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SB-682 Childhood chronic health conditions: racial disparities. (2021-2022)

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CALIFORNIA LEGISLATURE— 2021–2022 REGULAR SESSION

SENATE BILL

NO. 682

Introduced by Senator Rubio
(Principal coauthors: Assembly Members Salas and Akilah Weber)
(Coauthors: Assembly Members Cristina Garcia and Gipson)

February 19, 2021

An act to add Article 5.2 (commencing with Section 123998) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 682, Rubio. Childhood chronic health conditions: racial disparities.

Existing law establishes the California Health and Human Services Agency, which includes various state departments, including the State Department of Public Health and the State Department of Health Care Services, and is charged with the administration of health, social, and other human services. Existing law also establishes various public health programs for purposes of promoting child and adolescent health, including the Child Health and Disability Prevention Program, which provides for early and periodic health assessments to children in California.

This bill would establish the End Racial Inequities in Children's Health in California Initiative (EnRICH CA Initiative). The bill would require the California Health and Human Services Agency, in collaboration with other specified groups and entities, to convene an advisory workgroup, as specified, to develop and implement a plan, as specified, that establishes targets to reduce racial disparities in health outcomes by at least 50% by

December 31, 2030, in chronic conditions affecting children, including, but not limited to, asthma, diabetes, dental caries, depression, and vaping-related diseases. The bill would require the agency to convene the advisory workgroup as soon as January 31, 2022, and would allow the workgroup to disband after the implementation of the plan. The bill would require the agency to submit the plan to the Legislature and post the plan on its internet website on or before January 1, 2023, and to commence implementation of the plan no later than June 30, 2023. The bill would make implementation of its provisions subject to an appropriation by the Legislature. The bill also makes related findings and declarations.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

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

(a) Chronic health conditions impact up to one-third of California children. Chronic health conditions are those that last more than 12 months and are severe enough to create some limitations in usual activity.

(b) Chronic conditions that begin in childhood, such as asthma, diabetes, vaping-related diseases, dental caries, and depression, can last throughout the lifetime and significantly impact health, productivity, and health care costs in adulthood.

(c) Toxic stress in childhood, or adverse childhood experiences, have been shown to significantly increase the risk of chronic diseases. For example, a person with four or more adverse childhood experiences is three times more likely to suffer from depression and 2.2 times more likely to have heart disease.

(d) Chronic health conditions can rob children and families of their well-being by draining time, money, and energy from families. These chronic issues also contribute to problems with school readiness and academic outcomes.

(e) Childhood is an opportune time to intervene with health problems or habits, not only to help change the trajectory of children's development, but also to lead to a healthier adult population. California's failure to focus on children's health and prevention ignores the potential to address medical and behavioral precursors to later diseases, which are costly in terms of dollars and human suffering. Childhood chronic health conditions add preventable burden and cost to the health care system.

(f) Chronic disease is the top cost driver in the health care system.

(g) Due to historic and ongoing underinvestment and disenfranchisement, as well as the impacts of systemic racism in the health care system and throughout society, childhood chronic conditions disproportionately impact children of color, especially Black, Latino, and Native American children. For example, asthma is three times more deadly for Black children as for White children; Latino children in California are significantly more likely to have a history of tooth decay and untreated tooth decay than White children; and Native American children reported higher than average rates of depression-related feelings on school surveys.

(h) The Let's Get Healthy California effort expressed the commitment of our state to promote healthier and more equitable communities. A new initiative is needed to build on these ideas and ensure the state is accountable for outcomes-focused action to improve children's well-being.

(i) Accordingly, California will take affirmative antiracist and prohealth action to support the well-being of children and reduce racial disparities in chronic childhood health conditions. This means California will recognize, in accordance with the Centers for Disease Control and Prevention's Health in All Policies framework, that both individual and population health outcomes are impacted by a multitude of factors beyond health care and often beyond the scope of traditional public health activities. Historic and current unequal distribution of social, political, economic, and environmental resources, institutionalized racism, and other unjust conditions all contribute to health disparities. This also means that California will recognize and acknowledge that the current norm of policies and programs treating all racial and ethnic groups the same and that the inaction of not actively and affirmatively developing policies and programs with the goal to reduce health inequities by race and ethnicity are themselves a form of institutionalized racism. These norms and inaction exacerbate existing health disparities. California will actively and affirmatively center its disparity-reduction strategies in developing, implementing, and evaluating policies and programs, with the ultimate goals of eliminating differences in health outcomes across all race and ethnicity groups.

