



H E A L T H
PROFESSIONALS
FOR DIVERSITY

Issue Brief:

Proposition 54: A Threat to Public Health in California

September 2003

The Racial Privacy Initiative

Passage of Ward Connerly's Proposition 54, otherwise known as the Classification by Race, Ethnicity, Color, and National Origin (CRECNO) Initiative, could seriously harm public health in the state of California. If approved on the October 7, 2003 special statewide recall election, the initiative would ban collecting and using data on race, ethnicity, and national origin by all public agencies in California and by any group that receives state funding. Health professionals, committed to safeguarding the health of the public, urge the defeat of Proposition 54.

Information on race, ethnicity, and national origin is used by health professionals to track, understand, prevent, and respond to diseases. Banning the collection of this information will hamper these efforts. Though the initiative states that "otherwise lawful classification of medical research subjects and patients shall be exempt" from the initiative, it is important to note that the medical research exempt from Proposition 54 constitutes only a small amount of the data that medical researchers collect and analyze to protect and improve the health of California citizens. The initiative will allow the collection of information on race, ethnicity, and national origin only from those patients and research subjects who give consent to be involved in controlled medical research experiments.

Information on race, ethnicity, and national origin are recorded at a number of different levels of the health-care system. This information is critically

important for health professionals in their efforts to protect and improve the health of the public. From the standpoint of health professionals, there are three important reasons that Proposition 54 should be defeated:

I. Addressing Health-Care Disparities

If the initiative passes, it will hurt health professionals' ability to address existing health-care disparities. Reducing and eliminating racial and ethnic disparities is one of the federal government's foremost health goals. A report commissioned by the U.S. Congress and released last year from the Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, sought to investigate the reasons why racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, regardless of insurance status and income. These disparities in quality of care translate into real health outcomes; for example, the report noted that the mortality rate for African Americans is approximately 1.6 times that for whites.

One of the major recommendations from the report was that there is still much needed research to explain and address these disparities. Banning the collection of information on race, ethnicity, and national origin in this nation's largest and most diverse state would seriously undermine efforts that are being made to understand and address problems of health-care disparities.

II. Tracking and Treating Diseases

If the racial-privacy initiative is approved, health professionals will lose the ability to track and treat groups based on high incidences of diseases within those racial, ethnic, and national origin groups. Many racial and ethnic groups experience disease and respond to treatments in different ways. For example, the Institute of Medicine report noted that Alaska Natives experience the highest rates of colon and rectal cancers; Korean Americans have the highest rates of stomach cancers among U.S. males, and Vietnamese American women experience cervical cancer nearly six times more than white women.

Different culturally and ethnically determined factors and behaviors influence the way in which people experience illness, adhere to medical advice, and respond to treatment. These factors include, but are not limited to, different belief systems, cultural biases, ethnic origins, and family structures. By analyzing data on race and ethnicity, researchers have learned that some racial and ethnic groups are more susceptible to diseases, such as breast cancer, diabetes, and sickle-cell anemia. If health professionals were to ignore information on race and ethnicity they would lose the ability to target certain groups with special health-care services and public-health education.

III. Research on Causes and Treatments of Diseases

Data on race, ethnicity, and national origin are important for scientific research on causes and treatments of disease. The initiative will forbid

public agencies and groups that receive state funding from collecting or analyzing data from surveys, questionnaires, and interviews that are essential to combating diseases, such as breast cancer, lung cancer, childhood diabetes, and AIDS. The same data are needed to address public-health problems, including teenage smoking, adolescent obesity, and lead poisoning. These diseases afflict racial and ethnic groups differently, and to deny the ability to collect data on race, ethnicity, and national origin is to deny California's citizens critical information to their health and well-being and health professionals critical information for treating their patients.

In Short

Collecting data on race, ethnicity, and national origin is an important tool for health professionals involved in nearly all areas of health care. Race, ethnicity, and national origin are important factors in determining disease patterns and health care. Proposition 54 would do a great deal of damage to public health in the state of California. It is for this reason that health professionals, committed to protecting and improving the health of the public, urge the defeat of Proposition 54. Over fifty leading healthcare organizations strongly oppose Proposition 54 including the American Heart Association, the American Cancer Society, the California Medical Association, the California Nurses Association, the American Academy of Pediatrics, and Breast Cancer Action as well as former United States Surgeon Generals C. Everett Koop and David Satcher.

Note: Information provided by the *California Medical Association*, *Coalition for an Informed California*, *Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care*, and the *Leadership Conference on Civil Rights* contributed to this issue brief.

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The Association of American Medical Colleges' Division of Community and Minority Programs provides staff support for Health Professionals for Diversity (HPD) Coalition activities. For more information on the HPD Coalition, email hpd@aamc.org, or contact Ruth Beer Bletzinger at (202) 828-0585 or James Beaudreau at (202) 862-6115.