

# Legislative Efforts to Address Health Disparities, Health Equity and Social Determinants of Health in California, 1999 - 2017

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**INTRO**

- We examined legislation proposed in California focused on social determinants of health, health disparities, and health equity over a time period that encompasses pre- and post-Affordable Care Act (ACA) periods, 1999-2017

**METHODS**

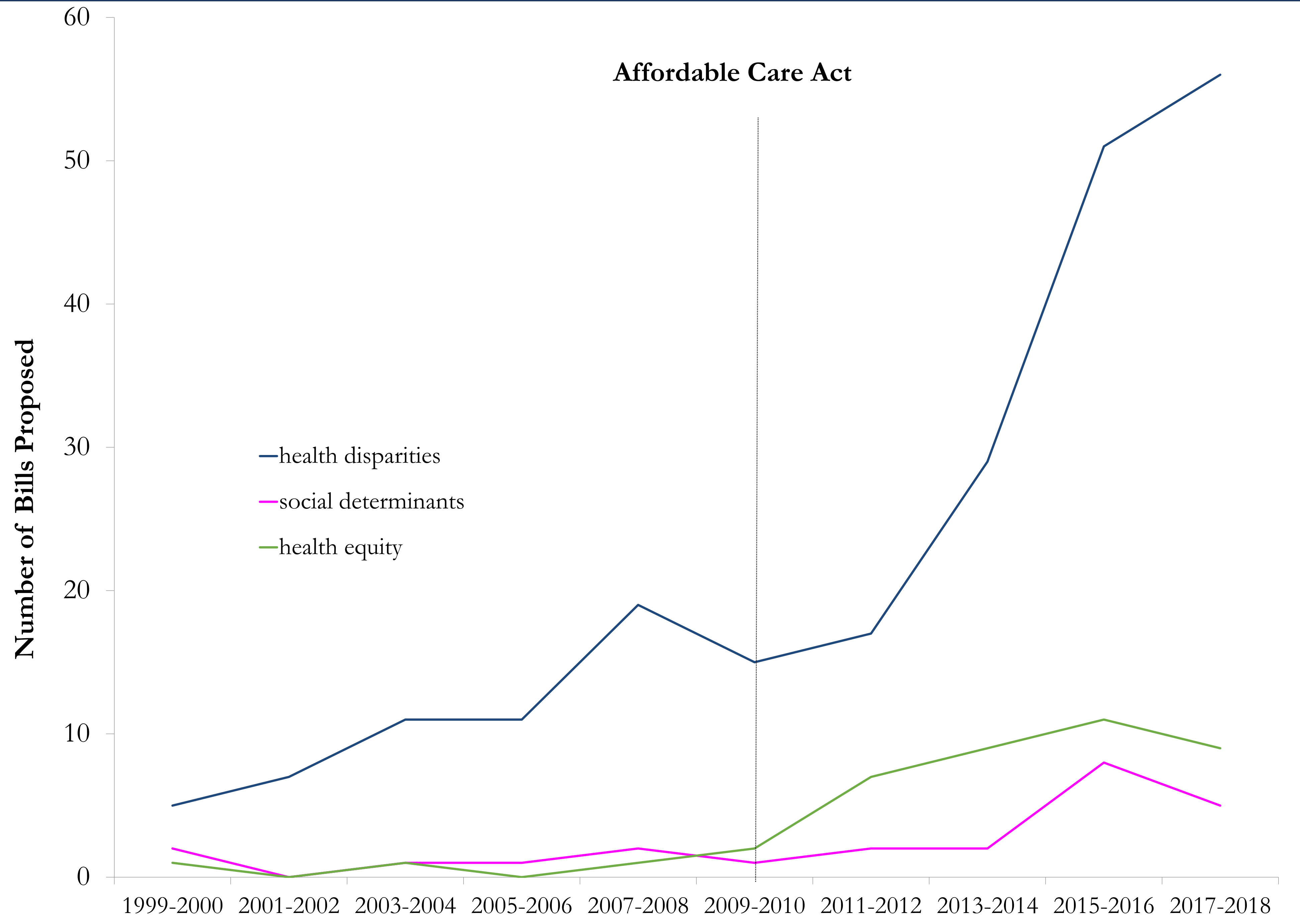
- Retrieved legislative bills from the California Legislative Information portal for session years 1999-2000 to 2017-2018
- We examined three sets of legislative bills using the following terms in the body of the bill text: (1) "social" and "determinant", (2) "health" and "disparity" or "disparities", and (3) "health" and "equity"

**RESULTS**

- Post-ACA there have been greater legislative efforts in California with regards to health disparities, health equity and social determinants of health compared to pre-ACA period
- Legislative trends mirror trends in research on health disparities, health equity, and social determinants in the peer reviewed literature (Pub-Med)

