



Testimony before the Education Committee

Regarding SB 851 AN ACT PROHIBITING THE DISAGGREGATION OF STUDENT DATA BY
ETHNIC SUBGROUPS IN THE PUBLIC SCHOOL INFORMATION SYSTEM.

February 22, 2019
Tekisha Dwan Everette, PhD
On behalf of
Health Equity Solutions, Inc.

Good afternoon Chairman McCrory, Chairman Sanchez, Ranking Members McCarty and Berthel, and members of the Education Committee, my name is Tekisha Dwan Everette, and offer this testimony in my capacity 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 does not support SB 851, which would prevent the public school information system from disaggregating student data by ethnic subgroups. We believe the ability to look at data in subgroups by race and ethnicity is critical to being able to track disparities, not only in education but in health as well. We are concerned the changes represented in SB 851 limits the state's ability to collect disaggregated data in two distinct ways: 1) only when the federal government requires it and 2) if it is uniformly collected for all ethnic subgroups for all students in the state. Generally speaking, we are not opposed to disaggregated data for all subgroup populations. However, we are not supportive of Connecticut only following what the

federal government mandates when the state can expand beyond this. The federal Office of Management and Budget has set race and ethnicity collection standards as a floor (minimum) not a ceiling (maximum) and Connecticut should fully exercise its state authority to collect data that is relevant and helpful to advancing the lives of its residents. Additionally, we are concerned the second point creates an impossible standard to meet since the State Department of Education (SDE) does not collect data on students in Connecticut who are home-schooled or in private school (and it appears by the language these populations would have to be included to capture all students).

Historically, policies have been created, whether intentionally or unintentionally, that disproportionately have a negative impact on certain racial and ethnic populations in the realms of health, education, employment, housing and criminal justice. One way to effectively track the outcomes of these policies, and to reduce the disparate impact that communities of color have faced, is through the collection and analysis of subgroup data. Disaggregated data enables us to see the true picture of what is taking place in education and health.

In order to enable all of Connecticut's residents to obtain optimal health, Health Equity Solutions has supported that any state agency, board or commission that directly or by contract collects demographic data on the ancestry or ethnic origin, ethnicity, race, or primary language, for general information or reporting purposes, collect such data in a uniform standard way that allows for clear analysis of population and subgroup population data across agencies. Our proposal calls for us to go allow for self-reported race and ethnic categories that allow for subgroup identities present in Connecticut to be acknowledged in the data we collect and report.

Just as we believe in the need to see unmask hidden trends in subgroup populations for health and health care, we believe this same need is relevant in education. The link between

educational attainment and health outcomes is well-documented and researched. We know that while Connecticut stands as the 5th healthiest state in the nation according to America's Health Rankings, we also stand 43rd in the nation on health disparities when looking at education.¹ We know we have one of the largest educational attainment gaps in the nation and while this bill may be well meaning, we feel proceeding with this language will prevent us from understanding the full story as it relates to our education system. This will impede us from targeting our efforts and interventions to appropriately address the needs and challenges of students in our state.

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 and services. Data provides us the information we need to make informed decisions and can improve and change lives. Without uniform, consistently collected and reported, disaggregated on race, ethnicity, and primary language data, it is impossible to effectively and fairly allocate state resources, and to track progress in resolving disparities in health and well-being, as well as education.

I invite you to review our policy suggestions regarding race, ethnicity and primary language, which outlines our position and is available with our written testimony and on our website at www.hestct.org.

Thank you for your time and consideration.

¹United Health Foundation. (2017). Annual report: Executive summary. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_annual_report_2017_executive_summary_120417a.pdf

