California Pan-Ethnic HEALTH NETWORK

Building a More Inclusive Health Care System: California's Progress and Gaps in Workforce Diversity

Kiran Savage Sangwan, Executive Director/CPEHN

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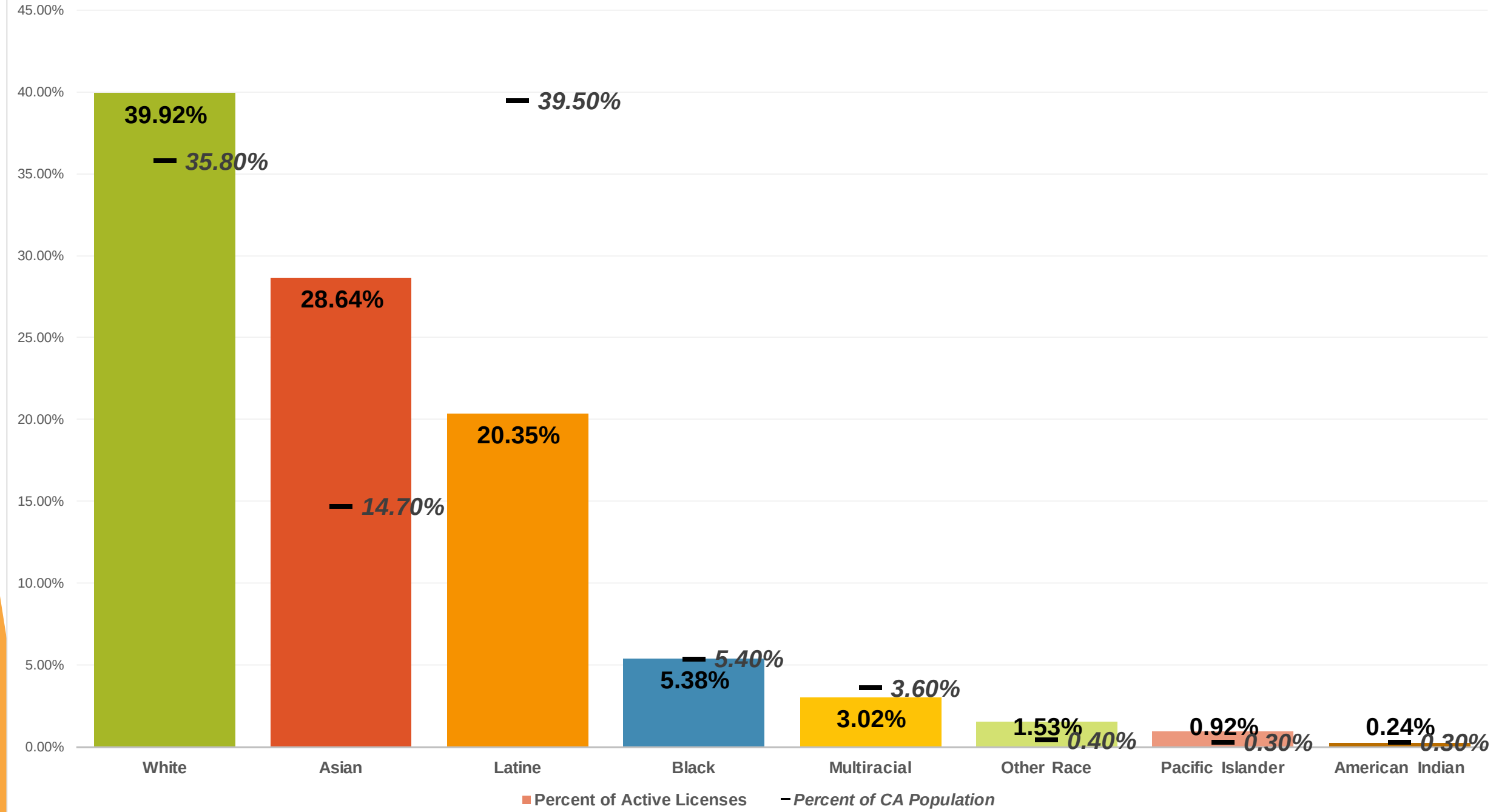
California's population is diverse...

