

Quality Council Public Comment

Dear members of the Quality Council,

My name is Karen Siegel. Thank you for the opportunity to publicly comment on behalf of Health Equity Solutions (HES), where I serve as the Director of Policy. HES 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.

My colleague, Dashni Sathasivam, has spoken at previous council meetings and I want to reiterate that we applaud the council's inclusion of a Health Equity measure, which stratifies specific measures by race, ethnicity, and language (REL). HES continues to support efforts to capture the completeness of REL data as a means of benchmarking progress in this area. Today, we respectfully submit the following recommendations regarding the 2022 Health Equity Measure Specifications.

Overall Parameters for Stratification: We are in full support of the parameters as listed and particularly appreciate the focus on self-reported data. We recommend reconsideration of reporting exclusive categories only. A growing number of U.S. residents have multiple racial and ethnic identities and making one the "default" or primary category is limiting and not inclusive. We suggest that the Council offer more inclusive guidance for reporting data associated with individuals who identify with multiple race, ethnicity, and language categories.

Data completeness threshold: We support the recommendation that there be no lower bound for participation and further recommend that missing data and "decline to answer" categories be reported to contextualize the quality of the stratification being assessed.

Required REL reporting categories: We acknowledge that expanding race, ethnicity, and language data categories for data collection requires time and investment and support asking advance networks to report currently collected categories as an important starting point. We ask that the Council consider how plans to advance standardized REL collection standards, as required by PA No.21-35 will be incorporated over time. We want to reiterate that the note that stratification must be mutually exclusive by category can pose challenges and ask that this language and methodology be reconsidered.

Overall, HES supports adopting the health equity measure as a step towards advancing equity in health care.

As always, we are grateful for the Quality Council's intentional focus on embedding equity into this work. Thank you for the opportunity to comment.

Sincerely,

Karen Siegel
Director of Policy
Health Equity Solutions