



**WRITTEN STATEMENT FOR THE RECORD**

**FOR THE HEARING ENTITLED “ROAD TO RECOVERY: RAMPING UP COVID-19  
VACCINES, TESTING, AND MEDICAL SUPPLY CHAIN”**

**UNITED STATES HOUSE OF REPRESENTATIVES  
COMMITTEE ON ENERGY & COMMERCE, SUBCOMMITTEE ON HEALTH**

**February 3, 2021**

**BY THE  
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM**

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The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the February 3, 2021 hearing before the House Energy & Commerce, Health Subcommittee entitled “Road to Recovery: Ramping up COVID-19 Vaccines, Testing and Medical Supply Chain.”

APIAHF is the nation’s leading health policy organization working to advance the health and well-being of over 20 million Asian Americans, Native Hawaiians and Pacific Islanders (AA and NHPI) across the U.S. and territories. APIAHF works to improve access to and the quality of care for communities who are predominantly immigrant, many of whom are limited English proficient, and may be new to the U.S. healthcare system or unfamiliar with private or public coverage. We have longstanding relationships with over 150 community-based organizations across 34 states and the Pacific, to whom we provide capacity building, advocacy and technical assistance.

For over 32 years, we have focused our policy efforts on 1) improving access to health insurance and care for AA and NHPI and immigrant communities, 2) ensuring the collection, analysis and reporting of detailed demographic health data and 3) protecting and advancing the language rights of the 1 in 3 AAs and NHPIs who are limited English proficient.

As such, we have a strong understanding of the needs and barriers to good health that were already experienced by AA and NHPI communities across the country and ways in which COVID-19 is magnifying and exacerbating inequities among communities of color. It is imperative that Congress continue to take action to address these disparities as they threaten to undermine our collective national response and recovery.

### **COVID-19 National Crisis is Disproportionately Impacting Communities of Color**

The novel COVID-19 virus is a national crisis that demonstrates that public health has no boundaries. Yet the impact is being unevenly felt among communities of color who, due to a combination of structural, economic, social and environmental disparities and discrimination, are experiencing higher burdens associated with the pandemic. As a result, COVID-19 is disproportionately leading to severe illness and mortality within these communities.

We wish to emphasize that, in the face of narratives to the contrary, these communities facing disparities are in no way to blame. COVID-19 has exposed what advocates for health equity have known for decades, if not centuries: our history of racism and prejudice has led to serious health consequences that continue today. Or as put recently by journalist Zeeshan Aleem, “it’s not people of color driving up America’s casualties, but America that is driving up people of color’s casualties.”<sup>1</sup>

Nearly one year into the COVID-19 pandemic, the national emergency has magnified long-standing inequities that continue to undermine the health and well-being of AAs and NHPIs specially, and communities of color overall. To date, the federal response has been inadequate and has failed to identify and respond to the disproportionate impact COVID-19 is having on AAs and NHPIs nationally, and particularly within certain communities. The longstanding failure of state, federal and local governments to collect, analyze and report on detailed data have hampered our federal response at a time when the limited data that is available is clear that AAs and NHPIs are being impacted.

According to the UCLA COVID-19 Racial Data Tracker, NHPIs are the most likely to have contracted COVID-19 in 2020.<sup>2</sup> In at least 10 states, AAs have a case fatality rate that is disproportionately higher than the general population, while the same is true for NHPIs in 8 states.<sup>3</sup> Recent estimates indicate a high burden of COVID-19 deaths among AAs, with almost

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<sup>1</sup> Aleem, Zeeshan, “HHS Secretary Alex Azar suggests health problems in communities of color explain coronavirus death numbers,” *Vox* (May 17, 2020). Available at: <https://www.vox.com/covid-19-coronavirus-us-response-trump/2020/5/17/21261708/alex-azar-coronavirus-trump-economy-african-american>.

<sup>2</sup> <https://covidtracking.com/race>.

