



Written Testimony of John Auerbach, President & CEO of Trust for America's Health

House Ways & Means Committee Hearing:

The Disproportionate Impact of COVID-19 on Communities of Color

May 27, 2020

Chairman Neal, Ranking Member Brady, and members of the committee: thank you for the opportunity to submit testimony for today's important hearing on the Disproportionate Impact of COVID-19 on Communities of Color. The hearing is an acknowledgement of the overlapping crises unfolding in many communities of color as a result of the COVID-19 pandemic. My organization, Trust for America's Health (TFAH), is a nonprofit, nonpartisan public health policy, research, and advocacy organization. We recommend policies to advance an evidence-based public health system that is ready to meet the challenges of the 21st century, and the COVID-19 pandemic is one of these great challenges. At TFAH, we envision a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels of society.

The racial and ethnic disparities exposed and exacerbated by the pandemic have been many decades in the making, rooted in long-standing structural and systemic inequities in our society. For example, the legacy of historic redlining, which has led to intergenerational, concentrated poverty and environmental health risks, has been tied to persistently higher rates of asthma,¹ obesity,² and higher mortality rates from chronic disease.³ The drivers of health inequities are not inherent to one's race or ethnicity but systems built around those factors such as social environment, physical environment, income, housing, and health systems.⁴

¹ Nardone, A et al. Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: an ecological study. *The Lancet Planetary Health*, Vol. 4, Issue 1, E24-E31, Jan 1, 2020.

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(19\)30241-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(19)30241-4/fulltext)

² Bower, Kelly M et al. "Racial Residential Segregation and Disparities in Obesity among Women." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* vol. 92,5 (2015): 843-52. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608933/>

³ Goodman MS and KL Gilbert. "Segregation: Divided Cities Lead to Differences In Health". Washington University in St. Louis and Saint Louis University. Nov. 2013.

⁴ James Weinstein, et al. "Communities in Action: Pathways to Health Equity." National Academies of Science, Engineering and Medicine. 2017. <https://www.nationalacademies.org/news/2017/01/new->

We hope this hearing will closely examine these factors while prompting Congress to address health inequities within both the COVID-19 response and longer-term action to prevent and minimize health disparities in the future.

Disparities in Public Health Emergencies

For many years, public health emergencies have had unequal impacts on communities of color. From natural disasters like Hurricane Katrina⁵ to the Flint water crisis⁶ to outbreaks such as H1N1⁷ and even seasonal flu outbreaks,⁸ communities of color bear disproportionate risk from exposure and worse health outcomes from these public health crises.

TFAH publishes an annual report called *Ready or Not: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*. The report provides an annual assessment of states' level of readiness to respond to public health emergencies and recommends policy actions to ensure that everyone's health is protected during such events. In this year's report, we outline some of the ways certain populations are at higher risk during public health emergencies and how these inequities reduce health security, including vulnerable housing, financial barriers to response and recovery, and challenges in communication and assistance from government agencies for immigrants and individuals with limited English proficiency.⁹ Our report finds that eliminating health disparities is key to reducing the disproportionate impact of health security threats on communities of color and critical to improving our resilience.

Higher COVID-19 Risks in Communities of Color

Although everyone is at risk for COVID-19 infection, regardless of age, sex, race, or socioeconomic status, some people are at higher risk for infection, hospitalization, and death. There are numerous reasons for these inequities:

[report-identifies-root-causes-of-health-inequity-in-the-us-outlines-solutions-for-communities-to-advance-health-equity](#)

⁵Patrick Sharkey. *Journal of Black Studies*. "Survival and Death in New Orleans: An Empirical Look at the Human Impact of Katrina." March 2007

<https://www.jstor.org/stable/40034319?refreqid=excelsior%3A24cdda4e5d72e87d513201f3e3cae7ae&seq=1>

⁶Michigan Civil Rights Commission. "The Flint Water Crisis: Systemic Racism Through the Lens of Flint". February 17, 2017. https://www.michigan.gov/documents/mdcr/VFlintCrisisRep-F-Edited3-13-17_554317_7.pdf

⁷Sandra Crouse Quinn, et al. *American Journal of Public Health*. "Racial Disparities in Exposure, Susceptibility, and Access to Healthcare in the United States H1N1 Influenza Pandemic". February 2011. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.188029?journalCode=ajph>

⁸Rameela Chandrasekhar, et al. *Influenza and other Respiratory Viruses*. "Social determinants of influenza hospitalizations in the United States". Wiley and Sons, August 2017. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/irv.12483>

