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FIGHTING ON ALL FRONTS

June 17, 2020

The Honorable Anna Eshoo
Chairwoman
Energy and Commerce Health Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Michael C. Burgess
Ranking Member
Energy and Commerce Health Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Burgess:

The American Kidney Fund (AKF) submits the following comments for the record regarding the Energy and Commerce Health Committee's June 17 hearing, "Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System."

As the nation's leading independent nonprofit working on behalf of the 37 million Americans with kidney disease, AKF is dedicated the ensuring that every kidney patient has access to healthcare, and that every person at risk for kidney disease is empowered to prevent it. This commitment is particularly important for communities of color, who are disproportionately impacted by kidney failure, also known as end-stage renal disease (ESRD), and which requires dialysis or a kidney transplant to survive. For example, African Americans comprise 13 percent of the US population, but account for 35 percent of people on dialysis.

People with kidney disease, many of whom also have multiple chronic conditions, are at high risk for contracting and severely suffering from COVID-19. And minority populations that are disproportionately affected by kidney disease have been disproportionately impacted by COVID-19. The current pandemic further illustrates how longstanding health and socioeconomic disparities result in negative health outcomes for racial and ethnic minority populations.

The disparities include, but are not limited to, having less access to health insurance and health care; living in neighborhoods with more pollution and less access to healthy food, which are contributing factors to chronic conditions such as asthma, diabetes, hypertension and heart disease. Minorities are more likely to live in densely populated areas, live in multigenerational households, and work in essential service industry jobs that make social distancing during the COVID-19 pandemic more difficult.[i] Communities of color also encounter bias in the health care system that results in inadequate and lower quality of care.[ii] All of these are contributing factors that make racial and ethnic minorities more vulnerable during a public health emergency, and the available data are demonstrating the impact.

For instance, as of June 9, people of color in Illinois make up just 39 percent of the state's population but account for 55 percent of confirmed COVID-19 cases and 54 percent of deaths.[iii] When the data is broken down further, it shows the devastating affect COVID-19 is having on black Americans, in particular.
In Michigan black residents make up 14 percent of the population, but currently account for 31 percent of positive COVID-19 cases and 39 percent of deaths.[iv] In Louisiana, black residents account for 32 percent of the state's population but 53percent of COVID-19 deaths.[v] In Wisconsin, black residents make up only 6percent of the population but account for 19 percent of COVID-19 cases and 25 percent of the deaths.[vi] Nationally, black Americans make up 13 percent of the country's population, but data from the Centers for Disease Control and Prevention (CDC) show that the black population accounts for nearly 22 percent of COVID-19 cases. The CDC's

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data also shows that nationally the Hispanic/Latino population accounts for nearly 34 percent of cases, but they make up 18 percent of the population.[vii]

To better address the disproportionate impact of COVID-19 on communities of color in the immediate term, it is essential that data on confirmed cases and deaths by race/ethnicity is consistently and adequately reported, at the state and national level. For the 48 states and territories that are reporting race and ethnicity data, the types of data reported can vary. Some states are reporting both COVID-19 confirmed cases and deaths by race/ethnicity, while some are only reporting cases or deaths. Nationally, the CDC's data is quite limited because race/ethnicity information is available for only 44 percent of the people in its count of confirmed cases, and the agency has yet to produce more informative data on COVID-19 demographics, despite a congressional mandate to do so. Data also needs to be more comprehensive and capture information such as the number of people tested by race/ethnicity, which will allow officials to see any inequities with access to care. Accurate and comprehensive data by race and ethnicity is critical in developing effective public health strategies that can address the needs of minority populations during this pandemic.

As historical and recent events in our country have made clear, much needs to be done to address systemic racism and achieve racial equity. The COVID-19 pandemic has laid bare the longstanding need to address health disparities that have impacted communities of color and has highlighted the reality that racial equity cannot be achieved without health equity.

Thank you for the opportunity to submit these comments on this important issue.

Sincerely,

LaVarne A. Burton
President and Chief Executive Officer

[i] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

Kaiser Family Foundation, "Key Facts on Health and Health Care by Race and Ethnicity," November 12, 2019. https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-coverage-access-to-and-use-of-care/

Riley, Wayne J. "Health disparities: gaps in access, quality and affordability of medical care." *Transactions of the American Clinical and Climatological Association* vol. 123 (2012): 167-72; discussion 172-4.

[ii] Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/12875

FitzGerald, C., Hurst, S. "Implicit bias in healthcare professionals: a systematic review." *BMC Med Ethics* 18, 19 (2017). https://doi.org/10.1186/s12910-017-0179-8

[iii] https://www.dph.illinois.gov/covid19/covid19-statistics
[iv] https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173---,00.html
[v] http://ldh.la.gov/Coronavirus/
[vi] https://www.dhs.wisconsin.gov/covid-19/cases.htm
[vii] https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html