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## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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## Written Testimony of The Permanent Commission on the Status of Women Before the Public Health Committee Wednesday, March 14, 2007

### In support of:

### H.B. 7376, AA Establishing the Connecticut Health Information Network

Senator Handley, Representative Sayers and members of the committee, thank you for this opportunity to provide written testimony on the above referenced bill. This testimony is submitted on behalf of the Permanent Commission on the Status of Women (PCSW), and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years.

H.B. 7376 would establish a central health care network to integrate health and social service data for our state. Effective public health policy depends on good data. Reliable data helps us develop appropriate interventions and public health officials accurately assess the efficacy of public programs and the health care system.

Ensuring quality health care in Connecticut through improved data collection is a priority for the Campaign and the PCSW. We applaud the committee for raising this bill and including disparities in the way data is analyzed and collected. We urge you to explicitly include disparities by age, gender, race and ethnicity at a minimum.

As we have been working together for over ten years to improve women's health in Connecticut, it is clear that we need to systematically document the ways in which gender data is collected and reported, what the improvement goals are, and what

progress is being made year to year, and make this information available to the public. We must develop a way to monitor the health status of women, assess the effectiveness of state programs; identify resource needs; and disseminate any key findings for our state. Two types of gender-based data are needed:

- 1) **Program utilization data** (such as waiting lists for the breast and cervical cancer program, numbers of women on the CONNPace program, percent of women receiving behavioral health services in the Medicaid program, etc.) to help assess the reach and effectiveness of state health care dollars for women; and
- 2) **Outcome indicators** which help to evaluate the health status of women (such as numbers of women receiving blood pressure screens, top five procedure and/or diagnosis codes for hospital admissions [aside from childbirth]).

National data, specialized research studies, and examination of the available Connecticut data shows that there are major race and ethnicity disparities in health risk behavior, access to health care, and health outcomes, yet we lack the capacity to accomplish several inter-related tasks:

- Regularly report race and ethnicity disparities while taking into account the specific communities in which people live.
- Collect more specific racial/ethnic data, for example, between Asian Indian health patterns and Asian Vietnamese health patterns, or distinguish the health experiences of Hispanic/Latino residents from Puerto Rico and the health experiences of Hispanic/Latino residents from Central America. Knowing more about these differences will help to better design interventions to improve health.
- Comply with the federal reporting requirements allowing individuals to claim more than one race. There is an increasing multi-racial population in Connecticut, and research demonstrates that the multi-racial population has different health experience than would be predicted on the basis of either race alone. State agencies currently report no data on this basis.

The lack of accessible and sufficient gender, race and ethnicity data creates complications for health departments and public health infrastructure. This makes it very difficult to monitor the health status of women as well as racial and ethnic populations, within demographically or geographically defined communities; assess the effectiveness of state programs; identify resource needs; and disseminate any key findings.

Thank you for the opportunity to speak about this important initiative. We urge you to support this bill.