Assembly Member Evan Low DATE

Chair, Committee on Business and Professions

1020 N Street, Room 379

Sacramento, CA 95814

**RE: AB \_\_\_\_\_\_(Ting): Improving Healthcare Workforce Diversity – Support**

Dear Assembly Member Low:

On behalf of \_\_\_\_\_, I am pleased to support AB\_\_\_\_\_, which will continue efforts to expand healthcare accessibility for California’s increasingly diverse population.

[OPTIONAL: Information about your organization]

Although our state is growing more and more diverse, wide disparities persist among underserved populations across all areas of life including physical health, economic opportunity, and mental health outcomes. For example, California Department of Health Care Services found that 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. For mental health treatment, 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.

One contributing factor to these disparities in access, treatment, and outcomes may be lack of diversity within our healthcare workforce. Studies have found 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 their cultural background. In 2015, Latinx made up 38 percent of Californians but a survey that year by the California Medical Board found that only five percent of their physician licensees identified as Latinx. To increase accessibility and trust in the healthcare system, healthcare workers must have the cultural competency and linguistic expertise to reach and treat diverse communities. Further, employment in licensed occupations creates a career pathway for communities of color.

Collection of demographic data on healthcare workers is essential in making progress on this issue. 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 (OSPHD). However, AB 2102 only required data on a limited number of health care occupations, omitting optometrists, and dentists, behavioral health board licensees among others.

AB \_\_\_ expands on AB 2102 (Ting, 2014) by requiring the collection of demographic data for all registered health professions under DCA who apply for and maintain licensure through electronic application. The demographic data collected would include race, ethnicity, sex, language(s) spoken, location of practice, and educational background. This information would be compiled and shared with the OSHPD’s Healthcare Workforce Clearinghouse for identifying and addressing disparities in the workforce. This would provide the state with a greater sense of the workforce shortage needs including the need to serve specific underserved populations. This data would be useful in conducting more targeted outreach strategies. We urge your support for this measure.

Sincerely,

Name, Title

Organization

Address