



**Testimony in Support of
H.B. 6424: An Act Revising Data Collection Requirements for Health Care Providers
Connecting to The State-Wide Health Information Exchange**

**Universal Health Care Foundation of Connecticut
March 3, 2021**

Thank you for the opportunity for Universal Health Care Foundation of Connecticut to testify in support of House Bill 6424: An Act Revising Data Collection Requirements for Health Care Providers Connecting the State-Wide Health Information Exchange.

Our mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is a part of a broader movement for social and economic justice.

Universal Health Care Foundation of Connecticut supports this bill, as it aligns with our belief that health care should be equitable and accessible to all. Race, ethnicity, and language (REL) data collection can help discover trends in health disparities by race, ethnicity, and language. Ensuring that REL data is captured in the Health Information Exchange now will help identify how we can work towards health equity for all.

We believe that any bill that is revising the way we collect REL data in this state should require:

- Alignment of categories across agencies,
- That REL data be self-reported,
- The option to select one or more ethnic or racial designations, and
- Inclusion of an “other” designation so people can write in identities not listed.

The COVID-19 pandemic elucidated the health disparities occurring in Black and Latinx communities. These “persistent racial disparities,” as stated in the [Hartford Courant](#), are the result of historical neglect of these communities and intergenerational racism. This racism extends into unequal housing opportunities, discriminatory hiring, abuse of power in the workplace, excessive police presence in communities and mass incarceration – to name a few.

The unequal access to COVID-19 testing and now COVID-19 vaccinations have further exacerbated health disparities in these communities that were already being overlooked. These same Black and Latinx communities are dying from the virus at higher rates than their white counterparts.

Disparities in these communities did not develop overnight with the pandemic, these disparities have persisted for a long time. According to the [Connecticut Health Foundation](#), Black and Hispanic people are the most of affected by chronic respiratory conditions such as asthma, which one of the top causes for preventable hospitalization. Black children are 4 ½ times more likely to be hospitalized because of asthma and Hispanics 3 times more likely to be hospitalized than their white counterparts.

Connecticut's' Black and Hispanic residents are also more than twice as likely as white residents to suffer with diabetes and complications. Black people are 4 times more likely, while Hispanics are 3 times more likely, to have a diabetes-related amputation in the lower extremities than whites.

These disparities extend to even more life-threatening illnesses such as cancer, and we see similar disparities in infant mortality, and overall life expectancy. Life expectancy varies so widely that someone living in the Northeast Hartford area will have 12 years less of life to experience than someone living in Westport.

It is clear that health disparities exist in our health care system. We have seen this in the current pandemic and across our history. If we as a state want to take a stand against systemic racism and progress towards becoming anti-racist, then we need to start by accurately documenting data to address where we fall short in providing equitable care. We also need robust data to be able to determine if those strategies that are meant to address health equity actually do so.

REL data collection is a critical component to be able to identify the immensity of the problem of health disparities. Only then can we address issues of social inequity faced by marginalized and minority communities. We encourage you to pass this bill because without adequate REL data we will not have the tools necessary to eradicate racial disparities in health.