

AMENDED IN SENATE JULY 2, 2009

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,~~ *encourage* departments within the agency ~~implement programs, activities, and strategies that place a priority to~~ 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.

- 1 WHEREAS, The National Institutes of Health defines health
- 2 disparities as the “differences in the incidence, prevalence,
- 3 mortality, and burden of diseases and other adverse health

1 conditions that exist among specific population groups in the
2 United States”; and

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

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

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

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

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

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

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

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

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

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

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

39 WHEREAS, People of color have higher rates of diabetes than
40 whites; 10 percent of African American adults, 11 percent of Latino

1 adults, 13.3 percent of Native American and Alaskan Native adults,
2 and 6.6 percent of Asian adults in California have been diagnosed
3 with diabetes; and

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

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

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

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

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