

Senate Bill No. 613

Passed the Senate September 9, 1999

Secretary of the Senate

Passed the Assembly September 7, 1999

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 1999, at _____ o'clock ____M.

Private Secretary of the Governor



CHAPTER _____

An act to amend Section 152 of, and to add Sections 153, 154, and 155 to, the Health and Safety Code, relating to health services.

LEGISLATIVE COUNSEL'S DIGEST

SB 613, Solis. Office of Multicultural Health.

Existing law requires the administration of certain health-related programs by various departments, including the State Department of Health Services, within the California Health and Human Services Agency.

Existing law provides for the Office of Multicultural Health in the State Department of Health Services to develop a coordinated state strategy for addressing the health-related needs of California's ethnic and racial population.

The bill would require the office to prepare and submit specified reports to the Legislature biennially and to perform additional duties.

The bill would require the California Health and Human Services Agency to establish an interagency task force on multicultural health composed of representatives of various state departments. The bill would require the department to identify appropriate staffing and resources to achieve the goals and objectives of the bill.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The health status of California's racial and ethnic communities is poor relative to the health status of the white population.

(b) Of the estimated 24 percent of Californians without health insurance, approximately 81 percent are from racial and ethnic communities. Of the uninsured in



California, an estimated 38 percent are Latino, 24 percent are Asian and Pacific Islander, and 19 percent are African-American.

(c) Racial and ethnic communities suffer from various infections and communicable diseases at higher rates than the white population and experience increased mortality from more preventable diseases relative to the white population. For example, the President's Racial and Ethnic Health Disparities Initiative recognized that infant mortality rates are 2¹/₂ times higher for African-Americans and 1¹/₂ times higher for Native Americans than for the white population. African-American men under 65 years of age suffer from prostate cancer at nearly twice the rate of white men; Vietnamese women suffer from cervical cancer at nearly five times the rate of white women; and Latinos suffer from stomach cancer at two to three times the rate of the white population. African-American men also suffer from heart disease at nearly twice the rate of white men. Native Americans suffer from diabetes at nearly three times the average rate of the white population, while African-Americans suffer 70 percent higher rates than the white population.

(d) Racial and ethnic communities are disproportionately confronted with financial and nonfinancial barriers to health care access. These barriers include, but are not limited to, lack of medical providers able and willing to serve racial and ethnic communities, transportation, geographic isolation, language and quality interpreter services, population mobility, and racism.

(e) Both the private and public health care delivery systems are undergoing tremendous changes that fundamentally affect not only the way racial and ethnic communities receive health care but also the health status of racial and ethnic communities.

(f) Efforts to reduce and eliminate racial and ethnic disparities in health status have received scant attention both in terms of funding for prevention and treatment services, as well as research.



(g) Program planning and implementation efforts to reduce health disparities have been neither inclusive of racial and ethnic communities nor responsive to the needs of racial and ethnic communities.

SEC. 2. Section 152 of the Health and Safety Code is amended to read:

152. (a) The office shall do all of the following:

(1) Perform strategic planning within the department to develop department wide plans for implementation of goals and objectives to close the gaps in health status and access to care among the state's diverse racial and ethnic communities.

(2) Conduct departmental policy analysis on specific issues related to multicultural health.

(3) Coordinate pilot projects and planning projects funded by the state that are related to improving the effectiveness of services to ethnic and racial communities.

(4) Identify the unnecessary duplication of services and future service needs.

(5) Communicate and disseminate information and perform a liaison function within the department and to providers of health, social, educational, and support services to racial and ethnic communities. The office shall consult regularly with representatives from diverse racial and ethnic communities, including health providers, advocates, and consumers.

(6) Perform internal staff training, an internal assessment of cultural competency, and training of health care professionals to ensure more linguistically and culturally competent care.

(7) Serve as a resource for ensuring that programs keep data and information regarding ethnic and racial health statistics, strategies and programs that address multicultural health issues, including, but not limited to, infant mortality, cancer, cardiovascular disease, diabetes, human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), child and adult immunization, asthma, unintentional and intentional injury, and obesity, as well as issues that impact the health



of racial and ethnic communities, including substance abuse, mental health, housing, teenage pregnancy, environmental disparities, immigrant and migrant health, and health insurance and delivery systems.

(8) Encourage innovative responses by public and private entities that are attempting to address multicultural health issues.

(9) Provide technical assistance to counties, other public entities, and private entities seeking to obtain funds for initiatives in multicultural health, including identification of funding sources and assistance with writing grants.

(10) Publish an annual report on the state of multicultural health in California. The report shall include the most updated data and information on the health of racial and ethnic communities in California and shall include the office's recommendations to improve the health of racial and ethnic communities in California. The report shall also detail the department's progress in meeting the federal Healthy People 2000 and 2010 Objectives for improving the health status of racial and ethnic communities.

(11) Monitor, with the interagency task force, the health promotion and disease reduction efforts conducted by the department and other departments within the California Health and Human Services Agency, to ensure that the efforts address the cultural and linguistic needs of the state's ethnic and racial communities.

(b) Notwithstanding Section 7550.5 of the Government Code, the office shall biennially prepare and submit a report to the Legislature on the status of the activities required by this chapter.

SEC. 3. Section 153 is added to the Health and Safety Code, to read:

153. (a) The California Health and Human Services Agency shall establish an interagency task force on multicultural health composed of representatives of the State Department of Health Services, the State Department of Developmental Services, the State



Department of Social Services, the State Department of Alcohol and Drug Programs, the Managed Risk Medical Insurance Board, the State Department of Mental Health, and the Office of Statewide Health Planning and Development.

(b) The State Department of Education, the Department of Housing and Community Development, the office of the Attorney General, the Department of Corrections, and any other departments with policies or programs, or both, affecting the health of racial and ethnic communities may participate with the interagency task force on multicultural health when necessary to implement the state strategy developed pursuant to Section 152.

SEC. 4. Section 154 is added to the Health and Safety Code, to read:

154. The office, in consultation with the interagency task force on multicultural health and with representatives from diverse racial and ethnic communities including health providers, advocates, and consumers, shall develop by November 1, 2000, a coordinated state strategy for addressing the health-related needs of California's ethnic and racial populations. Notwithstanding Section 7550.5 of the Government Code, beginning July 1, 2001, and every two years thereafter, the office shall prepare and submit a report to the Legislature on the progress toward implementation of the goals and objectives included in the state strategy.

SEC. 5. Section 155 is added to the Health and Safety Code, to read:

155. The department shall identify appropriate staffing and resources to achieve the goals and objectives of this chapter.



Approved _____, 1999

Governor

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