<sup>3</sup> Testimony from the National Council of Asian Pacific Islander Physicians to the Committee on Ways and Means (June 9, 2020). Available at: [https://mcusercontent.com/d7f02dd24377959c916d14de6/files/5ebe9b24-21f8-4d67-93d2-4f218db2e323/NCAPIP\\_Statement\\_to\\_House\\_Ways\\_and\\_Means\\_Committee\\_on\\_COVID\\_19\\_Disparities.pdf](https://mcusercontent.com/d7f02dd24377959c916d14de6/files/5ebe9b24-21f8-4d67-93d2-4f218db2e323/NCAPIP_Statement_to_House_Ways_and_Means_Committee_on_COVID_19_Disparities.pdf).

14,000 excess deaths, and AAs have the second-highest increase in deaths following Hispanic Americans.<sup>4</sup>

APIAHF has led national efforts to ensure the federal COVID-19 response addresses the needs of AA and NHPI communities including identifying critical gaps in data and infrastructure, language access and barriers for immigrant communities. In addition, as a long-term provider to the CDC, APIAHF is supporting CDC COVID-19 Response projects including building National AA NHPI COVID19 Response Network, which builds upon networks created by APIAHF and other national partners. The network includes a National AA NHPI Healthcare Workforce Education and Training Initiative and National Partnership for Rapid Response to COVID-19.

These inequities are compounded by the dual challenges that AA and NHPI communities face of a public health emergency and a spate of violence and xenophobic hate. AA and NHPI organizations have documented at least 1,900 hate incidents in 46 states.<sup>5</sup>

At the same time AA and NHPI communities are experiencing the dual blow of COVID-19 and COVID-19 hate, an estimated 2,000,000 AA and Pacific Islander essential workers are staffing vital public safety sectors. These include the 21% of physicians<sup>6</sup> who are AA and the nearly 10% of registered nurses<sup>7</sup> who are Filipino, as well as 21% of critical care fellows<sup>8</sup> and 22% of pharmacists.<sup>9</sup> Dr. Chen Fu, a Chinese American doctor working in a New York City hospital recently told NBC's *The Today Show* how he faced, despite his front line work, animosity and harassment in public.<sup>10</sup>

While Congress has responded to the crisis, such efforts have been insufficient to address the distinct needs of communities of color, in particular immigrant and limited English proficient communities and as we enter the next phase of our response involving vaccine distribution and administration. Failing to address this oversight threatens to perpetuate existing barriers, as recent data suggests is already happening, and undermines our collective national response.

### **Vaccine Distribution Must be Equitable**

As outlined in APIAHF and the Center for the Study of Asian American Health at NYU School of Medicine and community organizations around the nation letter to the National Academies for Science, Engineering and Medicine,<sup>11</sup> equity must be a central component of our national

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<sup>4</sup> Flagg A, Sharma D, Fenn L, Stobbe M. COVID-19's Toll on People of Color Is Worse Than We Knew. *The Marshall Project*.

<sup>5</sup> "Hate Incidents," *AAPIN Emergency Response Network* (last accessed May 25, 2020). Available at: <https://www.aapiern.org/hate-incidents>.

<sup>6</sup> "COVID-19 in Numbers, Physicians & Surgeons," *Data USA* (last accessed May 25, 2020). Available at: <https://datausa.io/profile/soc/physicians-surgeons>.

<sup>7</sup> "COVID-19 in Numbers, Registered Nurses," *Data USA* (last accessed May 25, 2020). Available at: <https://datausa.io/profile/soc/registered-nurses>.

<sup>8</sup> Lane-Fall MB, Miano TA, Aysola J, Augoustides JGT. "Diversity in the Emerging Critical Care Workforce: Analysis of Demographic Trends in Critical Care Fellows From 2004 to 2014," *Crit Care Med*. 2017;45(5):822-827. doi:10.1097/CCM.0000000000002322.

<sup>9</sup> "COVID-19 in Numbers, Pharmacists," *Data USA* (last accessed May 25, 2020). Available at: <https://datausa.io/profile/soc/pharmacists>.

<sup>10</sup> Nguyen, Vicky, "Threats against Asian Americans are on the Rise Amid Coronavirus Crisis," *The Today Show* (April 24, 2020). Available at <https://www.today.com/video/threats-against-asian-americans-are-on-the-rise-amid-coronavirus-crisis-82510405969>.

