The advancement of medical knowledge and education with emphasis on aspects related to the Chinese:
  - sponsor biennial scientific conferences "Health Problems Related to Chinese in North America"
  - support and facilitate collaboration in research and data collection
  - promote scientific association of medical societies of health professionals of Chinese descent in North America
2. To enhance the health status of the Chinese in North America through education and advocacy:
  - to promote public education with emphasis on disease prevention, effective screening programs, and health promotion in the Chinese population
  - to support the development and dissemination of Chinese language patient educational materials including pamphlets, educational videos, and through the FCMS website
  - to develop educational tools and resources for use by physicians and health professionals in public education workshops, including slides, pamphlets, etc.
3. To facilitate the professional development of FCMS members.
  - to enhance communication and association among members of the Federation sharing common interests
  - to support educational objectives for physicians and health professionals
  - to provide opportunities for mentorship of students and medical trainees
  - to support leadership and advocacy for physicians and patients of Chinese descent in North America

## **C. Organizational Infrastructure**

The FCMS is governed by a nine member Board of Directors. FCMS includes both organizational members (\$1000 annually) and individuals (\$20)

The society has a website ([www.fcmsdocs.org](http://www.fcmsdocs.org)) and newsletter.

FCMS recently established a Foundation. They have a part-time staff person

## **D. Activities**

FCMS sponsors a biennial FCMS International Conference on Health Problems Related to Chinese in North America; FCMS is dedicated to improving health status and health

care delivery for Chinese patients through promotion of public education. FCMS supports the development of Chinese language educational materials including patient pamphlets, videos, slides, and through the website.

They are working on a catalogue of all bilingual patient education materials, establishment of a speaker's bureau and a resource center for teaching materials.

Hepatitis B is an important issue for FCMS.

## **Golden State Medical Association**

### **A. Mission**

The objectives of Golden State are:

- Advancement of the art and science of medicine
- Increasing the efficiency of patient care
- Improving community health
- Professional unification for strength and protection
- Maintaining a high standard of medical ethics
- Carrying out the stated objectives of the National Medical Association at the state level as approved and directed by the Golden State Medical Association Board of Councilors

### **B. Organizational Infrastructure**

Golden State is governed by a Board of Councilors, which consists of two representatives from each of the local chapters. The Board has an Executive Committee composed of the President, President-Elect, Vice President, Secretary and Treasurer.

The Board meets approximately five times a year. There is an annual membership meeting. The annual dues of Golden State are \$50.00

There are eight local chapters:

Sinkler-Miller (Oakland)  
James Wesley Vines, Jr., M.D. Medical Society (Pomona Valley)  
Charles R. Drew Medical Society (Los Angeles)  
Capital City Medical Society (Sacramento)  
John Hill Medical Society (San Francisco)  
San Diego  
Stockton  
Fresno

### **C. Activities**

Golden State's primary focus has been legislative advocacy, particularly issues of access and Medi-Cal.

Golden State priorities include:

- Lack of African-American Physicians
- Disparities in Healthcare outcomes
- Uninsured and underinsured
- Mentoring programs

## **Golden State Medical Association-Charles Drew Medical Society**

### **A. Background/History**

The Charles R. Drew Medical Society is located in Los Angeles.

### **B. Mission**

The goals of Charles R. Drew Medical Society include mentoring high school, college and medical students, disseminating health education information to members, cultural competency, advocacy for the disenfranchised and decreasing health care disparities.

### **C. Organizational Infrastructure**

The Society meets 10 times a year. They have had a newsletter and are working on a membership database. They are an all-volunteer organization with no paid staff. They are funded through dues. Charles R. Drew Medical Society is a 501 (c)(3) corporation.

### **D. Activities**

The Charles R. Drew Medical Society carries CME programs, social events, advocacy activities, and scholarship programs. They work closely with Drew Medical School and the King-Drew Medical Magnet High School.

They see a need for more cultural competency training for physicians (and recommend standards/guidelines developed by the National Medical Association). There is also a need for more bilingual providers and translated health educational materials.

Health care conditions and education needed include:

- Violence
- Cardiovascular disease
- Diabetes screening

- Breast Cancer screening
- Blood Pressure screening

Promoting diversity is a very important priority for Drew Medical Society. Potential barriers they perceive for entering medical school include: (1) financial status of candidates and total debt after training; (2) long duration of training; (3) inadequate preparation to compete with majority applicants.