⁹Farberman RK et al. *Ready or Not: Protecting the Public's Health from Diseases, Disasters and Bioterrorism*. Washington, DC: Trust for America's Health, Feb 2020. <https://www.tfah.org/report-details/readyornot2020/>

Unequal Exposure and Protections: Communities of color are at disproportionate risk for exposure to the virus and may have fewer workplace protections than the general population. There is evidence that people of color are more likely to be exposed to the novel coronavirus due to disproportionate representation in the “essential workforce” such as health care, food supply chain, and retail.^{10 11} Some communities of color are less likely to have job protections such as paid sick days, making it more difficult to follow public health guidance to stay home from work when sick or exposed to an infectious person.^{12 13 14} Communities of color also more likely live in multigenerational households, making physical distancing guidelines more challenging.

Inequities in Underlying Health Conditions: In addition to unequal risk of acquiring the virus, some populations have higher rates of underlying health conditions. The Centers for Disease Control and Prevention (CDC) has identified a number of factors that place some people at higher probability for severe outcomes from COVID-19, including asthma, chronic lung disease, serious heart conditions, severe obesity, and people living in nursing homes or long-term care.¹⁵ People of color are disproportionately represented in each of these categories. Complex and interconnected factors such as systemic discrimination and lack of access to quality education and socioeconomic mobility have led to persistent racial and ethnic health inequities. TFAH’s 2019 *State of Obesity* report highlighted how broader community factors such as socioeconomic opportunity, education and employment, housing, and neighborhood characteristics have systematic effects on daily life and choices that then lead to excess rates of chronic disease and obesity in some racial and ethnic minority populations.¹⁶ It is important to note that it is not a simple matter of choice to reduce chronic health conditions – there must be

¹⁰ Goba, K. New York City's Coronavirus Essential Workers Are Overwhelmingly People Of Color. *Buzzfeed News*, Apr 22, 2020.

<https://www.buzzfeednews.com/article/kadiagoba/coronavirus-new-york-brooklyn-essential-workers-black-poc>

¹¹ Wingfield AH. The Disproportionate Impact of Covid-19 on Black Health Care Workers in the U.S. *Harvard Business Review*, May 14, 2020. <https://hbr.org/2020/05/the-disproportionate-impact-of-covid-19-on-black-health-care-workers-in-the-u-s>

¹² Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings. Feb 2016. Institute for Women’s Policy Research. <https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B356.pdf>

¹³ National Partnership for Women and Families. “Latino Workers and Their Families Need Paid Sick Days”. March 2020 <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/latino-workers-need-paid-sick-days.pdf>

¹⁴ National Partnership for Women and Families. “African American Workers and Their Families Need Paid Sick Days.” March 2020. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/african-american-workers-need-paid-sick-days.pdf>

¹⁵ Coronavirus Disease 2019 (COVID-19): Groups at Higher Risk for Severe Illness. In *Centers for Disease Control and Prevention*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

¹⁶ Warren, M et al. *State of Obesity: Better Policies for a Healthier America*. Washington, DC: Trust for America’s Health, Sept 2019.

significant investment in improving the conditions and opportunity for health in communities that have historically lacked this access.

Financial Insecurity: The COVID-19 pandemic also has disparate economic impacts on communities of color, which leads to further health inequities. Before the crisis, communities of color had higher rates of poverty¹⁷ and were less able to withstand financial shocks than white counterparts.¹⁸ The pandemic has intensified these disparities. March 2020 jobs data showed that Black, Asian American and Latino people faced higher rates of job loss than among white people.¹⁹ These factors could have a frightening impact on the pandemic: the success of contact tracing depends upon whether people who have been contacted and encouraged to isolate will comply with such guidance. Without paid leave or financial supports, many Americans will be faced with a wrenching decision about whether to continue to work, which can increase the risk of spread of COVID-19, or to stay home and face income or job loss.

Policy Solutions

We believe that addressing health disparities during this crisis and in the years of recovery that follow are absolutely critical to the overall health and resilience of our nation. We offer some policy solutions that we hope Congress will consider:

- **Better data leads to more successful responses:** There have been numerous media reports on the inadequate data disaggregation during this crisis. In the latest COVIDView Weekly report from CDC, racial data was missing from 17.8 percent of cases reported to the agency,²⁰ an improvement from previous weeks. At the national level, there has been a lack of data on other demographic factors such as primary language and disability status. This lack of data means that it is more difficult to target culturally and linguistically appropriate public health interventions to diverse communities. The gaps in data are due in part to the nation's fragmented and archaic public health surveillance systems, where each state has its own reporting rules and health departments continue to rely on paper, fax and phone for data collection.²¹ The lack of interoperability between

¹⁷ State Health Facts: Poverty Rate by Race/Ethnicity. Kaiser Family Foundation, 2018.

