



Testimony before the Government Administration and Elections Committee

Regarding HB 5517 AN ACT CONCERNING EXECUTIVE BRANCH
DATA MANAGEMENT AND PROCESS.

March 19, 2018
Tekisha Dwan Everette, PhD
On behalf of
Health Equity Solutions, Inc.

Dear Co-Chairs McLachlan, Flexer, and Fox and members of the GAE Committee,

I am submitting written testimony in my role as the Executive Director of Health Equity Solutions. Health Equity Solutions, is a non-profit organization with a state-wide 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 obtain optimal health regardless of race, ethnicity, or socioeconomic status.

Health Equity Solutions is in support of HB 5517, which would codify into statute provisions of Executive Order 39, by formally creating a Chief Data Officer (“CDO”) position within the Office of Policy and Management (“OPM”) who is responsible for “directing executive branch agencies in the use and management of data to enhance the efficiency and effectiveness of state programs and policies, for facilitating the sharing and use of executive branch agency data between executive branch agencies, and with the public, and coordinating data analytics and transparency master planning for executive branch agencies.” The bill also requires the CDO to create a state data plan. The plan would establish uniform management and data analysis standards across executive branch agencies and make recommendations to achieve

more standardization and cross compatibility of data systems and management practices. The CT DATA Board would be responsible for operating and maintaining an online repository for the publication of open data by executive branch agencies.

The collection, processing, analyzing and sharing of data is critical to identifying at-risk populations, applying for funding, directing resources and planning, as well as targeting and evaluating interventions. Data provides us the information we need to make informed decisions and can improve and change lives. The CDO's role as data coordinator and the establishment of the CT Open Data Portal has been essential to providing state agencies, researchers and others access to data that is used to inform policies and programs that reduce health disparities. While race, ethnicity and language data collection throughout the state is inconsistent and fragmented, we believe that the CDO and the Open Data Portal, and the establishment of a CT DATA Board can play a critical role in providing access to data that can help identify and address health disparities and health inequities. It is our hope that efforts to create a state data plan will include critical health equity data that allow processing and analysis of key social determinants of health that are drivers of health outcomes. The establishment of such a place, with recommendations for the standardization and cross-compatibility of data systems, will allow state agencies to work more effectively together to address social determinants of health.

Data helps to achieve greater understanding of disease burden, health status, and health outcomes, and helps to best shape the planning, implementation, and delivery of services. Taking the steps to collect and report health equity data will unmask inequities in health, health care, and health outcomes and help the state, community-based organizations, hospitals and others better direct services and interventions toward promoting health equity and decreasing health disparities.

In addition to supporting this bill, we recommend that the definition of “high value data” under Section 1(3), be expanded to include data that “can improve health equity.” HES contends that data related to health equity should be considered of high value and made available to OPM, the CT DATA Board and through the Open Data Portal.

Without high quality, publicly available, centralized data, we cannot make informed and impactful decisions about our programs and resources in the state. We cannot hold ourselves accountable to the goals we have for the health and well-being of our residents. Our state needs to maintain our national leadership in being committed to open data. HB 5517 is a step in the right direction.

Thank you for your time and consideration.

¹Wong, E. et al. (2011). The Unusually Poor Physical Health Status of Cambodian Refugees. *J. Immigrant Minority Health, 18, 110-117.*