Drew Medical Society provides both mentoring and scholarship to African American students. They believe programs that allow high school students to “shadow” physicians are effective. An effective mentoring program involves early preparation by at least high school.

## **Golden State Medical Association – James Wesley Vines, Jr. M.D.**

### **A. Background/History**

On January 23, 1987, the James Wesley Vines Medical Society, Inc. (Vines) was granted a charter to organize as a component society of the National Medical Association and the Golden State Medical Association in the Pomona Valley Area. The Vines is a nonprofit 501(c)(6) organization now representing the entire Inland Empire.

### **B. Mission**

The Vines commitment and credo is to provide mentoring and educational opportunities for African American students desiring careers in the medical and health science professions.

### **C. Organizational Infrastructure**

The Vines chapter has annual gala dinner in which honoring African-American youth is the focus.

There are 125 members; they met 10 times each year.

The Vines has a website — [www.aahn.com/vines.htm](http://www.aahn.com/vines.htm), a membership database, and a newsletter which is sent out 10 times a year. They also have 501(c)(3) foundation.

The Vines is affiliated with the Vines Independent IPA.

## D. Activities

The organization sponsors the Vines Mentoring Partnership, the Pre-Health Students (MAPS) and the Bio Med Program based at the University of California Riverside. The members are actively involved in a community speaker's bureau. They support and advocate important issues such as equal opportunity education, the development and retention of African American physicians and improving the overall quality of patient care in our communities.

Previous events included the 2001 Symposium – "Access Denied: The Minority Education Riddle". Cosponsored with the Cross-Cultural Center of California State University San Bernardino. The purpose of the symposium is to empower and engage African-American parents and students to maximize their educational opportunities. Speakers included state and local educators and representatives from colleges and universities, plus the president of the Council of African American Parents.

The Vines is also a partner in the African American Health Initiative ([www.aahn.com](http://www.aahn.com)), which is implementing strategies to address the health problems of the African American population.

Activities also include CME programs, social events and advocacy.

Vines is actively involved in health disparities, mentoring, scholarships for African-American youth.

Special health conditions of concern include:

- Hypertension
- Cardiovascular disease
- Diabetes
- Diet/nutrition
- Smoking
- Fitness
- Access to care

There is a need for more physicians who share the same ethnic background as their patients and more cultural competency training for physicians.

Blacks are discouraged from pursuing paths in elementary and high school that will lay the foundation for academic success in college.

Blacks who do attend medical school have been encouraged by family members and role models.

One of the best pre-med programs in the nation for blacks is Xavier, a historically black college in New Orleans. Their acceptance numbers of blacks to medical schools are comparative with the numbers from New York and California.

It's important to start in elementary school by the 4<sup>th</sup> or 5<sup>th</sup> grade with programs such as: field trips to acquaint student with careers in health and science; empathetic counseling of students and parents on appropriate course work; encouragement and mentoring programs.

## **Golden State Medical Association- San Diego Society**

### **A. Background/History**

The National Medical Association (NMA) San Diego Society is one of 10 local constituent member of the Golden State Medical Association (GSMA). GSMA is one of five active state societies within the thirteen states of Region VI of the NMA.

### **B. Mission**

To uphold the vision, mission, and goal of the NMA and, where applicable locally, support organizational programs of the national office.

The Goals include:

#### **PROFESSIONAL EDUCATION**

Keep NMA members abreast of rapidly occurring advances across the various medical specialties and the changes affecting medical practice

#### **SCIENCE AND SCHOLARLY EXCAHANGE**

Advance scientific and clinical knowledge to identify and facilitate new directions in medicine

#### **PUBLIC HEALTH**

Prevent health problems and promote healthy lifestyles, particularly among African American and underserved populations

#### **HEALTH POLICY**

Advocate to improve the status of health and the quality and availability of health care to African American and underserved populations

#### **MEDICAL EDUCATION**

Facilitate an increase in the representation of African Americans and other underrepresented groups in medicine

#### **RECOGNITION**

Honor those who have made outstanding achievement pertaining to health, medicine and the National Medical Association

### C. Organizational Infrastructure

The San Diego Chapter has approximately 80 potential members. There are monthly meetings with an average attendance of 10-15 attendees. The association is funded by dues and has no paid staff. The Chapter is organized as a 501(c) (3) corporation. They will have a designated desktop page on the regional website which is under development.

