



Testimony in Support of Raised Bill 6647, **AN ACT CONCERNING THE COLLECTION OF DATA REGARDING RECIPIENTS OF SOCIAL SERVICE PROGRAM BENEFITS.**

Presented by
Dr. Raja Staggers-Hakim, Executive Director

Good evening members of the Public Health Committee. For the record, I am Dr. Raja Staggers-Hakim, Executive Director for the Connecticut Commission on Health Equity. In 2008, Connecticut Legislature established the Commission on Health Equity (CHE). CHE derives its authority from Public Act 08-171. The mission of CHE is to eliminate disparities in health status by race, ethnicity, gender and linguistic ability thereby improving health for all state residents. Among our responsibilities include: (1) Reviewing and commenting on any proposed state legislation and regulations that would affect the health of the state's populations experiencing racial, ethnic, cultural, and linguistic disparities in health status; (2) Working as a liaison between target populations and state agencies to eliminate health disparities; (3) Evaluating the impact of policies, procedures, activities, and resource allocations on eliminating health disparities in target populations; and (4) Reviewing and commenting on the Department of Public Health's health disparities performance measures.

I am here today to offer testimony in support of Raised Bill 6647, **AN ACT CONCERNING THE COLLECTION OF DATA REGARDING RECIPIENTS OF SOCIAL SERVICE PROGRAM BENEFITS.**

As the bill is written, the purpose of the bill is to require certain state agencies to collect, maintain and review identifying information concerning the persons such agencies serve.

However. I appeal to you to consider the larger potential of this raised bill to develop and implement in Connecticut an ongoing quality improvement program and annual review in order to assess and come into compliance with federal data collection standards including standardizing data collection measures.

It is understand nationally, as it is here in Connecticut, that identifying disparities and effectively targeting and monitoring efforts to reduce them has been limited by a lack of specificity, uniformity and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data will help us better characterize and compare the nature of health problems in underserved populations in Connecticut.

Many racial and ethnic minorities, people with limited English proficiency, people with disabilities, lesbian, gay, bisexual and transgender communities in Connecticut as well as other commonly underserved populations face unique health challenges, and often have reduced access to health care and insurance leading to poorer health throughout their lives.

According to recent analyses of progress on Healthy People 2010 objectives, leading health indicators have demonstrated little progress in reducing disparities over the past decade. A recent Institute of Medicine report emphasizes that inadequate data on race, ethnicity, and **language lowers the likelihood of effective actions to address health disparities.**

Streamlining data standards in Connecticut will help us improve the ability to monitor health disparities among people of diverse groups and to better identify the significant health differences that often exist between and within ethnic groups.

To explain this better, I borrow an example offered by the U.S. Department of Health and Human Services. If we consider the diabetes-related mortality rates for Mexican Americans (251 per 100 000) and Puerto Ricans (204 deaths per 100 000) are twice as high as the diabetes-related mortality rate for Cuban Americans (101 deaths per 100 000), we can better appreciate how this information would remain unknown without more specific dimensions in data collection. **Data specificity offers the ability to direct certain preventative messages and health awareness campaigns to reduce unnecessary death in specific populations.** This example demonstrates that the umbrella terms of Hispanic or Latino or Asian do not capture the individual ethnic group challenges that are often found within minority populations. **This specificity allows us to better capture, measure, and track health differences in these populations and target interventions appropriately.**

Section 4302 of the Affordable Care Act requires adherence to uniform categories and collection of individual-level data for any federally conducted or supported health care or public health program, activity or survey to the greatest extent possible. Accordingly, each State of Connecticut agency that concerns human health and well-being and that collects primary, individual-level data should:

1. Adhere to the federal standards outlined by the Office of Management and Budget for race and ethnicity measures, and other federal Department of Health and Human Services standards for the measurement of sex, sexual orientation and gender identity, primary language, and disability status. At a minimum, these standards should include as appropriate—self-reported data by the applicant, recipient, or participant; or, data from a parent or legal guardian if the applicant, recipient, or participant is a minor or legally incapacitated; and
2. Develop and implement an ongoing quality improvement program and annual review in order to assess and come into compliance with federal data collection standards. This annual review would include: a) an assessment of the following data elements at a

minimum: race, ethnicity, sex, sexual orientation and gender identity, primary language, disability status; and b) a corrective plan in place if needed for achieving compliance.

In closing, **the monitoring of health disparities in Connecticut is dependent on accurate and high quality data collection and reporting. If this law is not passed, state agencies that receive federal funding to provide health and social services to Connecticut residents will continue to be limited in their ability to comply with federal data standards.**

The potential effects of noncompliance with Affordable Care Act data standards include reduced ability to compete for federal funding opportunities and limited ability to address health disparities.

By working to improve data collection standards, Raised Bill 6647, ***AN ACT CONCERNING THE COLLECTION OF DATA REGARDING RECIPIENTS OF SOCIAL SERVICE PROGRAM BENEFITS*** will help to eliminate health disparities by race, ethnicity, gender and linguistic ability thereby improving the health for all of Connecticut's residents.

Thank you.