- Latine Californians comprise 39.5% of the population, followed by 35.8% White, 14.7% Asian, 5.4% Black, 3.6% Multiracial, 0.4% some other race, 0.3% American Indian and Alaska Native, and 0.3% Native Hawaiian and Other Pacific Islander
- 40% of Californians speak a language other than English at home, and an estimated 6 to 7 million Californians (or 1 in 5) are Limited English Proficient, meaning they speak English less than "very well."

Yet the racial/ethnic breakdown of CA's health professionals is not representative of the state's population

- Latines only account for **20% of all active health workforce licenses** and only **8.2% of physician/surgeons.**
- Asian and White Californians are overrepresented statewide. However, these patterns and disparities differ by workforce category, license type, and region.
- **52.7%** of all licensed providers in the state **speak English only**.
- AB 2102 (Ting) and AB 1236 (Ting), sponsored by CPEHN and other partners were instrumental in ensuring collection and reporting of demographic data about our health care workforce.

Race and Ethnicity of California's Health Care Workforce Compared to the Population

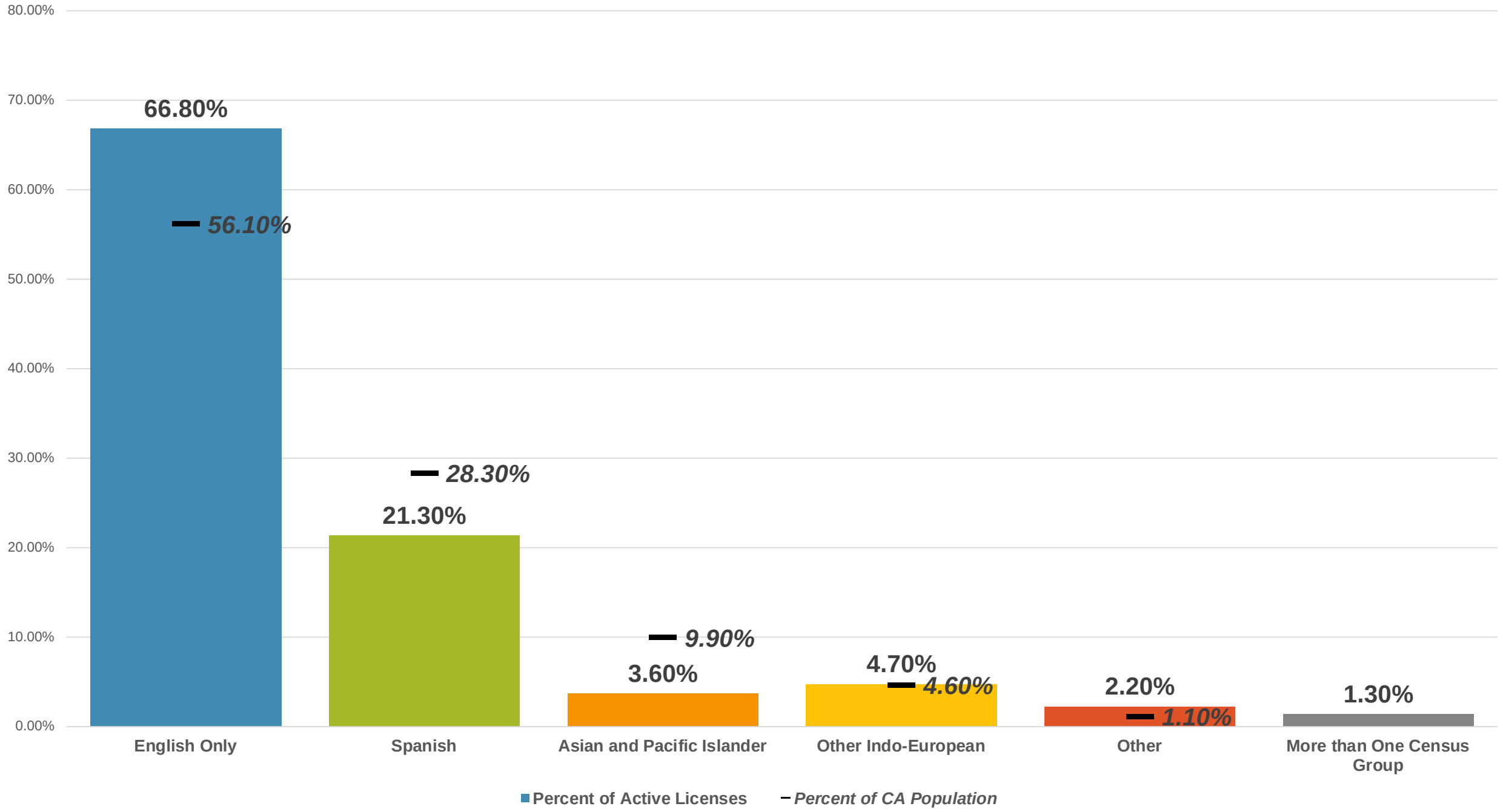


Latine Californians are the least represented across workforce categories, followed by American Indian/Alaska Native, Multiracial and Black

Workforce Category	White	Asian	Latine	Black	Multiracial	Other Race	Pacific Islander	American Indian
Advanced Practice Nursing	10.40	12.03	-25.49	1.67	-0.39	1.16	0.74	-0.11
Allied Health	0.89	18.75	-19.31	-1.48	-0.71	1.31	0.63	-0.09
Behavioral Health	14.92	-6.33	-11.17	1.64	0.08	0.98	-0.08	-0.03
Medicine	13.32	19.37	-30.40	-1.79	-0.88	0.75	-0.21	-0.17
Nursing	-0.13	17.27	-19.46	0.83	-0.57	1.08	1.02	-0.05
Oral Health	2.65	11.48	-11.75	-3.49	-1.26	1.94	0.40	0.03

*Percentage point difference between population and active licenses by workforce category

Languages Spoken by California's Behavioral Health Workforce Compared to the Population



Patients do better with racially, ethnically, and linguistically concordant providers

- As health and health care disparities persist, efforts to eliminate inequities have included understanding the influence of patient-provider concordance on that relationship and its impact on quality of care.
- *Broadly, concordance can be defined as a shared identity that is usually measured by a demographic attribute such as race, language, gender or age.*
