

## **Public Comment for Quality Council**

Dear members of the Quality Council,

My name is Dashni Sathasivam. Thank you for the opportunity to publicly comment on behalf of Health Equity Solutions (HES), where I serve as the Manager of Policy & Outreach. 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.

HES agrees with the suggested change to use ratios instead of absolute difference in rates for the obesity equity metric. That said, we still find the revised obesity equity measure to be too narrow as it excludes all Hispanic/Latino, Asian and indigenous residents and is therefore not an inclusive measure of equity. Furthermore, this metric is also a poor indicator of outcomes seeing as almost 36,000 residents or over 9% of the total Black population identify as Black and Latino and over 320,000 or over 12% of the state's white population identify as Latino. ([US Census Bureau 2019 American Community Survey 1-year estimates](#)). Furthermore, according to [DataHaven's analysis](#) of the US Census Bureau's 2020 redistricting data, the number of residents identifying as multiracial increased by 131% from 2010 to 2020. These individuals are not represented in the data limiting our capacity to identify and course-correct disparate outcomes.

Lastly, the gap analysis of measures shows there is only 1 health equity measure in the core set. To maximize this number and the core measure set's overall impact on health equity, all measures should be disaggregated by race and ethnicity and evaluated for data completeness, except for populations needing to be suppressed due to privacy concerns.

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,  
Dashni

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**Dashni Sathasivam**  
Manager of Policy & Outreach  
Health Equity Solutions