Testimony Regarding H.B. No. 5282: An Act Concerning The Inclusion Of Asian American And Pacific Islander Studies In The Public School Curriculum And Prohibiting The Disaggregation Of Student Data By Ethnic Subgroups In The Public School Information System.

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Education Committee

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Dear Senator McCrory, Representative Sanchez, and esteemed members of the Education Committee,

My name is Karen Siegel and I am submitting this testimony on behalf of Health Equity Solutions (HES), where I serve as Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Health Equity Solutions agrees that race, ethnicity, and language data should be collected and analyzed equitably across all identities. Prohibiting data disaggregation for some subgroups but not for others is unnecessary to protect privacy and could interfere with efforts to disaggregate data across racial and ethnic groups. ***We agree with the premise that disaggregation of data should include all identity groups, but are concerned that, as written, this proposed change will promote the systemic erasure of the needs of ethnic subcommunities by limiting the state's capacity to disaggregate demographic data***. Subgroups, of course, vary for each of the five most widely collected racial and ethnic categories. Thus, such data cannot be collected or reported in a uniform manner. Further, it would be inappropriate to disaggregate only white, Black, Indigenous, Latino/a subgroups or Asian subgroups.

Education is a key social determinant of health and its connection to health, social, and economic wellbeing is undisputable.[1] Connecticut faces significant inequities in educational attainment by race and ethnicity and must continue to have access to disaggregated demographic data to identify disparities and track progress.[2] As such, robust data systems and reporting across both sectors is vital to promoting equity across sectors.

Data disaggregation is not oppression or discrimination, rather it is foundational to identifying systemic racism and achieving equity. Systemic racism is the root cause of inequitable opportunities in

[1] The Lancet Public Health (2020). Education: a neglected social determinant of health. The Lancet. Public health, 5(7), e361. https://doi.org/10.1016/S2468-2667(20)30144-4

[2] Seaberry, C., Davila, K., Abraham, M. (2021). Equity Report. New Haven, CT: DataHaven. Retrieved from https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf

education, wealth, and health and is a well-documented reality impacting Black, Indigenous, Latinx, Asian, and other people of color. Furthermore, the pandemic has shown us the importance of having access to detailed race and ethnicity data that is disaggregated beyond the five main federal Office of Budget and Management categories. For example, one study demonstrated how data generalizing the Asian-American experience failed to account for the impacts of COVID-19 on specific Asian subcommunities with limited English language proficiency.[3] In another study, detailed ethnicity data revealed that Chinese residents had the highest COVID-19 mortality rates among residents who were hospitalized in New York City—a finding that would have been missed if researchers had considered only the larger category of Asian residents.[4]

The numerous incidents of hate crimes against Asian Americans have underscored the continued racism facing Asian American communities across the country. If we hope to dismantle racism in our education, health care and social services systems, rather than oppose or silence the accessibility of data and information, we need to invest and ensure our capacity to **collect and public report accurate, high-quality race, ethnicity, and language data**.

HES strongly supports standardizing the collection of race, ethnicity, and language data by the state. Public Act 21-35 standardized the collection of health-related race, ethnicity, and language data across the state in alignment with best practices.[5] Such standards should be adhered to by all state agencies engaged in the collection of demographic data to ensure cross-sector analysis and consistency.

Overall, we cannot hold all of our state's systems, including its education system, accountable for addressing inequities if we are not measuring and reporting disparities in a detailed manner. By consistently collecting and publishing data broken down by race, ethnicity, and primary language the state can recognize and work to address how, where, and for whom disparities occur. ***Health Equity Solutions respectfully urges the Committee to remove the prohibition on disaggregation of data in the public school information system*** and support the implementation of the race, ethnicity and language data collection standards established in Public Act 21-35 by all state information systems.

Thank you for the opportunity to submit this testimony regarding HB. 5282: An Act Concerning The Inclusion Of Asian American And Pacific Islander Studies In The Public School Curriculum And Prohibiting The Disaggregation Of Student Data By Ethnic Subgroups In The Public School Information System. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

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[3] Yee, A. (2021, March 2). *It's a Myth That Asian-Americans Are Doing Well in the Pandemic*. Scientific American. https://www.scientificamerican.com/article/its-a-myth-that-asian-americans-are-doing-well-in-the-pandemic/

[4] Ramachandran, V. (2020, December 17). *South Asian, Chinese New Yorkers among the hardest hit by Covid, study shows*. NBC News. https://www.nbcnews.com/news/asian-america/south-asian-chinese-new-yorkers-among-hardest-hit-covid-study-n1251457

[5] An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic, S. B. 1, Public Act No. 21-35. (2021). https://www.cga.ct.gov/2021/ACT/PA/pdf/2021PA-00035-R00SB-00001-PA.pdf8