- Concordance could improve communication and trust among patients and providers, especially among groups that have experienced discrimination, and in turn improve care and outcomes.

Cultural/Linguistic Concordance is Key to Reducing Disparities in Health Outcomes

- Research continues to support the value of language and racial/ethnic concordance:
  - A study in Oakland found ***Black male patients were more likely to accept preventive care from a Black doctor.*** This difference in adherence to care could reduce the Black-White cardiovascular mortality gap by 19%.
  - A systematic review found that ***patient-physician language concordance improved care*** including patient satisfaction, diagnosis understanding, and management of chronic disease such as high blood pressure and glycemic control for diabetes patients.
  - Nationally, American Indian/Alaska Native populations have the lowest life expectancy and a high disease burden (e.g. rates of diabetes) compared to other races and ethnicities. ***Cultural concordance has been recommended as a way to improve outcomes for American Indian/Alaska Native populations.***

Considerations/Recommendations

Since 2019, CA has invested significant dollars towards reducing the state's severe workforce shortage and creating several new reimbursable provider types, such as community health workers that will help to address concordance gaps.

- But ***targeted investments*** are still needed to close the remaining gaps in our health care workforce, further exacerbated by policies such as Proposition 209.
  - HCAI, DCA, CA Boards and Commissions must address workforce training needs and open earn-and-learn programs to a broader, more racially, ethnically diverse pool of applicants.
  - While the demographic data HCAI released is helpful, actual numbers, broken out by provider type, race, ethnicity, language and other factors, including at a more granular level are needed to set concrete goals and objectives.
  - State agencies, the Governor and Legislature must work together to provide adequate wages for allied health professionals, such as community health workers, doulas and peer support specialists, who are filling the gaps in patient/provider concordance today.

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Thank you!

For more information, contact CPEHN at: info@cpehn.org