<https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹⁸ Passy, J. Millions of Americans are just one paycheck away from 'financial disaster.' *MarketWatch*, May 20, 2019. <https://www.marketwatch.com/story/half-of-americans-are-just-one-paycheck-away-from-financial-disaster-2019-05-16>

¹⁹ Kurtzleben, D. Job Losses Higher Among People Of Color During Coronavirus Pandemic. *NPR*, Apr 22, 2020. <https://www.npr.org/2020/04/22/840276956/minorities-often-work-these-jobs-they-were-among-first-to-go-in-coronavirus-layo>

²⁰ COVIDView for Week 20, ending May 16, 2020. Centers for Disease Control and Prevention. May 22, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/pdf/covidview-05-22-2020.pdf>

²¹ King, M. Black doctors blast 'woefully anemic' data on minority coronavirus cases. *Politico*. April 20, 2020. <https://www.politico.com/news/2020/04/20/minority-cases-coronavirus-197203>

clinical and public health systems makes it more challenging for clinicians to collect and report complete demographic data to public health departments. We thank Congress for efforts thus far to invest in public health data modernization and to urge the Department of Health and Human Services to address barriers to data collection. We strongly recommend sustained investments in public health data modernization at the federal, state, tribal, territorial and local levels, including enabling electronic case reporting to state health agencies, education of providers on data collection and reporting, and reduction of duplicate reporting systems to the federal government.

- **Directing Resources to Disproportionately Impacted Communities:** Addressing disproportionate risk of hospitalization and death in communities of color is not the only role of healthcare and public health. We also must ensure that the community-based health organizations that both work in and represent these communities can work to promote health equity throughout the crisis. We urge Congress to provide at least \$300 million in supplemental funding to CDC programs that promote health equity in the prevention of COVID-19 as well as towards the prevention of chronic diseases that elevate the risk of serious illness and death from COVID-19. Congress should provide targeted resources to community-based organizations that explicitly focus on the health and wellbeing of racial and ethnic minority groups. In addition, we hope Congress and grantmaking at HHS works to ensure relevant COVID-19 response grants are reaching organizations representative of these communities.
- **Invest in Programs to Promote Equity:** In addition to the COVID-19 response, Congress must appropriate ongoing investment in programs that work every day to address health inequities. The Racial and Ethnic Approaches to Community Health (REACH) program at CDC is one of the only CDC programs that explicitly focuses on improving chronic diseases for specific racial and ethnic groups in communities with high rates of disease. REACH grantees (which include community organizations, universities, local health departments, tribal organizations, and states) develop and implement evidence-based practices, empower communities, and reduce health disparities. REACH has also been successful in improving access to healthy foods, physical activity smoke-free interventions and other local chronic disease prevention programs. In addition, the Good Health and Wellness in Indian Country program works with tribal organizations to promote health, prevent disease and strengthen connections to culturally-appropriate activities to improve health. Funding for each of these programs, however, are inadequate and have a long list of applicants who have been approved but remain unfunded.
- **Address Social Determinants of Health (SDOH):** As I have outlined, many of the factors contributing to worse outcomes in some minority populations are due to underlying social and economic factors. These nonmedical factors that contribute to a person's health are often called the social determinants of health. A public health approach to social determinants of health would ensure collaboration between healthcare, public health, and relevant local agencies to develop communitywide solutions to factors

that are causing health inequities. A recently introduced bill, the Improving Social Determinants of Health Act (H.R. 6561), would authorize CDC grants to state, local, tribal and territorial health departments to develop a core public health capability for addressing SDOH. Nearly 160 organizations have endorsed the legislation.²² We urge Congress to provide at least \$50 million annually to CDC to ensure every state has this capability.

- **Pass job-protected paid sick days:** Finally, the time has come for a national standard to ensure all workers have guaranteed, job-protected paid leave. It is unlikely that public health guidance to isolate will be adhered to if people risk losing their jobs or paychecks. We thank Congress for the steps taken during the pandemic to expand access to paid leave. We urge you to enact a federal law to allow workers to earn at least seven days of job-protected paid sick days per year; during a public health emergency more may be necessary.

Thank you for the opportunity to submit this testimony. We thank the Committee for investigating the issue of racial and ethnic health disparities in the COVID-19 pandemic and hope this hearing spurs Congress to take action to address those inequities.

²² The Improving Social Determinants of Health Act of 2020 Background. TFAH, May 2020. <https://www.tfah.org/wp-content/uploads/2020/05/SDOH-bill-fact-sheet.pdf>