



## CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS

April 11, 2007

The Honorable Mervyn Dymally  
Chair, Assembly Health Committee  
State Capitol, Room 6005  
Sacramento, CA 95814

**SUBJECT: AB 330 (Hayashi) -- SUPPORT**

Dear Assemblyman Dymally:

On behalf of the California Association of Public Hospitals and Health Systems (CAPH), I am writing to offer support for AB 330(Hayashi), which would require the Office of Statewide Planning and Development (OSHPD) to develop a health disparity reduction plan based on hospital inpatient discharge data.

Public hospital systems are major providers of care for safety net populations, including uninsured and Medi-Cal beneficiaries. Though just 6 percent of all hospitals statewide, public hospitals provide roughly half of the hospital care for the state's uninsured population. Moreover, the cultural and ethnic diversity of California is reflected in the people who are treated at public hospitals. More than half of the patients treated at public hospitals speak a language other than English, and 70 percent are people of color. In Los Angeles County, public hospital staff regularly encounter patients speaking one of 11 languages, including Farsi, Tagalog, and Armenian – less frequently, they see patients who speak one of nearly 100 languages.

California's public hospitals and health systems are committed to reducing health disparities for low income and vulnerable patients. Research shows that racial minorities tend to have poorer health status, poorer access to health services, and poorer health care outcomes. Relatively little is understood about the underlying social, economic and medical factors contributing to these disparities. However, public hospitals and health systems throughout California are taking steps to address this problem through disease management programs targeted to specific populations, interpreter services, cultural competence training and other efforts designed to embrace and celebrate the cultural diversity of our communities. Public hospitals across California are participating in programs that are promoting linguistic access to health care services and building culturally competent health care organizations.

This work is extremely important. One-fourth of California's population is foreign-born, and one-fifth of the population (6-7 million people) is limited English proficient (LEP). Many LEP patients rely on "non-professional" interpreters, like children or nearby hospital personnel, who speak the target language but have no grounded knowledge of medical terminology. Untrained,

and perhaps emotionally unprepared to act in this capacity, the “non-professional” interpreters are placed in a role ideally left to be filled by skilled hospital interpreters. In light of this, California public hospitals have significantly increased their activity, interest, and support over the last two years for addressing language access needs.

Given public hospitals’ significant expertise in working to reduce health disparities, we share Assemblywoman Hayashi’s goal of equal access to high quality health care and urge you to vote “yes” on AB 330.

Thank you for your consideration. If you have any questions, please feel free to contact Terri Thomas, our Sacramento representative, at 916-325-1010.

Sincerely,

Erica Murray, Director of Policy

cc: Terri Thomas  
Teri Boughton, Consultant, Assembly Committee on Health