



July 21, 2020

The Honorable Susan M. Collins
Chairman
U.S. Senate Special Committee on Aging
31 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bob Casey
Ranking Member
U.S. Senate Special Committee on Aging
31 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Collins and Ranking Member Casey:

Thank you for holding a hearing, “The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities.” The Healthcare Leadership Council (HLC) appreciates the opportunity to share its thoughts with you on this important issue.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient centered approach.

The COVID-19 pandemic has placed a spotlight on the inequities that exist in this country with regard to health outcomes. The higher rates of infection and fatality in communities of color are linked to existing health inequities facing people of color, such as higher rates of diabetes and hypertension, and barriers to care. The importance of social determinants of health and their impact are more apparent than ever.

According to the U.S. Bureau of Labor Statistics, only 31% of African Americans work in management or professional roles. Many people maintained their job and were able to telework as concerns grew about COVID-19 spreading. In contrast, the majority of African Americans in the United States either lost their jobs and health coverage or had to work in hazardous conditions, at higher risk of exposure to COVID-19.

Lower income individuals (approximately 22% of people living below the poverty line are African American and 18% are Hispanic) often have no choice but to risk exposure to COVID-19 in order to receive a paycheck, or conduct daily life activities such as visiting a laundromat or making frequent trips to the grocery store because they don't have the resources to stock up the pantry. People in low-income jobs, or who have lost their job during the pandemic, and do not have health coverage face high out-of-pocket costs if they become sick and are hospitalized. They also frequently do not have the support systems to help them in the event of serious illness.

These communities facing disproportionate rates of COVID-19 illness and death are the same vulnerable communities that were already struggling financially and will be hardest hit during the recession. Nearly 1 in 4 people across the country have filed for unemployment. Many have limited savings and will need help getting food and accessing healthcare, if they do not already. While coverage expansions under the Affordable Care Act have hastened the progress toward universal coverage, the continued high cost of many coverage options—means that access to affordable health care is still a challenge for many Americans—particularly African Americans who are one of the most economically disadvantaged demographics in this country. Furthermore, the average American family spends \$8,200 or 11 percent of family income per year on health care premiums, and out-of-pocket costs for copays, prescription drugs, and surprise medical bills also add to this financial burden. For African Americans, the average annual cost for healthcare premiums is almost 20 percent of their average household income, which is a major cost to bear, when taking into account income inequality and other economic challenges for this demographic.

As COVID-19 has a greater impact on those who are less able to achieve social distancing due to their work or home environment, it is creating a greater awareness of the work that needs to be done on social determinants of health. The World Health Organization has provided examples of factors that play a role in population health. These include safe and affordable housing, access to education, public safety, availability of healthy foods, local health services and toxic-free environments. All of these factors have a tremendous effect on our health and longevity, and too many Americans are lacking some or all of these supports. HLC urges Congress to accelerate efforts to address social determinants of health as a way to address health inequities. In addition, HLC supports the Department of Health and Human Services' work to collect comprehensive demographic data that can be used to better assist policymakers as they work to address disparities in health outcomes and inequalities in access to COVID-19 testing and treatment.

Thank you for your efforts to address the disproportionate impact of COVID-19 on communities of color. HLC looks forward to continuing to collaborate with you on this important issue. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in black ink, reading "Mary R. Grealy". The signature is written in a cursive style with a large initial 'M' and 'G'.

Mary R. Grealy
President