



U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR & PENSIONS

Examining our COVID-19 Response: Improving Health Equity and Outcomes by Addressing Health Disparities

March 25, 2021 at 10:00AM, 430 Dirksen Senate Office Building

PURPOSE

The purpose of this hearing is to discuss the racial, ethnic, and disability-related disparities that exist in the country, how they have been exacerbated by COVID-19, and possible solutions to meet varying needs of vulnerable communities.

KEY TAKEAWAYS

- Data collection and methodologies currently lack the robustness to characterize the need for testing and access to care among rural and racial minority populations.
- Witnesses expressed the need for greater funding and support for the disabled population as well as the racial minority and Native populations.
- Innovations have arisen with COVID-19 as a catalyst for adoption of mobile care providers, telehealth, and health tracking methods. Witnesses and members highlight sustainability of these innovations.

Sections relevant to key themes of interest are linked below:

- **Data collection** (pages [3](#), [4](#), [5](#))
 - **Equity related to race** (pages [3](#), [5](#), [6](#))
 - **Innovation** (pages [4](#), [5](#), [5](#), [6](#))
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MEMBERS PRESENT

Chairman Murray, Ranking Member Burr, Senators Casey, Kaine, Cassidy, Baldwin, Scott, Rosen, Braun, Smith, Murkowski, Hassan, Lujan

WITNESSES

Consuelo H. Wilkins, MD, MSCI
Vice President for Health Equity
Vanderbilt University Medical Center

Taryn Mackenzie Williams
Managing Director
Poverty to Prosperity, Center for
American Progress

Abigail Echo-Hawk (Pawnee)
Executive Vice President
Seattle Indian Health Board

Gene A. Woods
President and Chief Executive Officer
Atrium Health

OPENING STATEMENTS

Chairman Murray (D-WA) stated inequity is showcased when external factors affect one's health outcomes. COVID-19 exacerbated this, negatively impacting people of color at a higher rate than whites in both contraction and vaccine rates. It has been positive to see the percentage of race and ethnicity data has increased from last May but without comprehensive and full data methodologies, Congress lacks the full vision of the impact of inequities. This has also been seen in disabled communities. The passage of the American Rescue Plan ARP has helped these issues and President Biden has made addressing inequities a priority with the creation of the Equity Task Force. Today, \$10 billion of funding has been released from the American Rescue Plan to build vaccine access and confidence in underserved communities, and \$2 billion has been allocated to support state, local, and territorial public health facilities. These disparity problems have existed long before the crisis began. Some injustices that have been playing out with COVID-19 have been seen for decades in the rate of maternal health, cancer, and mental health diagnoses. This nation's history of inequities is long and painful and action is overdue. Congress needs to fix issues all together, end discrimination in health care, and ensure everyone has high quality affordable health care coverage.

Ranking Member Burr (R-NC) said the pandemic has extended the work that needs to be done in this country to fight inequities. There is a need for strong leadership to leverage the right ideas and creativity to find new solutions. There is also a need to protect those in nursing homes. Here, Congress can learn from the failures of New York and Pennsylvania while creating strategies to meet the different needs of different populations. Differences in rural, racial, and ethnically minority communities have highlighted the comprehensive action that needs to be taken. The nation has to utilize new technologies to better understand this virus and the viruses of the future. Innovation has been seen with the Food and Drug Administration providing greater flexibility for trial designs and the usage of mobile units to bring their COVID-19 treatments to institutions

with a large need. This ingenuity needs to continue in the future, and policies should encourage new technologies, strategies, and comprehensive partnerships.

TESTIMONY

Consuelo H. Wilkins said it has been harrowing to witness the devastation of COVID-19 on minority communities. Across the US, individuals who are African American, American Indian, and Latino, as well as those who are from poorer communities, have been disproportionately burdened by COVID-19. For the future, Congress should prioritize the collection, reporting, and analysis of data. Through a study conducted by Vanderbilt, it was identified that zip codes with higher a COVID-19 burden have higher rates of African Americans, higher rates of employment, and lower rates of income because they represented essential workers. The country needs comprehensive data to develop strategies that are specific to communities. Additionally, further funding needs to be provided to the healthcare workforce for training purposes, as many people who are involved with data collection don't know how to analyze the data correctly. Funding needs to go into community efforts, so community trust can increase and specific needs like transportation and broadband issues can be addressed.

