House Energy and Commerce Subcommittee on Health: Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System

Executive Summary

The House Energy and Commerce Subcommittee on Health convened a hearing to discuss racial and ethnic health disparities during the COVID-19 pandemic, and more broadly, in the health care system. Witnesses representing the interest of minority groups testified about the disproportionate impact the COVID-19 pandemic has had on racial and ethnic groups and how the public health emergency (PHE) shone a light on long-standing disparities stemming from systemic and structural racism. Many members addressed the witnesses on the topic of racism and steps to combat it, while improving health outcomes. Other members questioned the panel on racial and ethnic COVID-19 data, the social determinants of health (SDOH), vaccine access, and telehealth.

Opening Statements

In her opening statement, **Chairwoman Anna Eshoo (D-CA)** referenced the amount of pain the COVID-19 pandemic has caused, and how that the pain has fallen most heavily on communities of color. The Chairwoman noted that black Americans are 2.3 times more likely to die from COVID-19 than white Americans, and outside of the pandemic, black Americans are more likely to die at earlier ages for all causes of death compared to white Americans. She stated that racism is a pandemic within the COVID-19 pandemic and emphasized that the Trump Administration has failed to track the data necessary to protect minority populations. Chairwoman Eshoo detailed that while the Department of Health and Human Services (HHS) will require labs to report racial and ethnic data in August, it is too little, too late.

Ranking Member Michael Burgess (R-TX) emphasized that the disparities black Americans face go beyond the COVID-19 pandemic and action is needed to address the underlying problems. He also acknowledged that the lack of racial and ethnic COVID-19 data has made it difficult to assess the full impact of the virus on minorities. He concluded that common-sense legislation that can become law could be the first step in addressing these issues.

WITNESS TESTIMONY

Dr. Rhea Boyd, Pediatrician and Child Health Advocate at Palo Alto Medical Foundation, testified about how structural racism and inequity impact health outcomes for black Americans. Dr. Boyd explained that racial inequity is not a function of chronic underlying conditions or poverty, but a result of racism. She detailed that due to a legacy of racial exclusion, disinvestment, and violence, black Americans are disproportionately impacted by the COVID-19 pandemic. She also noted that the impact is not limited to increased mortality, but also increased unemployment. She concluded that while racism is making America sick, it can be changed through reforms like universal health care, workforce protections, mandated reporting of racial and ethnic COVID-19 data, and universal COVID-19 testing.

In his testimony, **Dr. Oliver Brooks**, President of the National Medical Association, highlighted the underlying causes behind the disproportionate impact of the COVID-19 pandemic on the black community. Dr. Brooks detailed that not only do disparities exist in the number of black Americans diagnosed, but in the number of black Americans dying due to COVID-19. He explained that while black Americans are more likely to have hypertension, diabetes, and obesity that contribute to COVID-19 complications; black Americans are also more likely to develop these illnesses due to the social determinants of health (SDOH). He asserted that the SDOH are the root cause that contribute to many health disparities. He suggested that disparities can be addressed by providing equitable housing and employment opportunities, pursuing universal health care, providing food security, investing in black physicians, and decreasing the digital divide.

Mr. Avik Roy, President of the Foundation for Research on Equal Opportunity, presented research findings on the impact of COVID-19 on different populations, in his testimony. Through examining COVID-19 data, Mr. Roy and his colleagues found that racial disparities in COVID-19 mortality are mixed. He detailed that both white and black American COVID-19 deaths are higher than expected if the deaths were evenly racially distributed. He asserted that the most disproportionately impacted population is the nursing home community, which only represents 0.6 percent of the population, but 42 percent of the total COVID-19 deaths. His team also found that the economic measures taken to prevent the spread of the virus most negatively impacted the black and Hispanic communities, which saw sharp spikes in unemployment rates. He concluded that health outcomes are worse when the economy is worse and the PHE exemplifies this.