<sup>11</sup> Statement on Preliminary Framework of Equitable Allocation of COVID-19 Vaccine (last accessed January 28, 2021). Available at <https://www.apiahf.org/resource/statement-on-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine/>.

vaccine distribution and administration efforts. This point has been echoed by leading civil rights organizations under the Leadership Conference for Civil and Human Rights Principles for COVID-19 Vaccine Development and Distribution, which call for communities to be included in vaccine distribution efforts and for affirmative steps to address vaccine hesitancy.<sup>12</sup> And as noted below, having detailed data is central to achieving those efforts, as well as diverse clinical trials.<sup>13</sup>

It is also important to understand that AANHPI communities face specific risks associated with COVID-19 that must be accounted for in distribution efforts:

### Essential Workers

Essential workers face higher risks of COVID-19 infection because of increased exposure to the virus. About 10 percent of the US workforce are employed in jobs where they are exposed to infection or disease at least once per week.<sup>14</sup> About 30 percent of AAs and NHPIs are represented in the essential workforce, including healthcare, food preparation services, personal care, protective services, sales and production. Pacific Islanders also have a high concentration in the meat- and poultry-processing industry, another essential industry. The burden of exposure to infection or disease at least once a week was more than 75 percent among healthcare support and healthcare practitioner workers, and about 30 percent among protective services workers.<sup>17</sup> In some states, AAs and NHPIs make up the highest share of healthcare workers, with a large proportion who are immigrants.<sup>15</sup>

Among AAs and NHPIs, there are several populations that have been reported to have a greater burden of COVID-19 deaths, in addition to the higher risk of COVID-19 disease and severe higher rates of comorbid conditions.

- Filipino nurses make up a large proportion of health workers, are employed in hospital sessions (58.5 percent), and are represented in acute care and critical care (42.5 percent) and geriatrics or gerontology (7 percent).<sup>16</sup> In California, almost one-fifth of registered nurses are Filipino and are overrepresented compared to the patient population.<sup>17</sup> In

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<sup>12</sup> Leadership Conference on Civil and Human Rights, “Civil Rights Principles for COVID-19 Vaccine Development and Distribution.” Available at: <https://civilrights.org/resource/civil-rights-principles-for-covid-19-vaccine-development-and-distribution/>

<sup>13</sup> Asian & Pacific Islander American Health Forum, NYU Center for the Study of Asian American Health, Clinical Trial Diversity Factsheet. Published December 2020. Available at: <https://www.apiahf.org/resource/clinical-trial-diversity-factsheet/>.

<sup>14</sup> Krisberg K. Essential workers facing higher risks during COVID-19 outbreak: Meat packers, retail workers sickened. *The Nation's Health*. 2020;50(6):1-16. See also Baker MG, Peckham TK, Seixas NS. Estimating the burden of United States workers exposed to infection or disease: A key factor in containing risk of COVID-19 infection. *PLOS ONE*. 2020;15(4):e0232452. doi:10.1371/journal.pone.0232452.

<sup>15</sup> Dang E, Huang S, Kwok A, Lung H, Park M, Yueh E. COVID-19 and Advancing Asian American Recovery. *McKinsey & Company* <https://www.mckinsey.com/~media/McKinsey/Industries/Public%20and%20Social%20Sector/Our%20Insights/COVID%2019%20and%20advancing%20Asian%20American%20recovery/COVID-19-and-advancing-Asian-American-recovery-final.pdf>. See also *New American Economy Research Fund*. Asian Americans and Pacific Islander Americans on the Frontlines. Published May 21, 2020. Accessed August 31, 2020. <https://research.newamericaneconomy.org/report/aapi-americans-on-the-frontlines/>.

<sup>16</sup> Jurado L-FM, Saria MG. Filipino nurses in the United States. *Nursing Management*. 2018;49(3):36–41. doi:10.1097/01.NUMA.0000530423.71453.58.

