

Testimony in Support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

Public Health Committee
Pareesa Charmchi Goodwin, MPH
The Connecticut Oral Health Initiative, Inc.
March 17th, 2021

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, Senator Hwang, Senator Somers, Representative Petit, and Members of the Public Health Committee,

My name is Pareesa Charmchi Goodwin and I am testifying on behalf of the Connecticut Oral Health Initiative (COHI). COHI is a nonprofit oral health advocacy organization with the mission of increasing access to quality, affordable oral health services for all Connecticut residents.

COHI supports SB1, and particularly supports Section 17 which would improve and standardize race, ethnicity, and language (REL) data.

The collection of race, ethnicity, and language (REL) data is a critical component of evaluating health outcomes and ensuring health equity for everyone. By consistently collecting and publishing health data broken down by race and ethnicity, we can measure inequities and create policy and program solutions for a fairer and healthier Connecticut. COVID-19 has laid bare the racial inequities in our health system. This is the time to address health inequity in a thoughtful way.

Nationally, people of color have worse oral health access and outcomes than white people.ⁱ In Connecticut, black and brown children are more likely than their white classmates to have untreated cavitiesⁱⁱ and black and brown seniors are more like than white seniors to lose their teeth due to gum disease.ⁱⁱⁱ However, race/ethnicity data is inconsistently reported and often completely absent from publicly accessible reports.

Because Connecticut does not standardize collection of race, ethnicity, and primary language data or consistently report the data it does collect, we cannot clearly illustrate the immensity of the problem, nor can we evaluate the successes or limitations of attempts to solve the healthcare inequities we face. To ensure that all Connecticut residents have a fair and just opportunity for wellbeing, we need uniform, consistent collection as well as reporting of disaggregated race, ethnicity, and language data across all state agencies collecting health data.

Thank you for the opportunity to testify in **support of S.B.1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.**

Respectfully,
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ⁱ Disparities in Access to Oral Health Care. Northridge, M; Kumar, A; and Kaur, R. (2020). *Annual Review of Public Health*. DOI: 10.1146/annurev-publhealth-040119-094318. Accessed 3/1/2021 at: <https://pubmed.ncbi.nlm.nih.gov/31900100/>

ⁱⁱ Every Smile Counts: The Oral Health of Connecticut's Children. Commissioner Pino. (2017). *Connecticut Department of Public Health Office of Oral Health*. Accessed 3/1/2021 at: https://ea735de9-5680-4cc9-8ab2-a28b8e479d11.filesusr.com/ugd/8c3db9_07c9d836b3514fb0b434cc2c6c8d62c1.pdf

ⁱⁱⁱ Adults aged 65+ who have lost six or more teeth due to gum disease (By Race). (2016). *Centers for Disease Control and Prevention*. Accessed 3/1/2021 at: <https://chronicdata.cdc.gov/Oral-Health/Adults-aged-65-who-have-lost-six-or-more-teeth-due/wh9j-2zjc>