



April 28, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Racial Disparities in COVID-19 Cases and Public Release of Data

Dear Secretary Azar,

On behalf of the American College of Physicians (ACP), I am writing to urge federal agencies to begin immediately collecting and publicly releasing racial, ethnic, and patient's preferred language data around COVID-19 testing, hospitalizations, and deaths. Such action is imperative in order to equip physicians, researchers, and policymakers with sufficient information to better understand the circumstances and characteristics unique to treating and caring for racial and ethnic minority communities and those with limited English proficiency (LEP).

The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The American health system has experienced historical inequities that have contributed to the overall disparities in health status affecting racial and ethnic minorities and LEP individuals. Factors such as differences in geography, lack of access to adequate health coverage, patient-provider communication difficulties, cultural barriers, stereotyping, and lack of access to health professionals have resulted in poorer health outcomes for minority and LEP patients.¹ Existing research has found that certain racial and ethnic minority groups have higher rates of chronic disease, such as hypertension, diabetes, obesity, asthma, and cardiovascular disease. For instance, diabetes rates among Asian-Americans, Hispanics, non-Hispanic African Americans and Native Americans are higher than among whites.² All of these underlying chronic diseases

¹ Crowley, Ryan. "Racial and Ethnic Disparities in Health Care, Updated 2010." American College of Physicians, May 13, 2010. https://www.acponline.org/acp_policy/policies/racial_ethnic_disparities_2010.pdf.

² Spanakis, Elias K., and Sherita Hill Golden. "Race/ethnic difference in diabetes and diabetic complications." *Current diabetes reports* 13, no. 6 (2013): 814-823.

heighten one's risk for severe illness from COVID-19, leaving minority communities particularly vulnerable in an environment with inadequate testing and treatment capacities.

Early evidence suggests that COVID-19 is exacerbating these existing health disparities and impacting minority and LEP communities disproportionately. An analysis of hospitalization and mortality data and census demographics found counties with a majority-African American population had infection rates three times higher and mortality rates six times higher than those counties with a majority-white population.³ For example, in Milwaukee County, African American residents make up 26 percent of the population but accounted for 70 percent of COVID-19 deaths and in Louisiana they account for 32 percent of the state's population but 70 percent of deaths. At Massachusetts General Hospital in Boston, 40 percent of COVID-19 patients spoke Spanish as their native language.⁴ Public health officials have attributed much of this disparity to historical discrimination, distrust with the health care system, higher rates of underinsurance, and inadequate health care facilities in minority communities. Like the 1918 Spanish flu and 2009 H1N1 swine flu outbreak, minorities and those with LEP do not receive adequate health information and are more likely to transmit the disease and die.⁵

However, it is unlikely that the current data provide an accurate representation of the full extent of the impact on minority communities. **ACP strongly believes more research and data collection related to racial and ethnic health disparities is needed to empower stakeholders to better understand and address the problem of disparities and calls on the federal government to immediately collect and publicly release COVID-19 data on race and ethnicity.** While some states and municipalities have begun collecting and releasing data on COVID-19 cases at the racial level, the federal government has failed to consistently collect such data in its efforts. In the Center for Disease Control and Prevention's most recent release of data on total U.S. cases, 75 percent of cases had race and ethnicity as unspecified.⁶ At the state level, half of states have released some sort of racial and ethnic data on mortality rates while 34 states have released some sort of infection rate data; however, only two states have made testing data by race and ethnicity publicly available.⁷ Without complete data, physicians and other health professionals will be ill-equipped with the information they need to make evidence-based decisions and provide targeted care to communities most impacted by the pandemic.

³ Thebault, Reis, Andrew Ba Tran, and Vanessa Williams. "The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate." The Washington Post, April 7, 2020.

<https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/>.

⁴ "COVID-19 Health Inequities Task Force Created." Boston.gov. Office of Mayor Martin J. Walsh, April 9, 2020. <https://www.boston.gov/news/covid-19-health-inequities-task-force-created>.

⁵ Velasquez, David. "Equitable Access To Health Information For Non-English Speakers Amidst The Novel Coronavirus Pandemic." Equitable Access To Health Information For Non-English Speakers Amidst The Novel Coronavirus Pandemic | Health Affairs, April 2, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200331.77927/full/>.

⁶ "Cases of Coronavirus Disease (COVID-19) in the U.S." Centers for Disease Control and Prevention, April 20, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

⁷ Crampton, Liz, and Ryan Mccrimmon. "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>.

The College is also concerned about the impact other systemic issues and social determinants of health are having on COVID-19 racial disparities. Health status is influenced not only by the health care system, but also by social determinants and the environment in which one is born, works, and lives. Racial and ethnic minority populations and those with LEP are more likely to reside in densely populated areas and live in more crowded multigenerational homes than white populations. They also rely on public transportation and work in frontline essential jobs, such as bus drivers, cashiers, and food service workers, at higher rates than whites.⁸ There have also been several reports of the limited number of testing sites being located outside of African American communities in cities across the country.⁹ For those who do seek out medical care, one analysis of billing data from several states found that African Americans who presented COVID-19 symptoms were less likely to be given a coronavirus test.¹⁰ Additionally, reports of police encounters by African American men wearing personal protective equipment like facemasks in public have raised concerns about the impact of criminalization on racial health disparities.¹¹ **These social and economic factors make minority and LEP communities uniquely and particularly overexposed to the threat of COVID-19 and highlight the need for the federal government to collect and release data specific to these populations.**

Thank you for considering our request. ACP shares the Administration's goal of containing the spread of the virus and protecting the health and safety of the American public. However, given the outsized impact that initial data suggests COVID-19 is having on minority communities, the College contends that it is imperative the federal government promptly begins to collect, analyze, and publicly release data at the racial, ethnic, and patient's preferred language level in order to better inform the decision making of policymakers and health professionals. Please contact Josh Serchen, Senior Analyst, Health Policy at jserchen@acponline.org if the College can be of any assistance or if you have any questions.

Sincerely,



Jacqueline W. Fincher, MD, MACP
President

⁸ Ray, Rashawn. "Why Are Blacks Dying at Higher Rates from COVID-19?" Brookings, April 19, 2020.

<https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>.

⁹ Farmer, Blake. "The Coronavirus Doesn't Discriminate, But U.S. Health Care Showing Familiar Biases." NPR, April 2, 2020. <https://www.npr.org/sections/health-shots/2020/04/02/825730141/the-coronavirus-doesnt-discriminate-but-u-s-health-care-showing-familiar-biase>.

¹⁰ "COVID-19 and Minority Health Access." Rubix Life Sciences, April 1, 2020.

<https://rubixls.com/2020/04/01/health-data-in-the-covid-19-crisis-how-racial-equity-is-widening-for-patients-to-gain-access-to-treatment/>.

¹¹ Cineas, Fabiola. "Senators Are Demanding a Solution to Police Stopping Black Men for Wearing - and Not Wearing - Masks." Vox. Vox, April 22, 2020. <https://www.vox.com/2020/4/22/21230999/black-men-wearing-masks-police-bias-harris-booker-senate>.