<sup>17</sup> Wong T. Little noticed, Filipino Americans are dying of COVID-19 at an alarming rate. *Los Angeles Times*. <https://www.latimes.com/california/story/2020-07-21/filipino-americans-dying-covid>. Published July 21, 2020. Accessed September 3, 2020. See also Waneka R, Spetz J. *The Diversity of California's Registered Nursing Workforce – 2013 Update*.

addition to their occupational exposures, a high proportion of Filipino nurses in the US were born in the Philippines (94.2 percent).<sup>18</sup>

- AAs and NHPs make up over 71 percent of the share of all healthcare workers in Hawaii and over 26 percent of healthcare workers in California.<sup>19</sup>
- In the healthcare workforce in the US, Filipinos represent 18.4 percent in the share of healthcare workers compared to 9.1 percent of all AAs and NHPs.<sup>20</sup>
- In the food preparation workforce in the US, Chinese, Filipino, and NHPs represent 6.1, 4.9, and 6.8 percent, respectively, in the share of food preparation workers compared to 4.9 percent of all AAs and NHPs.<sup>21</sup>

### Social Determinants of Health

If a vaccine is to be equitably accessible, the social conditions and determinants of health for AA and NHP communities must be considered.<sup>22</sup> This includes the rates of un- or under-insurance, immigration status, language access, cultural awareness, chronic health conditions, and more. The high prevalence of underlying health conditions like diabetes and pre-diabetes<sup>23</sup> are a large contributing factor to COVID-19 disparities among AAs and NHPs. According to the CDC, among COVID-19 confirmed hospitalized adults, over 90 percent of adults had an underlying health condition that included hypertension (56.9 percent), obesity (47.6 percent), metabolic disease (41.4 percent), and cardiovascular disease (32.5 percent).<sup>24</sup> Additionally, COVID-19 morbidity and mortality have been associated with diabetes in several recent studies.<sup>25</sup> Diabetes

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California Board of Registered Nursing; 2013. Accessed October 2, 2011. [http://0-proquest.umi.com.library.touro.edu/pqdweb?index=0&did=2166665531&SrchMode=1&sid=1&Fmt=3&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1317549965&clientId=31638](http://0-proquest.umi.com/library.touro.edu/pqdweb?index=0&did=2166665531&SrchMode=1&sid=1&Fmt=3&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1317549965&clientId=31638).

<sup>18</sup> Jurado L-FM, Saria MG. Filipino nurses in the United States. *Nursing Management*. 2018;49(3):36–41. doi:10.1097/01.NUMA.0000530423.71453.58.

<sup>19</sup> Asian Americans and Pacific Islander Americans on the Frontlines. *New American Economy Research Fund*. Published May 21, 2020. Accessed August 31, 2020. <https://research.newamericaneconomy.org/report/aapi-americans-on-the-frontlines/>.

<sup>20</sup> US Census Bureau. 2018 American Community Survey 1-Year Estimates. Accessed April 21, 2020.

<sup>21</sup> *Id.*

<sup>22</sup> Written Statement for the Record for the Hearing Entitled ‘The Disproportionate Impact of COVID-19 on Communities of Color’ Committee on Ways and Means, *Asian & Pacific Islander American Health Forum*. Published May 27, 2020. Available at: <https://www.apiahf.org/wpcontent/uploads/2020/05/5.26.2020-Asian-Pacific-Islander-American-Health-Forum-WrittenTestimony-to-Ways-and-Means-Committee-1.pdf>.

<sup>23</sup> Ko JY, Danielson ML, Town M, et al. Risk Factors for COVID-19-associated hospitalization: COVID-19-Associated Hospitalization Surveillance Network and Behavioral Risk Factor Surveillance System. *medRxiv*. Published online July 27, 2020:2020.07.27.20161810. doi:10.1101/2020.07.27.20161810.

<sup>24</sup> Centers for Disease Control and Prevention. COVID-NET: COVID-19-Associated Hospitalization Surveillance Network. Accessed August 31, 2020. [https://gis.cdc.gov/grasp/COVIDNet/COVID19\\_5.html](https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html).

<sup>25</sup> Apicella M, Campopiano MC, Mantuano M, Mazoni L, Coppelli A, Prato SD. COVID-19 in people with diabetes: understanding the reasons for worse outcomes. *The Lancet Diabetes & Endocrinology*. 2020;8(9):782-792. doi:10.1016/S2213-8587(20)30238-2. See also Holman N, Knighton P, Kar P, et al. Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England: a population-based cohort study. *The Lancet Diabetes & Endocrinology*. Published online August 13, 2020. doi:10.1016/S2213-8587(20)30271-0.

is of particular concern for Filipino, South Asian and NHPI communities affecting 12 percent, 11 percent and 9 percent, respectively as compared to 8.5 percent in US total.<sup>26</sup>

