

AB 1236

Improving Healthcare Workforce Diversity

Assemblymember
Phil Ting
19TH DISTRICT



SUMMARY

For millions of Californians, comprehensive access to healthcare depends on professionals who can provide culturally and linguistically appropriate medical services. The state collects data on some healthcare occupations, but the current data is insufficient for determining the state's capacity to address the needs of our diverse population. California needs a workforce that has the skills, cultural competency, and linguistic expertise needed to properly reach and treat diverse communities.

To make progress on this issue, we must expand demographic data collection on healthcare workers. By expanding demographic data collection, the state can better identify healthcare disparities and craft solutions to ensure comprehensive coverage and greater healthcare access for all Californians.

BACKGROUND

In 2014, AB 2102 (Ting) required the Department of Consumer Affairs (DCA) to collect demographic data on their allied health professional licensees and provide that data to the Office of Statewide Health Planning and Development (OSHPD). However, AB 2102 only required data from a limited number of health care occupations, omitting psychiatrists, optometrists, and dentists, behavioral health board licensees among others.

Since then, newer data has suggested that communities of color are more likely to use needed health care services and report better patient satisfaction when their provider speaks their language or shares the same cultural background. In 2020, The AB 2105 Report published by the DCA recommended the compilation of demographic data by licensure boards to determine the composition of the current workforce and determine where there might be disparities in culturally and linguistically capable employees to address the needs of California's multi-ethnic, multi-lingual population.

Although our state is growing more and more diverse, wide disparities in the quality of care and health

outcomes persist across all racial and ethnic groups. For example, although African-Americans represent just eight percent of the overall population in Medi-Cal, they are twice as likely to be diagnosed with type 2 diabetes and twice as likely to die from it; Latinx and Asian and Pacific Islander Medi-Cal enrollees access mental health services at the lowest rates of all racial and ethnic groups in both Medi-Cal managed care plans and county specialty mental health plans; In 2015, Latinx made up 38 percent of California's population but a survey that year by the California Medical Board found that only five percent of their physician licensees identified as Latinx.

THIS BILL

AB 2704 will expand on AB 2102 (Ting, 2014) by requiring the collection of demographic data for all registered health professions under the DCA. The demographic data collected includes race/ethnicity, gender, language(s) spoken, location of practice, and educational background. This information will be compiled and shared with the Healthcare Workforce Clearinghouse for identifying and addressing disparities in the workforce so the state can have a greater sense of the workforce shortage needs across California and conduct more targeted outreach strategies.

This data would be critical in helping California build and support the robust and diverse health workforce required to meet California's changing demographics and growing demands for health care services, as outlined in the California Future Health Workforce Commission's 2019 report.

SUPPORT

SF Jewish Vocational Services (Sponsor)
California Pan-Ethnic Health Network (Sponsor)

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