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Testimony of Joby Thoyalil, Maine Equal Justice
In support of LD 274, Resolve, Directing the Maine Health Data Organization To
Determine the Best Methods and Definitions To Use in Collecting Data To
Better Understand Racial and Ethnic Disparities in the Provision of Health Care
in Maine

February 23, 2021

Good morning Senator Sanborn, Representative Tepler and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Joby Thoyalil and I am a senior policy advocate at Maine Equal Justice, a nonprofit legal aid organization working to increase economic security, opportunity, and equity for people in Maine. I also have the honor of serving as a Commissioner on the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations and I help to coordinate the Maine Coalition on Racial Equity (CORE). I am testifying now on behalf of Maine Equal Justice in support of LD 274, but I also want to note that CORE also supports this bill.

By mid-2020 the Portland Press Herald reported that Maine held the infamous distinction of having the largest racial disparity for COVID-19 in the nation. Black and African American Mainers were contracting COVID-19 at 20 times the rate of white Mainers.¹ While it was shocking to us at Maine Equal Justice how extreme this disparity was, the fact that the disparity existed was anything but shocking. We witness firsthand how barriers to health care, public assistance, and to various social determinants of health such as housing and employment are greater for our clients who are non-white immigrants or African American. Indeed, our legal services team spends much of their time helping people navigate complex systems and working with other service providers throughout the state in figuring out how to help people overcome discriminatory treatment and a lack of language access and cultural competency. We have gotten the strong impression from working with Maine people of color over the years that the stereotypes and stigmas associated with racial and ethnic minority groups compound the already intense stigma of poverty and that this, in effect, narrows people's avenues to getting the help they need to meet their most basic health care and other needs.

With some exceptions, there is a lack of statewide and local empirical data that is collected to identify where the barriers that we see are systemic and warrant substantive policy changes. A 2016 report published by the Maine Center for Disease Control and Prevention highlighted this problem:

“One of the challenges of using traditional public health data systems to address health equity is the lack of data on populations at risk of health disparities, such as refugees, migrants, LGBTQ, and tribal members. Data on these groups in many data systems are simply not collected. When data are collected, the data collection methods are often not adequate to reliably capture their experiences.”ⁱⁱ

The report goes on to make recommendations such as: increasing the collection of data on population subgroups that are not adequately captured currently; increasing the frequency of that collection and making the data public; and partnering with diverse communities to increase understanding and use of data to better address social, economic and demographic factors affecting health, health care, and access to health. LD 274 represents an important step towards achieving the CDC report’s recommendations. It seeks to give our state a meaningful way to examine racial disparities in health outcomes, which is a prerequisite for identifying and implementing solutions for eliminating those disparities.

Earlier this month, the Committee on State and Local Government heard hours of testimony in support of LD 2, An Act To Require the Inclusion of Racial Impact Statements in the Legislative Process. The goal of LD 2 is to reduce racial disparities through better-informed law-making, and it is a priority for Maine Equal Justice as well as for CORE. This bill, LD 274, represents a crucial complement to that effort. While LD 2 would use available data to inform what goes into a racial impact statement, it does not require new data to be collected. That’s where bills like this one come into play. With the passage of LD 2, together with this bill and other efforts to increase the collection of data – we will eventually have a better informed legislature, health care sector, and public and we will be in a significantly better position to reduce, and ultimately eliminate, racial disparities in our state.

Thank you for your consideration and I hope you will vote “ought to pass” on this bill.

ⁱ Miller, Kevin. “Maine has nation’s worst COVID-19 racial disparity.” Portland Press Herald (June 21, 2020). Retrieved February 22, 2021 from: <https://www.pressherald.com/2020/06/21/maine-has-nations-worst-covid-19-racial-disparity/>

ⁱⁱ Lichter EL, Morian-Lozano E, Teach F, Poirier B, Green-Parsons A, Pizzonia C. Using Data to Promote Health Equity: Maine 2016. Augusta, ME: Maine Center for Disease Control and Prevention; 2016.