- NHPIs have disproportionately high prevalence of cardiometabolic diseases including diabetes and obesity, and are among the highest-risk populations in the US.<sup>27</sup>
- Studies have found that Asians as an aggregate have greater diabetes prevalence than their white counterparts<sup>28</sup> and have the highest proportion of undiagnosed diabetes among all racial and ethnic groups.<sup>29</sup>
- Furthermore, there is variation in the prevalence of diabetes when data are disaggregated by Asian subgroups. For example, a study by Uchima et al. (2019) using data from the Hawai‘i Behavioral Risk Factor Surveillance System found that NHPI (9.9 percent), Filipino (11.2 percent), and Chinese (9.1 percent) adults had significantly higher prevalence of diabetes than white adults (5.4 percent).<sup>30</sup> Another study found that all AA women and men (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) had greater prevalence of type 2 diabetes compared to non-Hispanic whites, with Asian Indian and Filipinos reporting the highest rates among AA subgroups.<sup>31</sup>

### Multi-Generational Homes

Living in more crowded homes, and/or multi-generational homes, may increase the risk of COVID infection, particularly among households with vulnerable populations (e.g., older adults) or essential workers and limited space to isolate.<sup>32</sup>

- AAs and NHPIs are more likely to live in multigenerational homes than other racial/ethnic groups.<sup>33</sup> More than 70 percent of AAs and NHPIs lived in multigenerational homes, with about 13 percent of AAs and NHPIs living in three-

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<sup>26</sup> Wyatt LC, Russo R, Kranick J, et al. *Health Atlas 2012-2017 for AANHPI: A Comprehensive Look at Health for AANHPI in the U.S. 2020.*

<sup>27</sup> Mau MK, Sinclair K, Saito EP, Baumhofer KN, Kaholokula JK. Cardiometabolic Health Disparities in Native Hawaiians and Other Pacific Islanders. *Epidemiol Rev.* 2009;31:113-129. doi:10.1093/ajerev/mxp004.

<sup>28</sup> Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. *JAMA.* 2015;314(10):1021-1029. doi:10.1001/jama.2015.10029. See also Wang EJ, Wong EC, Dixit AA, Fortmann SP, Linde RB, Palaniappan LP. Type 2 Diabetes: Identifying High Risk Asian American Subgroups in a Clinical Population. *Diabetes Res Clin Pract.* 2011;93(2):248-254. doi:10.1016/j.diabres.2011.05.025.

<sup>29</sup> Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. *JAMA.* 2015;314(10):1021-1029. doi:10.1001/jama.2015.10029.

<sup>30</sup> Uchima O, Wu YY, Browne C, Braun KL. Disparities in Diabetes Prevalence Among Native Hawaiians/Other Pacific Islanders and Asians in Hawai‘i. *Prev Chronic Dis.* 2019;16. doi:10.5888/pcd16.180187.

<sup>31</sup> Wang EJ, Wong EC, Dixit AA, Fortmann SP, Linde RB, Palaniappan LP. Type 2 Diabetes: Identifying High Risk Asian American Subgroups in a Clinical Population. *Diabetes Res Clin Pract.* 2011;93(2):248-254. doi:10.1016/j.diabres.2011.05.025.

<sup>32</sup> Dougherty C. 12 People in a 3-Bedroom House, Then the Virus Entered the Equation. *The New York Times.* <https://www.nytimes.com/2020/08/01/business/economy/housing-overcrowding-coronavirus.html>. Published August 1, 2020. Accessed August 31, 2020. See also Mejia MC, Cha P. Overcrowded Housing and COVID-19 Risk among Essential Workers. Public Policy Institute of California. Accessed August 31, 2020. <https://www.ppic.org/blog/overcrowded-housing-and-covid-19-risk-among-essential-workers/>.