### D. Activities

The Chapter sponsors the following activities:

- CME programs
- Social events
- Medical student mentoring
- Scholarships for high school and college students (successful past project, will resume in 2002 –2003)
- County of San Diego I-3 Immunization Project
- County of San Diego Reduce and Eliminate Health Disparities with Information (REHDI) Project – specific project to be determined.

Eliminating health disparities is an important goal for the Chapter.

In the area of cultural competency, there is a need for more bilingual providers, trained interpreters, most physicians from the same ethnic background as their patients, cultural competency training for physicians and translated health education materials.

Priority health care issues include:

- Asthma
- Cardiovascular disease
- Diabetes
- Diet/Nutrition
- Prevention of elevated lead levels
- Infant mortality
- Immunization for children and adults

The Chapter is very concerned about recent Medicare regulations to limit medication prescriptions for the elderly, access to healthcare for patients in general and decreasing reimbursement rates for physicians related to services provided to Medical/Medicare patients.

To increase the number of ethnic students attending medical schools, we must begin preparation and recruitment in high school and college. Mentorship programs pairing up students with a professional of the same ethnic group should be encouraged and increased.

# Golden State Medical Association – Sinkler Miller Medical Association

## A. Background/History

Physicians located in Alameda and Contra Costa counties, who saw the need to unite and form a professional medical association, formed the Sinkler Miller Medical Association in 1969. Their objectives included the improvement of the quality of health care in the community, advancement of the art as well as the science of medicine, and the maintenance of a high standard of medical ethics. The association was named after two physicians who exemplified these objectives and were deeply committed to the delivery of quality health care to the Black community.

Dr. William Sinkler was the first Chief of Surgery and Medical Director of the Homer G. Phillips Hospital in St. Louis, Missouri. He was one of the first Black Diplomates of the American Board of Surgery and trained surgeons throughout the world.

Dr. Rudolph Miller, a Diplomate of the American Board of Urology was one of the Black pioneers among urologists practicing in the Bay Area and was very active in community affairs.

Presently, the Sinkler Miller Medical Association has over 160 members as a local branch of both the National Medical Association and the California Golden State Medical Association, Sinkler Miller maintains its commitment towards the embitterment of the field of health, education and welfare.

## B. Mission

Sinkler Miller Medical Association was formed to improve the health care of African-American and other minority people in the Bay Area, as well as retain African American Physicians within the area.

The members of Sinkler Miller Medical Association continue to come together to advocate for health care promotion, scholarships for African –American students, physician education, mentorship of students and new physicians, public health programs, and recruitment of health care.

The mission is consistent with our state organization (Golden State Medical Association) and the National Medical Association.

Sinkler Miller has been successful because each member has worked within and outside the organization to accomplish its mission.

# Islamic Medical Association of North America

## A. Background/History

The Islamic Medical Association of North America (IMANA) is a professional association that provides a platform for Muslim physicians and students to discuss issues and share ideas relevant to Muslims of North America and around the world.

## B. Mission

The mission of IMANA includes: (1) promoting better understanding and appreciation of Islam; (2) encouraging professional interaction among the Muslim physicians and allied health professionals; (3) assisting Muslim physicians and allied health professionals who are new arrivals in North America in orientation, adjustment, and finding better training and job opportunities; (4) promoting and facilitating medical education, research, publications, and better health care delivery around the world; and (5) participating in medical relief work and other charitable activities.

## C. Organizational Infrastructure

IMANA is governed by a Board of Regents and 13 standing committees. They publish a bi-monthly scientific journal called Journal of Islamic Medical Association. They also publish a bimonthly newsletter. They have an annual convention.

## D. Activities

IMANA is committed to promoting health awareness among communities and providing medical aid to the victims of poverty, disease, natural disasters, or war. Their medical relief missions have provided aid in Bosnia, Kosovo, Turkey, Venezuela, the Carolinas, and Chechnya in recent years. They are an active partner of the Network of Islamic approach against tobacco.

IMANA also has an education fund to provide assistance to medical students and has a resident and student chapter. IMANA has established a charitable fund to insure financial support for its charitable projects.

## **Korean American Medical Association of Southern California**

### **A. Background/History**

The Korean American Medical Association of Southern California (KAMASC) was established in 1973 with 20 physicians from Korea. It started as a social organization. By the 1990's, KAMASC had grown substantially. There are a growing number of American trained Korean Physicians. Historically, KAMASC was organized according to which Korean medical school one attended.

