

Date of Hearing: April 28, 2021

ASSEMBLY COMMITTEE ON ACCOUNTABILITY AND ADMINISTRATIVE REVIEW

Cottie Petrie-Norris, Chair

AB 1358 (Bonta) – As Amended April 15, 2021

SUBJECT: Demographics: ancestry and ethnic origin

SUMMARY: Expands the requirement for certain state agencies to collect disaggregated ethnicity data and standardizes the collection and tabulation of demographic information by local health officers and health care providers. Specifically, **this bill:**

1. Directs the Department of Industrial Relations, the Department of Fair Employment and Housing, and, to the extent funding is specifically appropriated, the State Department of Public Health (CDPH) to collect additional separate collection categories and other tabulations for its demographic data, including:
 - a. Additional major Hispanic, Latino, or Spanish groups, including, but not limited to, Mexican, Mexican American, Chicano, Salvadoran, Mam, and Guatemalan.
 - b. Addition major Caribbean groups, including, but not limited to, Cuban, Dominican Republican, Jamaican, Haitian, and Trinidad and Tobago.
 - c. Additional major Black or African American groups, including, but not limited to, African, African American, and Afro-Caribbean.
2. Establishes standards for the collection of demographic information of California residents by local health officers and health care providers, including vaccination sites. Minimum requirements would include the following:
 - a. The major Asian and Pacific Islander groups identified in subdivision (a) of Section 8310.5 of the Government Code
 - b. The additional categories listed in item 1)
 - c. Median income
 - d. Employment status
 - e. Languages spoken
 - f. Occupation
3. Ensures that any data collected in accordance with this section shall not include personally identifiable information, and only aggregate, anonymized data be made public.
4. Direct any state supported or assisted efforts to evaluate and address health disparities to use the expanded disaggregated data collected, with an emphasis on language and ethnicity.

EXISTING LAW:

1. Requires, on or after July 1, 2022, to the extent funding available, the Department of Public Health (DPH), when collecting demographic data on ancestry or ethnic origin of persons for a report that includes rates for major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy rate, or housing number, to disaggregate those data for specified Native Hawaiian (NH) and other Asian and Pacific Islander (API) groups.

2. Requires the Department of Industrial Relations and the Department of Fair Employment and Housing, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of California residents, to collect and tabulate data for the following:
 - a) Additional major Asian groups, including but not limited to, Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, and Thai; and,
 - b) Additional major Native Hawaiian and other Pacific Islander groups, including but not limited to, Fijian and Tongan.

FISCAL EFFECT: Unknown

COMMENTS:

AB 1358 aims to expand the collection of disaggregated data categories that is required for certain state agencies and also establishes a requirement for local public health officers and health care providers to also include disaggregated data in their data collection. The bill aims to use disaggregated data to provide the state and local agencies with a more in-depth picture of the communities being impacted by health disparities.

According to the Communities of Contrast Report by Asian Americans Advancing Justice – Los Angeles, approximately 14% of Asian Americans do not have health insurance. However, among specific Asian American groups, a different picture emerges when the data is disaggregated. Korean (27%), Thai (22%), and Cambodian Americans (21%) lack health insurance at higher rates than the aggregate found under the “Asian American” category. By breaking down the subcategories, service providers would be able to better target outreach and language access services to better meet the needs of these communities. Additionally, the bill aims to set a standard for demographic information being collected by local public health officer and health care providers to better inform health equity strategies on the state and local level.

According to the author, “The deficient collection of standardized disaggregated COVID-19 data at the state and county level has masked community-wide disparities, particularly within the API population and communities of color. The disproportionate impacts of COVID-19 on Asian subgroups are often overlooked, with additional inequities that can be hidden in aggregated data. AB 1358 takes necessary steps to ensure that Disaggregated Data is standardized and collected to ensure marginalized communities' health disparities are documented during public health crises.”

Asian Health Services, Sponsor of AB 1358, writes in support: “Addressing racial and ethnic health disparities in communities of color requires an in-depth understanding of the root causes of health outcomes. The collection of disaggregated data is critical to identifying these root causes and enabling evidence-based policy making. The standardized disaggregated collection and release of race and ethnicity data for communities of color, including Asian Americans and NHPs, Hispanic, Latino, Spanish, Caribbean, Black and African American groups have been severely lacking, and especially pronounced during the COVID pandemic...”

