Testimony before the Education Committee  
Opposing S.B. 359 Prohibiting the Disaggregation of Student Data by Ethnic Subgroups  
Testimony by Theanny Kuoch, Executive Director of Khmer Health Advocates  
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Good morning Distinguished Members of the Education Committee. I am the Executive Director of Khmer Health Advocates (KHA), a non-profit organization in West Hartford that promotes the health of Cambodian refugees in Connecticut. KHA is also part of the Connecticut Southeast Asian American Health Coalition, along with the Vietnamese Association of Connecticut, and the Lao Association of Connecticut.

I am testifying in opposition to Senate Bill 359 that prohibits the disaggregation of any data on the basis of race, ethnicity or language (REL) in healthcare or in public education. We need this data to better serve our communities. Southeast Asian Americans present a good case in point—they are among the many subgroups that disappear under the pan-ethnic label of “Asians.”

Connecticut is home to approximately 22,000 Southeast Asian Americans, most of them refugees of war, torture, starvation, forced labor, sexual violence and genocide. In the health arena, we know that most Southeast Asian American refugees have multiple chronic medical conditions—they suffer disproportionately from diabetes, cardiovascular disease, PTSD and depression. The failure to disaggregate REL data by state and federal governments means that the problems of smaller groups like Southeast Asian Americans are never detected, addressed, or solved. Many policy makers and providers accept wholesale the Model Minority Myth: no one needs to worry about the health and well-being of Southeast Asian Americans because Asians are “doing well.”

The same disparities appear in education. According to U.S. Census data, 37.9% of Hmong, 37.4% of Cambodians and 33.8% of Laotians have less than a high school diploma. Only 14.7% of Hmong have a bachelor’s degree or higher, 14.2% of Cambodians, and 12.4% of Lao. Compare these statistics to Asian Indians, where only 8.8% lack high school diplomas and 71.1% have college degrees, or Taiwanese, where only 8.8% lack high school diplomas and 74.1% have college degrees (U.S. Census Bureau, American Community Survey, Educational Attainment for Asian-American Sub-Groups, 2008-2010). This disaggregated data demonstrates that while some subgroups of Southeast Asians have a greater likelihood of dropping out of high school, other Asian groups are destined to achieve the highest levels of education.
Data drives policy and the allocation of resources. Data shapes the planning, implementation, and delivery of educational services to all ethnic groups. The same is true for funding research on educational issues suffered by minority subgroups. All grant proposals start out with a needs assessment, and without disaggregated data to describe the nature and scope of a problem, educational researchers on smaller ethnic subgroups cannot justify a need for funding. Thus, resources are rarely allocated to solve problems experienced by smaller subgroups. Like many Southeast Asian American students, they remain virtually unseen.

This lack of disaggregated REL data is not only an “Asian” problem. With more than 48 subgroups, the AAPI categories may include the most variant, and numerous, subgroups. This is reflected in recent legislation to disaggregate data in schools in states like Rhode Island and Washington. But there is a strong argument that disaggregated REL data should extend beyond the AAPI communities---in both the educational and healthcare arenas. Many other subgroups are embedded within the broad REL categories such as “Hispanic” or “African American.” Without disaggregated REL data, it is impossible to track progress in resolving educational or health disparities.

Some have argued that disaggregating data creates unnecessary ethnic divides. KHA finds this argument misguided, particularly in the arenas of healthcare and education. Data collection is necessary to unmask disparities and to promote positive health and educational outcomes for all of Connecticut’s residents. Having good health, and a good education, are essential conditions to participating fully in society. Having ill health, and lacking an education, create barriers to the opportunities for a good life.

Senate Bill 359 deprives public school students in Connecticut of their right to have data collected on their educational status, challenges, and outcomes. Collecting sufficient REL data does not undermine the principles of equality and equity. Rather, collecting sufficient REL data is based upon, and motivated by, a desire to ensure equality and equity. The REL data will be used not to exclude, or to divide subgroups, but to ensure that individuals from all ethnic backgrounds will get a fair chance to pursue the American dream.

For these reasons, KHA strongly opposes Senate Bill 359 that prohibits the collection of disaggregated REL data in Connecticut’s public schools. Thank you for the opportunity to testify. I am happy to answer any questions you might have.

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