MEMBER DISCUSSION

Racial and Ethnic Data

Ranking Member Burgess asked the panel how the reporting of COVID-19 data can improve. Mr. Roy noted that the data is improving, but that data needs to include race and ethnicity, as well as age, to capture the full impact. He also noted that nursing homes reporting data directly to the Centers for Disease Control and Prevention (CDC) has been helpful. **Full Committee Chairman Frank Pallone (D-NJ)** asked a similar question on data reporting improvements and Dr. Boyd replied that data needs to be comprehensive and include location to determine which areas are most underserved.

Wynne Health Group

Rep. Susan Brooks (R-IN) referenced how her state has utilized electronic health record (EHR) exchanges and the importance of information sharing during the PHE. She then asked if data was being shared in the most efficient manner. Mr. Roy replied that HITECH Act is the governing statute for EHRs and innovation is occurring in the space of information sharing, but many Health Insurance Portability and Accountability Act (HIPPA) concerns exist. Dr. Brooks added that there are no standards for the collection of COVID-19 data, but there needs to be.

Racism

Chairwoman Eshoo asked how racism has impacted the response to COVID-19. Dr. Boyd detailed the racism is pervasive throughout society, which has impacted black Americans' access to health care during this critical time. **Rep. Brett Guthrie (R-KY)** ask how could we address racism in the COVID-19 response. Dr. Boyd replied that states could expand Medicaid to increase access to primary care. Dr. Brooks added that implicit bias training is needed for all health care professionals.

Rep. Robin Kelly (D-IL) also asked what was one aspect that should be addressed regarding racism and health outcomes. Dr. Brooks again stressed the importance of implicit bias training and how it positively impacts interactions between races in healthcare. Dr. Boyd recommended ending racial segregation, which would also impact educational attainment, and improve health outcomes. Mr. Roy agreed that educational attainment is important and asserted that is may be the most important SDOH.

Rep. Peter Welch (D-VT) addressed the question of racism versus poverty and the recent murders of black Americans by law enforcement officers and other white people. Dr. Brooks noted that there is no social justice program to support the innocent victims of these crimes and their families. He continued that his primary concern at the moment is voter suppression and how racism is engrained in the fabricate of America. He suggested that the first step is to talk about the problem and if there is any good to come out of George Floyd's death, it is that racism has become the top topic of conversation.

Social Determinants of Health

Rep. Morgan Griffith (R-VA) explained how many underlying health conditions, such as hypertension and diabetes, are due to SDOH, such as food desserts. He then asked how addressing the SDOH would improve disparities. Dr. Brooks replied that food insecurity is one of the leading causes of chronic conditions and actions to improve food security would reduce adverse outcomes. Dr. Brooks also emphasized the importance of education and transportation in preventing adverse outcomes. Dr. Brooks also added that SDOH determine 40 percent of health outcomes and Congressional action to address these inequities is pivotal.

Rep. Lisa Blunt Rochester (D-DE) highlighted the role of police violence as a SDOH and the effect of chronic stress on health outcomes. Dr. Boyd stated that we have yet to acknowledge police violence as a public health crisis, which can lead to hypertension, heart disease, cancer, and other conditions.

COVID-19 Vaccine Access

Many members, including Ranking Member Burgess, **Rep. John Sarbanes (D-MD), Rep. Larry Bucshon (R-IN)**, and **Rep. Joe Kennedy (D-MA)**, asked how do we ensure that COVID-19 vaccines, once available, are distributed equitably and to the most vulnerable populations. Dr. Brooks detailed that the National Medical Association is working on a plan to roll out vaccines to those at high risk first, which include minorities and health care professionals. He then explained that messaging around vaccines is particularly important in relieving vaccine hesitancy. Dr. Brooks also stressed the importance of having vaccine locations that are easily accessible for urban communities. Dr. Boyd added that vaccination rates have dropped during the PHE, and efforts are needed to encourage minorities to receive vaccines.

Telehealth

Rep. Doris Matusi (D-CA), Rep. Gus Bilirakis (R-FL), and Rep. Burgess asked how telehealth can improve disparities. The panelists agreed that telehealth can expand access to certain services, but many areas that experience disparities also often lack access to broadband or technology that can facilitate telehealth services. Dr. Brooks added that telehealth successfully addresses the issue of transportation for many individuals with health disparities.