AMENDED IN SENATE JUNE 16, 2009

AMENDED IN SENATE MAY 7, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

Assembly Concurrent Resolution No. 29

Introduced by Assembly Member Jones

February 19, 2009

Assembly Concurrent Resolution No. 29—Relative to health disparities.

LEGISLATIVE COUNSEL'S DIGEST

ACR 29, as amended, Jones. Health disparities: racial and ethnic populations.

This measure would request that the California Health and Human Services Agency provide leadership to ensure that, within existing resources and programs, departments within the agency implement programs, activities, and strategies that place a priority focus on preventing, reducing, and eliminating health disparities among racial and ethnic population subgroups. *This measure would also encourage interdepartmental-collaboration on specified factors that contribute to health disparity and the consideration of the diverse health care needs of various ethnic subgroups.*

Fiscal committee: yes.

WHEREAS, The National Institutes of Health defines health disparities as the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States"; and

WHEREAS, A number of studies show that members of communities of color are much more likely to experience poor quality of health and health care than their white counterparts across a broad spectrum of illnesses, injuries, and treatment outcomes; and

WHEREAS, African Americans, Alaskan natives, American Indians, Asian Americans, Latinos, and Pacific Islanders are more likely than whites to have poor health, to be uninsured, and to die prematurely; and

WHEREAS, Reported risk factors for most chronic diseases, including cardiovascular disease, in California are alarming: 32.7 percent of adults report high cholesterol, 23.4 percent report high blood pressure, 7.2 percent have diabetes, 13.3 percent are current smokers, 36.2 percent report being overweight, and 22.3 percent report not exercising in the previous 30 days; and

WHEREAS, Cardiovascular disease, since 1900, has been the number one killer in the United States, and one in three persons has some form of cardiovascular disease; and

WHEREAS, More than 1.7 million Californians are affected by heart disease; and

WHEREAS, Heart disease is the leading cause of death in California, accounting for more than 73,000 deaths, or almost one-third of all deaths in the state; and

WHEREAS, Nearly 128 women die every day in California from cardiovascular disease; and

WHEREAS, In California, African Americans, Asian Americans, Pacific Islanders, Latinos, and Native Americans die disproportionately from heart disease; and

WHEREAS, Poor health outcomes carry both significant individual and societal costs; and

WHEREAS, The estimated direct and indirect costs of cardiovascular disease in the United States were $475 billion in the year 2008; and

WHEREAS, Research has found lower awareness of hypertension, medication taking, and blood pressure control among Hispanics; and

WHEREAS, People of color have higher rates of diabetes than whites; 10 percent of African American adults, 11 percent of Latino adults, 13.3 percent of Native American and Alaskan Native adults,

and 6.6 percent of Asian adults in California have been diagnosed with diabetes; and

WHEREAS, Heart disease, diabetes, and other chronic diseases can be prevented not only by addressing behavioral factors such as lifestyle and habits but by changing the social and physical environments that contribute to those unhealthy behaviors; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature requests that the California Health and Human Services Agency provide leadership to ensure that, within existing resources and programs, departments within the agency implement programs, activities, and strategies that place a priority focus on preventing, reducing, and eliminating health disparities among racial and ethnic population subgroups; and be it further

Resolved, That the Legislature encourages interdepartmental collaboration with an emphasis on the complex social, environmental, and behavioral factors that contribute to health disparities, particularly when identifying strategies aimed at the prevention of chronic diseases, including, but not limited to, cardiovascular disease; and be it further

RESOLVED,*That the Legislature encourages the consideration of the diverse health care needs of various ethnic subgroups, including, but not limited to, the multiple subgroups within the Asian Pacific Islander population, to the extent possible; and be it further*

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

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