### **B. Organizational Infrastructure**

KAMASC currently has 80 members. Annual dues are \$100. There are approximately 700 Korean physicians in Los Angeles and Orange County

### **C. Activities**

KAMASC hold two very successful annual fundraisers – a dinner and golf tournament. These events enable the association to contribute to community projects. Including the Green Pasteur Healing Commission. They work with the Korean Health Education, Information and Referral Center (KHEIR) providing education, information, and referrals in Korea Town.

They work with the Korean American Group IPA, which is associated with Good Samaritan Hospital.

Access to Care (nearly 40% of Koreans are uninsured) is a top priority for KAMASC.

## **National Arab American Medical Association**

### **A. Background/History**

The National Arab American Medical Association (NAAMA) is a nonprofit, non-political, educational and charitable organization of medical professionals of Arab descent. NAAMA was incorporated in California in 1975 and became a national organization in 1980.

### **B. Mission**

*Professional and Educational*

- To enhance the medical knowledge of the members of NAAMA, to contribute to the medical profession, and to support continuing medical education and research.
- To promote professional relationships among members and organizations of the medical profession in North America and the Arab world.
- To create friendly relationships among health-field professionals who share a common background and who wish to perpetuate pride of heritage.
- To print an official membership directory which can serve as a source of references and information.

#### *Charitable and Humanitarian*

- To support professional and educational activities aimed at health education and disease prevention in cooperation with community-based organizations and to support general humanitarian activities.
- To provide and to help coordinate routine and emergency medical care in support of those in need in the Arab world.
- To provide assistance where possible and to serve as an educational resource for medical students and health field-related post-graduate trainees of Arabic descent.
- To sponsor speakers, grants, textbooks and other learning materials to medical schools in the Arab world.

#### *Cultural Enhancement for Members and their Families*

- To create activities and programs for NAAMA's youth which highlight their shared Arabic heritage, and to foster a community spirit.
- To encourage and promote role models among the health care profession who can help inspire and guide the direction of NAAMA's youth.
- To recognize Arab artistic efforts and endeavors.

#### *Establishment of Affiliated Chapters*

When requested, to aid in the establishment of chapters in various states. The chapters must subscribe to the highest ethical standards and principles advocated by NAAMA and those in the medical profession.

#### **C. Organizational Infrastructure**

NAAMA has a national Board of Directors and 25 state chapters. It sponsors national and international conventions, and has a website ([www.naama.org](http://www.naama.org))

## **D. Activities**

NAAMA produces two publications, Al Hakeem and NAAMA News. Each is published three times a year. The journal, Al Hakeem, covers a broad range of association events and educational and cultural topics in English and Arabic. The newsletter, NAAMA News, focuses on association news and members.

NAAMA's Foundation, established in 1990, is the charitable and humanitarian arm of the association. The association's various committees may request grants from the Foundation to fund projects that follow the Foundation's guidelines for educational and humanitarian medical projects.

## **Peruvian American Medical Society**

### **A. Organizational Infrastructure**

There are 20 active members and 30 inactive. Meetings are monthly. There is a monthly newsletter.

### **B. Activities**

The Peruvian American Medical Society activities include community health projects, scholarships and social events.

Important healthcare issues include:

- Breast Cancer
- Cervical Cancer
- Hypertension
- Diet/Nutrition/Exercise
- Tobacco
- Diabetes
- Prostrate Cancer

There is a need for more bilingual providers, physicians from the same ethnic background as their patients and cultural competency training of providers.

# Philippine Medical Association of Southern California

## A. Background/History

The Philippine Medical Association of Southern California (PMASC) was established in 1971 primarily to provide assistance to the Philippines in times of disaster. PMASC has about 600 members. These are approximately 900 Philippine physicians in California.

## B. Mission

PMASC is a professional organization of physicians in Southern California, of Philippine heritage or affinity, dedicated to serve the educational, economic, and humanitarian needs of its members and the community.

## C. Organizational Infrastructure

PMASC is governed by a 20 member Board of Directors, a 9 member Executive Council and a Council of (Past) Presidents. They have a very active Auxiliary. PMASC is a 501(c)(3) corporation. Their funding is generated from membership dues, annual dinner, private donations, and corporate support. They work closely with both their national association (Association of Philippine Physicians in America) and the Education Research Foundation/Center for Medical Learning for Asia.