By incorporating and disaggregating language, race, and other data, the new and improved data will help develop effective policies and equitable resources to address underlying conditions and health disparities that vulnerable communities of color face. We urge you to support AB 1358 to advance health equity for all minority communities, and create the critical data infrastructure

needed during any public health crises. Inclusion of these measures will be critical to targeting effective policies and equitable resources during public health crises by language and culture.”

Previous Legislation:

AB 1726 (Bonta, 2016) Requires, on or after July 1, 2022, to the extent funding is appropriated explicitly for this purpose, the Department of Public Health (DPH), when collecting demographic data on ancestry or ethnic origin of persons for a report that includes rates for major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy rate, or housing number, to disaggregate those data for specified Native Hawaiian (NH) and other Asian and Pacific Islander (API) groups. Disposition: Chapter 607, Statutes of 2016.

AB 176 (Bonta, 2015) Requires the California Community Colleges (CCC), the California State University (CSU), the University of California (UC), and the California Department of Managed Health Care (CDMHC) to disaggregate demographic information for Native Hawaiian, Asian, and Pacific Islander (API) groups. Disposition: Vetoed.

AB 1737 (Eng, 2010), Requires certain state agencies to use additional separate collection categories and tabulations for major Asian and Pacific Islander groups. Disposition: Held on suspense in the Assembly Appropriations Committee.

AB 295 (Lieu, 2007), Requires various state entities to report collected demographic data according to each major Asian and Pacific Islander group and make the data available to the public to the extent that disclosure did not violate confidentiality. Disposition: Vetoed.

AB 2420 (Lieu, 2006) Expanded from 11 to 23 the ancestry or ethnic origin collection categories required to be collected by any state agency, board, commission, CCC, or CSU. Disposition: Held in Suspense in Senate Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

Ahri for Justice
 Alameda Health Consortium
 Asian & Pacific Islander American Health Forum
 Asian American Drug Abuse Program, INC.
 Asian Americans for Community Involvement
 Asian Health Services
 Asian Pacific American Labor Alliance (APALA) Alameda County Chapter
 Asian Pacific Environmental Network (APEN)
 Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
 Asian Resources, INC.
 Association of Asian Pacific Community Health Organizations
 Aypal: Building Api Community Power
 Bay Area Community Health Advisory Council (BACHAC)
 Black Women for Wellness Action Project
 California Black Health Network
 California Commission on Asian and Pacific Islander American Affairs

California Healthy Nail Salon Collaborative
 California Pan - Ethnic Health Network
 Californiahealth+ Advocates
 Center for Asian Americans United for Self Empowerment (CAUSE)
 Central Valley Immigrant Integration Collaborative
 Chinatown Community Development Center
 Clinica Monseñor Oscar A. Romero
 Councilmember Loren Taylor, City of Oakland
 East Bay Asian Local Development Corpor
 East Bay Community Foundation
 East Bay Getting to Zero
 Family Bridges, INC
 Fresno Barrios Unidos
 Golden Valley Health Centers
 Gwilson
 Khmer Girls in Action
 LA Clinica De LA Raza, INC.
 Latino Coalition for A Healthy California
 Mi Familia Vota
 National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
 National Association of Social Workers, California Chapter
 Native Hawaiian and Pacific Islander (NHPI) Data Policy Lab
 North East Medical Services
 Nyu Center for The Study of Asian American Health
 Oakland; City of
 Oca - Asian Pacific American Advocates: East Bay Chapter
 Oca-Asian Pacific American Advocates: San Francisco Chapter
 Orange County Asian and Pacific Islander Community Alliance, INC. (OCAPICA)
 Pivot - Progressive Vietnamese American Organization
 Reach Coalition
 Regional Pacific Islander Taskforce
 Southeast Asia Resource Action Center
 Street Level Health Project
 The House of Prayer Everywhere
 The Latino Cancer Institute
 Trybe INC
 Umoja Health Partners
 Western Center on Law & Poverty, INC.
 Whole Story Group, LLC
 Women Organized to Respond to Life-threatening Diseases (WORLD)
 Women's Foundation California

Opposition

None on file

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