Abigail Echo-Hawk said as Seattle was the epicenter for COVID-19, instead of personal protective equipment, the city received body bags. Native people are 3.5 times more likely to be infected and more likely to die. As such, there has been a gross underreporting of race and ethnicity which has resulted in a slow response to meet the needs to Native people and rural communities. Additionally, the underfunding of the nation's public health infrastructure has resulted in the lack of Centers for Disease Control and Prevention funding to adequately collect race data. In a study conducted to measure states' success rate in collecting data on race and ethnicity, roughly 50% of states received a grade of a D or below while the national average was a grade of a C+. COVID-19 is also impacting essential services where tribal nations are seeing a huge decrease in pre- and post-natal care and substance use programs because of the lack of resources to utilize telehealth. Despite these challenges, tribal nations have successfully vaccinated huge portions of their populations, because they can rely on the Indian Health Service's infrastructure and the productive usage of trusted community messengers.

Taryn Mackenzie Williams said in addition to the disparities felt by communities of color, there are stark disparities within the disabled community. The Centers for Medicare and Medicaid Services originally said that those with chronic diseases are at the highest risk of contracting COVID-19; however, there is not much guidance for this community. Absent critical funding to allow people with disabilities to live safely in their home needs to be protected, these vulnerable communities will have to live in congregated communities, which we have seen can prove to be hot spots for spread. However, the country continues to experience ableism and has participated in the ongoing devaluing of those with disabilities. Also, race and poverty have been inextricably linked to COVID-19. America's two tiered economic situation exclude people of color, women, and those with disabilities. Collection and reporting of data needs to be comprehensive on race, ethnicity, and socioeconomic stature. The additional funding for home and community-based

services through the American Rescue Plan has been a positive step in the right direction, but more funding needs to be provided. Additionally, as the ACA is widely supported, Medicaid coverage still needs to be expanded even more by creating powerful incentives for states.

Gene A. Woods said brown and black people are dying disproportionately from COVID-19 and the virus has acted as a blinding spotlight for racial inequities. Atrium has used data to pinpoint communities that had the greatest need and employed mobile units to go out to these areas, which resulted in dissolving testing disparities. Atrium also built private, public partnerships to scale up large testing and vaccination events, which demonstrated that pro-business and pro-health can operate together and both are required for national security. Atrium has worked to equip patients' bedrooms with monitoring technology so health care workers can know in real time what treatments the patient needs to respond to a COVID-19 reaction.

QUESTIONS AND ANSWERS

Chairman Murray asked how to make sure COVID-19 vaccines are available in most impacted communities and how to ensure communities will actually take the vaccine. **Ms. Williams** said Congress needs to prioritize equity in the vaccine rollout, fixing the technical divide, and making sure services are accessible. Congress should also address the lack of broadband access, and make sure vaccine materials are accessible with different languages and for those with disabilities. **Dr. Wilkins** said there is more to access than availability; transportation, the ability to access an appointment, and the location of the vaccine site are significant factors. Leadership needs to make sure that those who are providing the vaccine are trained with cultural competency. **Chairman Murray** asked how to ensure tribal communities gain equitable access to COVID-10 vaccines. **Ms. Echo-Hawk** said data needs to be utilized to find out the levels of willingness to take the vaccine, and there needs to be greater investment in tribal communities.

Ranking Member Burr asked how lessons from Vanderbilt's ability to recruit minority populations can be used to continue efforts nationwide. **Dr. Wilkins** said Vanderbilt has online training, so people can be better prepared to vaccinate minority communities. If doing testing on site, workers need to understand what patients' needs are, and workers need to be able to leverage systems and technology. Vanderbilt has also been using remote trail monitoring to connect people to digital tools. **Ranking Member Burr** asked how Atrium changed the way it used its data systems to determine where and how people were getting COVID-19. **Mr. Woods** said things were changing to a 24 hour cycle. Atrium used geo-mapping capabilities, which were updated every 24 hours, which were able to map disparities locally to then use data to form the ability to deliver care. **Ranking Member Burr** asked how Atrium has used private public partnerships. **Mr. Woods** said Atrium could not have effectively responded to COVID-19 without these partnerships. By blending capabilities in private and public settings, the response can be comprehensive.

Sen. Casey (D-PA) asked what guidance the CDC should provide states regarding prioritizing disabled communities. **Ms. Williams** said few states have actually mentioned

disabled communities in their vaccine rollout plan, so the CDC needs to release updated guidance that defines the needs of the disabled communities. **Sen. Casey** asked how access to care can be ensured for COVID-19 long haulers. **Dr. Wilkins** said what is most important is that people have access to care. There is no information on how long the symptoms will last in individuals who have already contracted COVID-19 or what issues will flare in the future.

Sen. Kaine (D-VA) asked how to build robust public health data infrastructure. **Dr. Wilkins** said the data isn't just in public health, it's also in social services. COVID-19 has brought the need for collaboration across sectors and geo and community data need to be utilized as well.