## D. Activities

PMASC is engaged in a number of international and community service activities. Members conduct a yearly medical mission to the Philippines and donate to Philippine disaster victims. Domestically, they participate in health fairs providing screenings for Hepatitis B and C. They also hold USMLE review classes for unlicensed Philippine physicians.

PMASC physicians were instrumental in establishing the Education Research Foundation of the Association of Philippine Physicians in America that provides a vehicle for channeling aid to the Philippines and assisting Philippine trained physicians to gain U.S. licenses.

PMASC has no paid staff but has been able to maintain a secretariat since 1994 with volunteer support. Its funding sources include fund-raising events, membership dues, and individual donations. Its educational programs are supported by grants from pharmaceutical companies and registration and exhibitor fees.

PMASC members identified several health issues significant to Philippine communities in California. These include hepatitis B and C, goiter, tropical diseases, diabetes, and hypertension. They also identified problems created by a lack of health insurance among Philippine veterans of U.S. Armed Forces.

PMASC members have identified a number of issues important to Philippine physicians. There remain significant barriers to Philippine physicians becoming licensed to practice in the United States. Many Philippine trained physicians are able to pass the competency exam required for licensure, but are unable to find available intern positions to meet the training requirement. As a result, many trained and competent Philippine physicians work in research, as intake personnel in medical settings taking histories, or in other health related occupations where their medical knowledge is valuable.

PMASC believe if more Philippine trained physicians were able to practice in California, it would help address the shortage of Spanish-speaking physicians. They also recommend the creation of a special program for American citizen medical students of ethnic origin who have started their education at medical school abroad to finish medical education in US medical school. In this way, they will have the cultural experience needed to serve the ethnic patient base.

## **Philippine Medical Society of Northern California**

### **A. Background/History**

Founded in 1973, The Philippine Medical Society of Northern California (PMSNC) is a non-profit, tax-exempt organization of Filipino physicians.

Initially composed of fifteen physicians of Philippine-descent practicing in the San Francisco Bay Area, it has progressively grown and now includes a number of non-Filipino colleagues as well as Filipino students attending medical schools in northern California. Members come from as far south as Merced and Atascadero and as far north as Redding. Although a few are graduates of American medical schools, most obtained their medical education in the Philippines. Almost all are U.S. trained in different specialties, and many are board-certified in their fields. While most are engaged in private solo or group practice, many hold full time or part time academic positions, are high-ranking medical officers in the U.S. military or occupy positions of responsibility in government medical institutions. Members also belong to local, state, or national medical organizations and specialty societies.

### **B. Mission**

The Goals are (1) education of physicians through monthly CME meetings, (2) annual missions to the Philippines, and (3) yearly educational grants to deserving medical students and acting as role models.

### C. Organizational Infrastructure

The PMSNC has five categories of membership: regular, associate, affiliate, emeritus, and honorary. For ease of administration and communication the members are grouped into geographical regions: San Francisco/San Mateo, Santa Clara, Alameda/Contra Costa, and Napa/Solano/Monterey. An elected set of officers runs the day-to-day business activities of the Society under the supervision and guidance of a Board of Directors, which establishes policies. Each region has a regional vice-president and representative to the Board of Directors.

There are approximately 150 members. The members meet on a monthly basis. PMSNC publishes a newsletter several times a year. The association is a 501(c) (3) corporation.

### D. Activities

The PMSNC is engaged in four principal activities and projects: continuing medical education, mentoring-mentee program, scholarship program, and medical missions to the Philippines.

#### ***Continuing Medical Education:***

Dinner-meetings are held monthly during which experts in various medical fields are invited to speak on current topics of interest to the members. A CME committee is working towards accreditation of this program by the California Medical Association and the American Medical Association.

#### ***Mentor-Mentee Program:***

This program, which is temporarily on hold, provides opportunities to college students interested in entering the medical profession to accompany, observe, and assist physicians in their offices, on hospital rounds, in operating rooms, in clinical laboratories, -- even in hospital morgues and coroners' facilities -- to witness first-hand what it is like in the real world of medical practice. Over fifty pre-med students have participated in this program so far.

#### ***Scholarship Program:***

Each year the society presents cash awards and certificates of commendation to three or four Filipino students enrolled in medical schools in Northern California selected on the basis of academic excellence, motivation, and financial need. The program started in 1986 and as of the year 2000 thirty-seven scholarships have been awarded.

