



THE OFFICE OF SENATE MAJORITY WHIP

**LENA A. GONZALEZ**

SENATOR 33<sup>RD</sup> SENATE DISTRICT

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

### **SUMMARY**

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Senate Bill (SB) 435 will require the Department of Health Care Services (DHCS), Department of Public Health (CDPH), Department of Social Services (DSS), Department of Aging, and Department of Health Care Access and Information (HCAI) to collect 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**

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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.

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**

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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 language. 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

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

<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.

information to access vaccines in California and suffered a higher death rate as a result.<sup>3</sup>

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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**

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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 Latin Americans in California by requiring public health state agencies, to collect and disaggregate data for specified subgroups.

Specifically, SB 435 requires DHCS, CDPH, DSS, the Department of Aging, and HCAI to collect and release disaggregated data for the following Latino subgroups: Mexican, Salvadoran, Guatemalan, Honduran, Nicaraguan, Costa Rican, Panamanian, Belizean, Puerto Rican, Dominican, Cuban, and South American. The bill also requires data collection for each major Latin American Indigenous group, including, but not limited to, Oaxacan, Mayan, and Aztec and each major Latin American Indigenous language group, including, but not limited to, Zapoteco, Chinanteco, K'iche, Nahuatl, Mixteco, Purépecha, Tzotzil, Maya, Amuzgo, Ayuujk (Mixe), Mam, Popti, Q'anjob'al, Triqui, and Chatino.

## **SUPPORT**

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Latino Coalition for a Healthy California (Sponsor)  
Mixteco/Indígena Community Organizing Project (MICOP)  
(Co-Sponsor)  
Comunidades Indígenas en liderazgo (CIELO) (Co-Sponsor)  
Centro Binacional para el Desarrollo Indígena Oaxaqueño  
(CBDIO) (Co-Sponsor)

## **CONTACT**

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<sup>3</sup> <https://calmatters.org/health/coronavirus/2021/11/covid-indigenous-language-barriers/>