Sen. Cassidy (R-LA) asked how vaccine hesitancy plays a role in low vaccination rates. **Dr. Wilkins** said it is important to use language about vaccine readiness, not hesitancy. **Sen. Cassidy** asked what the vaccination rate is in health centers. **Dr. Wilkins** said it varies but direct information needs to be provided to those that do not have access to services like appointment scheduling software as consistently as other workers.

Sen. Baldwin (D-WI) asked what the impact of the pandemic on maternal disparities has been and in what ways the health care workforce can be better supported. **Dr. Wilkins** said there have been issues with maternal follow up care and that child care during the pandemic is extremely difficult for some parents. In regards to the work force, more diverse individuals need to be hired and encouraged to enter health care professions. **Sen. Baldwin** asked how the recognition of racism as a public health crisis improves the nation's understanding of COVID-19 and what states can do to improve data collection efforts. **Ms. Echo-Hawk** said the impacts of racism affect the overall health outcomes of racial inequities. Recognizing stressors that impact minority communities allow policies to ensure they are allocating resources to the right people but accurate and comprehensive data is required to appropriately disperse these funds

Sen. Scott (R-SC) asked what the importance of making telehealth permanent is. **Mr. Woods** said without telehealth, the most vulnerable populations cannot be served. For the future, the genie cannot be put back into the bottle. Telehealth legislation that includes expansive broadband access and support for rural communities is important. **Sen. Scott** asked what steps providers and other stakeholders are taking in order to increase clinical trial diversity. **Mr. Woods** said the fundamental issue is the issue of trust so community leaders need to be utilized to bring people in to participate.

Sen. Rosen (D-NV) asked what more can be done to make sure Latino communities know vaccines are safe, effective, and free. **Dr. Wilkins** said the efforts have to be at the community level; a one size fits all will not work. Identifying community assets is not something that is frequently discussed but should be prioritized. **Sen. Rosen** asked how to increase patient confidence and increase access to basic preventative care. **Dr. Wilkins** said this is where community leaders and peer navigators need to be relied on to understand all the reasons why people are not coming into clinics.

Sen. Braun (R-IN) asked why it has taken so long for the health care industry to embrace new technology. **Mr. Woods** said the affordability of investing in that infrastructure is a

huge issue so there needs to be additional funding for infrastructure and for general training. **Sen. Braun** asked how Atrium is leading the way to embrace full transparency between hospitals and insurance companies. **Mr. Woods** said Atrium health invested in technology prior to those services being reimbursed. Most hospitals are price takers, not price setters. It's a multifactorial issue, health systems need to lean in, pharmaceutical companies need to lean in, and congress needs to lean in.

Sen. Smith (D-MN) asked what can be learned from tribal nation's vaccination efforts. **Ms. Echo-Hawk** said their efforts are a result of tribal sovereignty. High vaccination rates have occurred because of the usage of trusted community messengers and an established health care system, they just needed appropriate funding but the funding can't be a onetime action.

Sen. Murkowski (R-AK) asked what investments need to be made to close disparities in health care. **Ms. Echo-Hawk** said comprehensive and appropriate funding needs to be provided or else disparities will continue to grow.

Sen. Hassan (D-NH) asked how to ensure people of color who are living in rural areas have access to trusted providers. **Dr. Wilkins** said the country needs more primary care providers. Community health care providers also need to be supported. In regards to telehealth, both connectivity options and support services need to be funded. **Sen. Hassan** asked what further steps should the federal government take to ensure all vaccination portals and materials are accessible. **Ms. Williams** said Congress needs to pass another response legislation that supports the needs of disabled communities. There are already existing entities that support the disabled communities so they themselves need appropriate funding authorized through the disabilities act.

Sen. Lujan (D-NM) asked if there is confidence that the nationally reported data appropriately reflects tribal communities. **Ms. Echo-Hawk** said no, there is a chronic underreporting of race and ethnicity. For tribal nations, when ethnicity data isn't collected properly, communities aren't able to get appropriate federal relief. **Sen. Lujan** asked what the connection is between improved data methodologies and improved health outcomes. **Ms. Echo-Hawk** said that data is imperative to ensure appropriate allocation of resources. **Sen. Lujan** asked how to make sure partnerships are real and sustainable after the pandemic. **Dr. Wilkins** said community assets need to be recognized since they are deemed as trustworthy. **Sen. Lujan** asked how to recruit diverse and highly skilled workers. **Mr. Woods** said cultural competency training needs to occur consistently. From a long view, action needs to occur in Title 1 schools to make sure leaders are reaching out to young and bright minds to recruit them to come back to their neighborhoods.