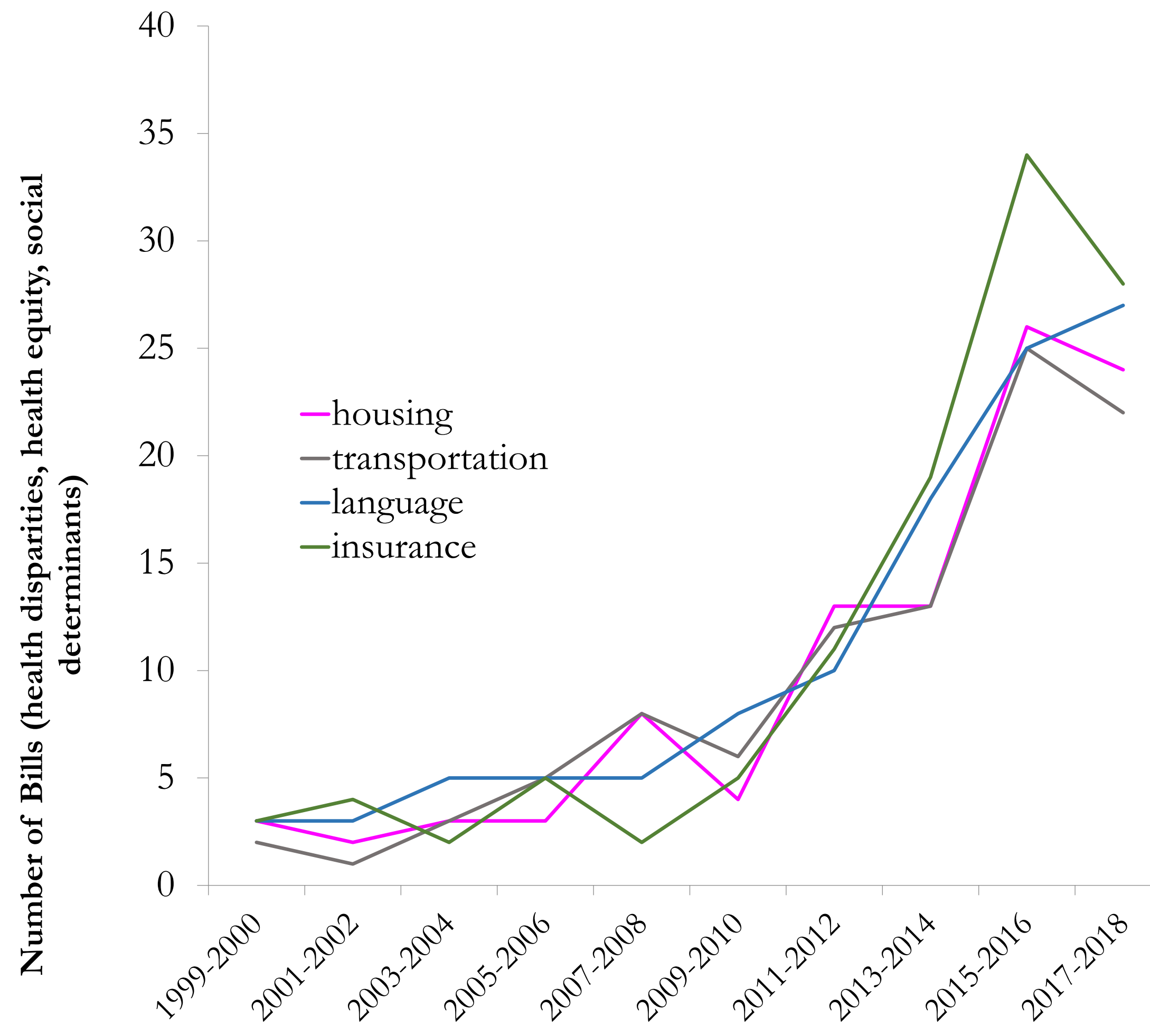
**DISCUSSION**

- California's initiatives to address health disparities include a diverse set of bills that include: requiring health plans to offer language assistance/translations services, data collection by race/ethnicity & the social factors associated with poor health



Legislative focus on health disparities has been especially important in California given its population diversity and standing as the most populous state in the nation

California bills related to social determinants of health, health disparities, and health equity by topic area:



**CA Fast Facts:**

- ≈39,600,000 population (2018)
- 39% Hispanic/Latino
- 37% Non-Hispanic White
- 15% Asian\*
- 6% Black\*
- 4% 2 or more races
- 1.6% American Indian/Alaska Native\*
- 0.5% Native Hawaiian or Pacific Islander\*  
\*single race
- 13% persons in poverty (ACS, 2017)
- 33% of adults do not speak English well or not at all (California Health Interview Survey, 2017)