#### ***Medical Missions to the Philippines:***

This is the major and most important project of the PMSNC. The Society is strongly committed to assist the indigents in the Philippines who have little or no access to medical care. In keeping with this commitment, medical missions have been conducted by the Society in selected rural areas since 1986 in the provinces of Masbate,

Pampanga, Aklan La Union, Davao Oriental, Camarines Sur, Ilocos Sur, Negros Oriental, Romblon, Leyte, Bohol, Surigao del Norte, and Occidental Mindoro. As of January 2001, 1100 volunteers have served 62,000 indigent patients for a variety of problems including hundreds of major surgical conditions often in existence for many years.

The PMSNC mission team includes a mix of physicians, dentists, nurses, technicians, students in the health professions, and support staff, all volunteers paying their own way and providing all services and medicines free of charge. The host communities provide food and security. Although most of the team members are Filipinos, a significant number of our non-Filipino colleagues have joined in the effort, and many have gone more than once. In the beginning the mission services consisted only of general medical , pediatric, and general surgical services. These have been gradually expanded to include the various surgical specialties such as plastic-reconstructive, obstetrics-gynecology, orthopedics, urology and ophthalmology. Dentistry has also been added as well as continuing education for doctors and nurses.

Driven by the motivation to help those in need, the mission volunteers pay little attention to the expenditure of personal time and resources as well as time away from jobs and family. They forgo the comforts of home, often living and working under Spartan conditions and limited facilities. When the job is done, they go home exhausted, but happy in the thought of having helped people in need who they never saw before and may never see again. They ask for no monetary recompense, but they leave enriched with the warmth of new friendships and the love of a grateful community.

Important healthcare issues include:

- Breast Cancer
- Diabetes
- Hepatitis and tuberculosis
- Access to care

There is a lack of knowledge or resources available for ethnic youth who want to enter medical school and a lack of role models available to these youths

There is a need for more bilingual providers.

# Thai Physicians Association of America

## A. Background/History

The Thai Physician Association of America (TPAA) is a non-profit organization with the purpose of keeping its members abreast of the advances in medical knowledge and technology. TPAA was established in 1978. TPAA has conducted CME courses and lectures here and in Thailand. They also have an annual medical mission to provide free medical service to the less fortunate in Thailand. Last year they also formed the TPAA Foundation, a charitable extension of TPAA. There are about 1000 Thai physicians in the U.S. – about 150 in western states

## B. Mission

TPAA Objectives and General Purposes:

1. To promote the advancement of medical and scientific knowledge.
2. To advance and maintain the highest possible medical standards and ethics.
3. To foster measures and conduct activities directed towards the sustenance and advancement of health care delivery and education in Thailand.
4. To establish and promote liaison and cooperation between and with related organization in Thailand, the United States of America, and other countries.
5. To maintain close association and fraternity among members.
6. To render to members any assistance deemed appropriate and feasible by the Board of Directors

## C. Organizational Infrastructure

TPAA is governed by a twenty-four member Board of Directors. The association has a website ([www.tpaa.org](http://www.tpaa.org)). Dues are \$50 annually or \$500 or a lifetime membership. There are four regional Chapters, including a western Chapter. TPAA includes a Youth Council comprised of medical students.

## D. Activities

TPAA offers CME, an annual symposium, and medical missions to Thailand. The western Chapter will meet in Anaheim, California on December 31, 2002.

## **Ukrainian Medical Association of North America**

### **A. Background/History**

The Ukrainian Medical Association of North America (UMANA) was founded in 1950. It is a nonprofit association of professionals who share an interest in promoting the health of Ukrainians worldwide, especially in Ukraine. It is experiencing a surge in growth and activities as a result of the breakdown of the Soviet government that resulted in a free, independent Ukraine.

### **B. Organizational Infrastructure**

UMANA is headquartered in the United States and Canada. It is governed by a 7 member Executive Committee (one from California) and an 18 member Board of Directors (comprised of 18 chapter presidents). The board meets on a quarterly basis. UMANA has a website ([www.umana.org](http://www.umana.org)) and a newsletter. They have also established a charitable foundation. UMANA has staff and maintains a library and historical archive at its headquarters in Chicago.

### **C. Activities**

UMANA sponsors CME conferences and publishes a Ukrainian language medical journal. It is the chief constituent of the World Federation of Ukrainian Medical Organizations.

