SB 1016 (Gonzalez) Addressing Health Data Disparities for Latino & Indigenous Californians

SUMMARY

Senate Bill (SB) 1016 will require the California Department of Public Health (CDPH), to collect and disaggregate anonymous demographic health data on the ancestry or ethnic origin of specified Latino, and Indigenous Peoples.

EXISTING LAW

Existing law requires a state agency, board, or commission that directly or by contract collects demographic data on the ancestry or ethnic origin of Californians, to use separate collection categories and tabulations for each major Asian and Pacific Islander ethnic group including, but not limited to: Chinese, Japanese, Filipino, Cambodian, Hawaiian, Guamanian, and Samoan.

CDPH is required to collect demographic data related to each major Asian and Pacific Island group when collecting data for specified reports. This demographic data must be collected for reports that collect information regarding the ancestry or ethnic origin of persons that includes rates for major diseases, leading causes of death per demographic, pregnancy rates, housing numbers.

BACKGROUND/PROBLEM

Latinos make up 40% of California's population and according to 2023 National Population Projections by the U.S. Census Bureau, the Latino population is expected to increase from 19.1% to 26.9% of the total United States Population by 2060.[1] Latinos are among the most culturally, linguistically, and racially diverse populations in the United States and have diverse health outcomes.[2]

Latino subgroups and Indigenous Latin Americans experience disparate health and life outcomes based on differences in ethnicity, culture, and language. For example, according to data from the National Health Interview Survey, Puerto Ricans have the highest prevalence of asthma in the United States at 16%, in contrast, Latinos of Mexican origin have the lowest prevalence at 5.4%.[3]

The disparate health and life outcomes is especially evident for Indigenous Latin Americans who speak over 560 different indigenous languages.[4] These subgroups have specific needs, such as a lack of indigenous language access that is needed to obtain reliable information and services from our state agencies and health systems.

During the height of the COVID-19 pandemic, Indigenous communities could not access timely and reliable information to access vaccines in California and suffered a higher death rate as a result.[5]

Without disaggregated data, policymakers and researchers must rely on less detailed information

[1] https://www.latimes.com/delos/story/2023-11-09/new-census-numbers-project-over-1-in-4-americans-will-be-latino-by-2060
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798620/
[3] https://www.policylink.org/sites/default/files/Latino-report.pdf
[4] The World Bank. 2015. Indigenous Latin America in the Twenty-First Century. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO.
[5] https://calmatters.org/health/coronavirus/2021/11/covid-indigenous-language-barriers/

released by state agencies or local governments that may be collected inconsistently. The COVID-19 Pandemic demonstrated that generalized data focused on generic demographic categories lead to higher death rates of marginalized subgroups due to a lack of targeted messaging and outreach.

SOLUTION

SB 1016 takes the critical and necessary first step to uncover trends and potential disparities that are often hidden in aggregated numbers for Latinos and Indigenous Mesoamericans in California by requiring specified agencies to collect and disaggregate data for specified subgroups.

Specifically, SB 1016 requires CDPH, to collect and release disaggregated data for the following Latino subgroups: Mexican, Guatemalan, Salvadoran, Honduran, Nicaraguan, Puerto Rican, Dominican, Cuban, Colombian, and Peruvian.

The bill also requires data collection for each major Mesoamerican Indigenous nation, including, but not limited to, Maya, Aztec, Mixteco, and Zapoteco; and specific major Mesoamerican Indigenous language group, including, Mixteco, Triqui, Zapoteco, K'ICHE, Mam, and Kanjobal.

Finally, SB 1016 requires CDPH to collect and tabulate data on important health related outcomes, including rates of major diseases, leading causes of death per demographic, subcategories for leading causes of death in California, and other important health information for these specified Latino and Indigenous subgroups.

SUPPORT

Latino Coalition for a Healthy California (Sponsor)
Mixteco/Indigena Community Organizing Project (Co-Sponsor)
Comunidades Indígenas en liderazgo (Co-Sponsor)
Centro Binacional para el Desarrollo Indígena Oaxaqueño (Co-Sponsor)
AARP
Access Reproductive Justice
Action Council of Monterey County
AltaMed Health Services
APLA Health
Asian Americans Advancing Justice-Southern California
Asian Health Services
Asian Pacific Partners for Empowerment, Advocacy and Leadership
Asian Resources, Inc
Asociacion De Migrantes Guatemaltecos, La
Buen Vecino
California Black Health Network
California Food and Farming Network
California Immigrant Policy Center
California Pan - Ethnic Health Network
Canal Alliance
Casa Del Diabetico Gualan
Center for Asian Americans in Action
Ceres Community Project
Children Now
Community Health Councils
Courage California
Empowering Pacific Islander Communities
End the Epidemics: Californians Mobilizing To End HIV, Viral Hepatitis, STIs, and Overdose
Equality California
First 5 Monterey County
Justice in Aging
Nourish California
Oasis Legal Services
ORALE: Organizing Rooted In Abolition, Liberation, and Empowerment
Pesticide Action Network
Pesticide Action Network North America
Public Health Advocates
Radio Bilingüe, Inc
Regional Asthma Management & Prevention
San Ysidro Health
Southeast Asia Resource Action Center
UCLA Latino Policy and Politics Institute
Union De Guatemaltecos Emigrantes
Vision Y Compromiso
Western Center on Law & Poverty

CONTACT

Caila Pedroncelli, (916) 651-4033
Principal Consultant
Caila.pedroncelli@sen.ca.gov