Talking Points: The importance of Race, Ethnicity, & Language Data

The collection of race, ethnicity, and language (REL) data is a critical component of evaluating health outcomes among various populations and ensuring health equity for everyone. By consistently collecting and publishing health data broken down by race and ethnicity, we can evaluate who, how, and where disparities occur.

Key Talking Points:

Why?

- If we say we are anti-racist or if we say we are promoting equity, we must be able to evaluate our progress and to show that our actions are advancing equity.
- REL data collection helps identify macro-level trends in health disparities by race, ethnicity, and language. Individuals' healthcare data will remain private, protected, and confidential.
- Race, ethnicity, and age data are necessary during a pandemic to ensure that resources are targeted to the hardest-hit communities—in other words, to ensure we are defining "high risk" through data analysis can address inequities.
- Black CT residents are far less likely to receive COVID-19 vaccine doses than white residents even when taking age into account.
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Privacy:

- Individuals' healthcare data remains private, protected, and confidential. REL data is subject to existing privacy laws. Population-level analysis is governed by rules that protect privacy and hide small numbers to avoid unintentionally identifying individuals.
- Existing state & federal policies govern the sharing of medical data to ensure privacy for CT's residents and REL Data collection will honor the confidentiality of individual patients.

What does Public Act 21-25 entail regarding REL data?

- Standardizes the way the state collects race, ethnicity, & language (REL) data to evaluate the impacts of racism and attempts to address it.

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