## **Vietnamese Physician Association of Northern California**

### **A. Background/History**

The Vietnamese Physician Association of Northern California was founded in 1987. It became a nonprofit corporation in 1989.

The Association membership has grown from a handful of members to more than 200 physicians. The members' practices cover all specialties and subspecialties and reflect a wide range of practice from university based to solo practice. The membership is widely distributed geographically from Visalia, Yuba City and the Bay Area.

### **B. Mission**

One of the Association's primary goals is to contribute to the development of the Vietnamese community.

### C. Organizational Infrastructure

Membership services include continuing medical education dinners, networking with other associations such as the Vietnamese Dental Association and the Vietnamese Pharmacist Association. Members receive a free subscription to the Vietnamese Medical Journal.

Membership meetings are held 8 times a year; The Executive Committee meets on a monthly basis. There is a quarterly newsletter. There are seven committees: Continuing Medical Education, Membership and Social; Public Relations, Scholarship, Communications and Publications; Radio; and Bylaws

Dues are \$50 annually.

### D. Activities

The association has established a community outreach program that includes numerous health fairs, two radio programs and a television program. All of these programs are community orientated and culturally sensitive. Vietnamese is the primary language used for all these programs.

In addition, the Association administers a scholarship program for high school students. It is the oldest program that seeks to encourage future generations of leaders for the Vietnamese community.

The Association is also working very closely with the Department of Public Health of Santa Clara County in planning for an anti-bioterrorism program.

In the area of cultural competency, there is a need for bilingual providers, trained interpreters, cultural competency training for physicians and more translated health education material.

“Language is a barrier to health care—if you can’t call a taxi, you can’t get to the hospital or doctor.”

Significant health care issues that need to be addressed in our community include:

- Infectious Disease (TB, STD’s, Hepatitis)
- Cholesterol Screening
- Diet/ Nutrition
- Diabetes Screening
- Access to Care
- Language barriers
- Lack of Cultural Sensitive Physicians

Diversity in the workforce is a very important issue for the Association. Financial barriers are the most significant barriers facing Vietnamese young adults who want to pursue a medical career. Most young people have very noble reasons for pursuing a medical career – they want to serve the underserved community but because of debt can't afford to do so when they go into practice.

The Association has a scholarship program to high school seniors annually. The radio show informs parents about medical careers. We have found speaking to high school students about medical careers helpful.

## **Vietnamese Physician Association of Southern California**

### **A. Background/History**

The Vietnamese Physician Association of Southern California (VPASC) was established in 1983 in Orange County. There are 300 members in the chapter, which now includes members from the Inland Empire and Los Angeles. Orange County has the largest concentration of Vietnamese outside of Vietnam.

### **B. Organizational Infrastructure**

There are 300 members in the Association out of approximately 800 Vietnamese physicians in Los Angeles and Orange County. The dues are \$50 annually. VPASC is governed by a Board.

The Association is an all-volunteer organization although it will hire staff for specific projects and to maintain the membership mailing list.

### **C. Activities**

VPASC is involved in community health activities. They participate in community health activities and local Vietnamese-language radio programs. Projects are planned for a Hepatitis B campaign and community education about bioterrorism.

Members also participate in health fairs, blood drives, blood typing, and bone marrow drive.

Priority issues include:

- STD's and HIV
- Cancer screening/pap smears (particularly cervical cancer)
- Diabetes
- Hepatitis

The medical schools have a substantial number of Asian graduates. At UC Irvine half of the biological science students are Vietnamese.

There are 140,000 Vietnamese in Orange County; 300,000 in Southern California and 400,000 in California. At Fountain Valley Hospital about 25% of the patients are Vietnamese. Family Choice Health Network is a Vietnamese IPA.

Most Vietnamese physicians have Saturday office hours because that is when their Vietnamese patients can visit their physicians. They have conducted cultural competency lectures to medical students.