SEC. 2. Article 5.2 (commencing with Section 123998) is added to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 5.2. Childhood Chronic Conditions

123998. (a) The End Racial Inequities in Children's Health in California Initiative (EnRICH CA Initiative) is hereby established.

(1) The California Health and Human Services Agency shall convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50 percent by December 31, 2030.

(2) The agency shall, in consultation with the Department of Public Health, the Department of Managed Health Care, the State Department of Health Care Services, Covered California, the State Department of Education, the Mental Health Services Oversight and Accountability Commission, the Department of Housing and Community Development, the Department of Insurance, and other departments as necessary, managed care plan experts, pediatric health experts, chronic disease experts, children's advocates, racial equity experts, parents, and stakeholders, determine the membership of the advisory workgroup, which shall include representatives from Children Now, Public Health Advocates, California Children's Hospital Association, the California Pan-Ethnic Health Network, the County Health Executives Association of California, and the County Behavioral Health Directors Association of California.

(3) The agency shall convene the advisory workgroup as soon as January 31, 2022. The advisory workgroup shall not be disbanded until the plan specified in subdivision (b) is implemented.

(b) The agency and other entities specified in subdivision (a) shall develop a plan to reach reduction targets in chronic conditions affecting children, including, but not limited to, asthma, diabetes, dental caries, depression, and vaping-related diseases. The plan to address reduction targets shall include all of the following criterion:

(1) Quantify the desired outcomes by race or ethnicity, including, to the extent data is available or if new data instruments are being created, race or ethnicity data disaggregated by major subgroups and languages spoken, that shall include, at a minimum, all of the following:

(A) Decrease in the number of youth of color who use electronic cigarette products.

(B) Increase in feelings of school connectedness among youth of color, based upon the California Healthy Kids Survey (CHKS).

(C) Decrease in the number of missed schooldays due to being very sad, hopeless, anxious, stressed, or angry for youth of color, based on the CHKS.

(D) Reduction in diabetes and prediabetes diagnoses among youth of color.

(E) Reduction in diabetes hospitalizations for youth of color.

(F) Reduction in asthma emergency department visits and asthma hospitalizations for youth of color.

(G) Reduction in emergency department visits for avoidable dental issues for youth of color.

(H) Decrease in the number of missed school days due to dental problems for youth of color.

(2) Establish baseline data for performance measures stratified by race or ethnicity, including, to the extent data is available or if new data instruments are being created, race or ethnicity data disaggregated by major subgroups and languages spoken. If data cannot be disaggregated by race or ethnicity, the agency shall provide an explanation for missing data points.

(3) Identify and address any language access barriers to achieving desired outcomes.

(4) Identify and align existing state initiatives to achieve desired outcomes.

(5) Identify cross-sector agreements and interagency partnerships necessary for the purpose of developing and establishing health equity reduction targets within the implementation plan.

(6) Set outcome-based milestones and establish accountability standards for meeting milestones related to reduction targets.

(7) To the extent possible, the plan shall leverage previous and existing initiatives at the national, state, and local levels, including, but not limited to, Let's Get Healthy California, All Children Thrive, the California Reducing Disparities Project, and the Asthma Mitigation Project.

(c) (1) The agency shall submit the plan to the Legislature and post the plan on its internet website on or before January 1, 2023. The agency shall commence implementation of the plan no later than June 30, 2023, and the agency shall submit to the Legislature and post on its internet website progress reports every two years thereafter.

(2) A plan or report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

(d) Implementation of this article is contingent upon an appropriation in the annual Budget Act or another act for the purpose of implementing this article.