

# SB 435 (Gonzalez) Health Data Disparities for Latino & Indigenous Californians

### **SUMMARY**

Senate Bill (SB) 435 will require the Department of Public Health (CDPH), and the Department of Social Services (DSS), to collect and disaggregate anonymous demographic data on the ancestry or ethnic origin of specified Latino, and Indigenous Peoples.

SB 435 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.

#### **EXISTING LAW**

Exisitng law requires a state agency, board, or commission that directly or by contract collects demographic data on the ancestry or ethnic origin of Californains 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.

Current law requires CDPH 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. However, within the Latino community there are several ethnic subgroups that have diverse health outcomes. Latino subgroups and Indigenous Latin Americans experience disparate health and life outcomes based on differences in ethnicity, culture, and lanugage. For example, according to data from the National Health Interview Survey, Puerto Ricans have the highest prevalence of asthma in the U.S. mainland (16%) compared to non-Latino Whites (7.7%). In contrast, Latinos of Mexican origin have the lowest prevalence of asthma (5.4%).<sup>1</sup>

This is especially true for Indigenous Latin Americans who speak over 560 indigenous languages.<sup>2</sup> Some of these subgroups have specific needs, such as lack of indigenous language access needed to obtain reliable information and services from our state agencies and 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.<sup>3</sup>

 $<sup>^1\,</sup>https://www.policylink.org/sites/default/files/Latino-report.pdf$ 

<sup>&</sup>lt;sup>2</sup> 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.

https://calmatters.org/health/coronavirus/2021/11/covid-indigenous-language-barriers/

Without disaggregated data, policymakers and researchers must rely on less detailed information 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 435 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 public health state agencies, to collect and disaggregate data for specified subgroups.

Specifically, SB 435 requires CDPH, and DSS, to collect and release disaggregated data for the following Latino subgroups: Mexican, Guatemalan, Salvadoran, Honduran, Nicaraguan, Costa Rican, Panamanian, Belizean, Puerto Rican, Dominican, Cuban, Argentinean, Bolivian, Brazilian, Chilean, Colombian, Ecuadorian, Guyanese, Paraguayan, Peruvian, Surinamese, Uruguayan, and Venezuelan. The bill also requires data collection for each major Mesoamerican Indigenous nation, including, but not limited to, Maya, Aztec, Mixteco, and Zapoteco and each major Mesoamerican Indigenous language group, including, but not limited to, Zapoteco, Chinanteco, K'iche, Nahuatl, Mixteco, Purépecha, Tzotsil, Mayan, Amuzgo, Ayuujk (Mixe), Mam, Popti, Q'anjob'al, Triqui, and Chatino.

# SUPPORT

Latino Coalition for a Healthy California (Sponsor)
Mixteco/Indigena Community Organizing Project (MICOP)
(Co-Sponsor)

Comunidades Indígenas en liderazgo (CIELO) (Co-Sponsor) Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO) (Co-Sponsor)

AARP

ACCESS Reproductive Justice

Alliance for a Better Community

AltaMed Health Services

API Equality-LA

Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

Asociacion de Migrantes Guatemaltecos, LA Berkeley Health Initiative of the Americas Buen Vecino CA Black Health Network

CA Dental Association

CA Food and Farming Network

CA Institute for Rural Studies

CA Latinas for Reproductive Justice

CA LGBTQ Health and Human Services Network

CA Pan-Ethnic Health Network (CPEHN)

CA Rural Legal Assistance Foundation

Casa Del Diabetico Gualan

Central California Environmental Justice Network

Central Coast Alliance United for a Sustainable Economy

Central Valley Immigrant Integration Collaborative

**Ceres Community Project** 

Children Now

**Chinatown Service Councils** 

Coalition for Humane Immigrant Rights (CHIRLA)

Communities United For Restorative Youth Justice (CURYJ)

**Community Health Councils** 

Diligencias

Disability Rights California

Food Empowerment Project

Fund for Santa Barbara

Having Our Say Coalition

Health Education Council

Interface Children and Family Services

Justice in Aging

Leaders LA

Maternal and Child Health Access

National Health Law Program

Nourish California

**Public Health Advocates** 

Regional Asthma Management and Prevention (Ramp)

Sacramento Native American Health Center

San Francisco Aids Foundation

San Ysidro Health (UNREG)

Sistahfriends Women's Counseling and Eldercare

Management

Southeast Asia Resource Center (SEARAC)

Thai Community Development Center

The Children's Partnership

The Unity Council

**Training Occupational Development Educating** 

Communities (TODEC)

Union De Guatemaltecos Emigrantes

Vision Y Compromiso

Western Center on Law and Poverty

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