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# *Appendix B*

## *Ethnic Physician Organization Summit Agenda and Attendees*



## Ethnic Physician Summit

San Mateo Marriott Hotel

Conference Agenda

Saturday, June 29<sup>th</sup>, 2002

8:00-9:00 am	Registration –2 <sup>nd</sup> Floor Continental Breakfast –Grand Foyer
9:00-9:30am	Welcome, History, Purpose of Meeting, Agenda – <i>Bay Bridge B</i> <b>Rolland Lowe, MD</b> , Chair, CMA Foundation
9:30-10:00am	Presentation on State of the Ethnic Physician Organizations in California – <i>Bay Bridge B</i> <b>Calvin Freeman</b> – Principal, Freeman & Associates
10:00-10:45am	Ethnic Physician Reactor Panel – <i>Bay Bridge B</i> <b>Edward Chow, MD</b> – Chinese Community Health Care Association <b>Laura Williams, MD</b> – American Indian Medical Association- California Chapter
10:45-11:00am	- BREAK-Grand Foyer -
11:00-12:00pm	Panel- Ethnic Physician Organization Model Practices – <i>Bay Bridge B</i> 1. Advocacy – <b>Ranjana Sharma, MD</b> , American Association of Physicians of Indian Origin, Northern California 2. Community Service/Coalition Building <b>Albert Brooks, MD</b> , Sinkler-Miller Medical Association 3. Organizational/Fundraising – <b>Margaret Juarez, MD</b> , California Latino Medical Association
12:00-1:30pm	LUNCH - <i>Crystal Springs Ballroom – 1<sup>st</sup> Floor</i>

1:30-3:30pm

Break out Sessions-Collaborative Strategies for strengthening Ethnic Physician Organizations

1. What are the strengths of my organization?
2. What are our needs in term of organizational development and leadership?
3. How can a new, ethnic physician coalition help us improve the health of ethnic communities?
4. What role can the CMA Foundation play in this process?
5. What immediate steps should we undertake?

Facilitators:

**Art Chen, MD, Barbara Staggers, MD, Jessica Nunez, MD, Gloria Cox Crowell**

Recorders:

**Sundee Bains, Doug Brosnan, Christine Fenlon, and Lacy**

*Serros*

Breakout rooms:

1. *Cannery – Group I*
2. *Lombard – Group II*
3. *Bay Bridge A – Group III*
4. *Bay Bridge C – Group IV*

3:30-3:45pm

- BREAK-Grand Foyer -

3:45-5:15pm

RECONVENE in *Bay Bridge B*

Reaching Consensus for Strengthening Ethnic Physician Organization and Next Steps

Moderator – **Anmol S. Mahal, MD**, Vice Chair, CMA Board of Trustees

6:00pm

RECEPTION-*Gazebo Courtyard- 1<sup>st</sup> Floor*

7:00pm

DINNER-*Crystal Springs Ballroom*

Keynote Speaker - **Rodney G. Hood, MD**, Immediate Past President, National Medical Association

**Sunday, June 30, 2002**

8:00-8:30am

Registration- *2<sup>nd</sup> Floor*

8:30-8:45am

Continental Breakfast – *Grand Foyer*

8:30-8:45am

Welcome Back- *Bay Bridge B*

**Robert Beltran, MD, MBA**, Vice Chair, Governing Board,

8:45-9:15am	California Latino Medical Association Corporate Funding – <i>Bay Bridge B</i> <b>Rick A. Martinez, M.D.</b> , Director, Medical Affairs, Corporate and Community Relations, Johnson & Johnson
9:15-10:45am	Attend any one of the 1_ hour workshops A. Organizational Skills – <i>Bay Bridge C</i> <b>John Robles</b> , Transcend Consulting B. Coalition Building – <i>Cannery</i> <b>Calvin Freeman</b> , Principal, Freeman and Associates C. Grant writing – <i>Marina</i> <b>Elissa Maas, MPH</b> , Vice President, Community Health CMA Foundation D. Working with the Media – <i>Bay Bridge A</i> <b>Sandy Close</b> , Executive Director, Pacific News Service <b>Karen Nikos</b> , California Medical Association Media Relations
10:45-11:00am	- BREAK- <i>Grand Foyer</i> -
11:00-12:30pm	Repeat Workshops A,B,C and D: Attend any one of the 1_ hour workshops A. Organizational Skills – <i>Bay Bridge C</i> <b>John Robles</b> , Transcend Consulting B. Coalition Building – <i>Cannery</i> <b>Calvin Freeman</b> , Principal, Freeman and Associates C. Grant writing – <i>Marina</i> <b>Elissa Maas, MPH</b> , Vice President, Community Health CMA Foundation D. Working with the Media – <i>Bay Bridge A</i> <b>Sandy Close</b> , Executive Director, Pacific News Service and <b>Karen Nikos</b> , California Medical Association Media Relations
12:30pm	ADJOURNMENT