<sup>33</sup> Cohn D, Passel JS. Record 64 million Americans live in multigenerational households. *Pew Research Center.* Published April 5, 2018. Accessed August 31, 2020. <https://www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/>.

generational households.<sup>34</sup> The percent of adults 65 years and older living in multigenerational homes ranged from 4.6 percent among NHPIs to 12.1 percent among Filipinos.<sup>35</sup>

- Among AA and NHPI groups, Filipinos (18.7 percent) and NHPIs (16.4 percent) reported the percentages of living in three-generational households.<sup>36</sup>
- NHPIs have higher COVID-19 death rates than any other racial or ethnic group, especially in regions with dense populations of NHPIs like Louisiana, Arkansas and Iowa.<sup>37</sup>
- About 24.1 percent of NHPIs live in 19 hotspot counties where NHPI populations are disproportionately affected by COVID-19 and 5.1 percent of AAs live in 4 hotspot counties where AA residents are disproportionately affected by COVID-19.<sup>38</sup>

As such, given the large number of AANHPIs living in multigenerational households<sup>39</sup>, vaccine prioritization should include family/caregivers as part of the essential and/or healthcare workers categories.

### Language Access

One third of AAs and Pacific Islanders are limited English proficient (LEP), meaning they speak little to no English, creating a substantial barrier to accessing routine care, let alone critical information and access to vaccines and clinical trials. Despite existing federal law and regulation requiring protections for LEP communities, who account for 25 million Americans, including over 6 million AAs and over 100,000 NHPIs, and established language access plans of federal agencies, language remains a significant barrier for the health of AAs and NHPIs.<sup>40</sup>

Our concerns are further confirmed by a survey commissioned by APIAHF with 45 community-based partners working with AA and NHPI communities which found that 9 in 10 respondents reported that existing language resources related to COVID-19 are inadequate.<sup>41</sup> As such, it is critical that any vaccine framework address language access barriers and advocate for allocation of resources, at the trial, distribution and public education of any COVID-19 vaccine.

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<sup>34</sup> US Census Bureau. 2018 American Community Survey 1-Year Estimates.

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> Chang RC, Penaia C, Thomas K. Count Native Hawaiian And Pacific Islanders In COVID-19 Data—It's An OMB Mandate. *Health Affairs Blog*. doi:10.1377/hblog20200825.671245.

<sup>38</sup> Centers for Disease Control and Prevention. Demographic Trends of COVID-19 cases and deaths in the US reported to CDC. CDC COVID Data Tracker.

<sup>39</sup> Living in more crowded homes, and/or multi-generational homes, may increase the risk of COVID infection, particularly among households with vulnerable populations (e.g., older adults) or essential workers and limited space to isolate. AAs and NHPIs are more likely to live in multigenerational homes than other racial/ethnic groups (Cohn D, Passel JS. Record 64 million Americans live in multigenerational households. *Pew Research Center*. Published April 5, 2018. Accessed August 31, 2020. <https://www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/>). More than 70 percent of AAs and NHPIs lived in multigenerational homes, with about 13 percent of AAs and NHPIs living in three-generational households. (US Census Bureau. 2018 American Community Survey 1-Year Estimates). The percent of adults 65 years and older living in multigenerational homes ranged from 4.6% among NHPIs to 12.1% among Filipinos.

<sup>40</sup> COVID-19 Language Access Letter to Congressional Leadership, *Asian & Pacific Islander American Health Forum*. Published July 23, 2020. Available at: <https://www.apiahf.org/resource/covid19-lep-letter/>.

<sup>41</sup> What Asian American, Native Hawaiian and Pacific Islander Organizations Need in the Face of the COVID-19 Pandemic, *Asian & Pacific Islander American Health Forum*. Published July 20, 2020. Available at: <https://www.apiahf.org/resource/covid-19-need-to-know/>.

### Immigration Status

While the Affordable Care Act (ACA) has resulted in more than 20 million Americans gaining coverage through Medicaid and the Health Insurance Marketplace, coverage remains unequal with millions of immigrants ineligible for Medicaid and other public health insurance programs.<sup>42</sup> Federal restrictions, dating back to the 1996 Personal Responsibility and Work Opportunity Reconciliation Act of 1996, bar many categories of immigrants from coverage while undocumented immigrants are not even able to buy unsubsidized insurance on the ACA marketplaces. As a result, 31% of noncitizens are uninsured, compared to 8% of naturalized citizens and 7% of native-born citizens.<sup>43</sup>

Finally, it is extremely important to look at the underlying conditions (racism, poverty, comorbidities, lack of access to health info/care/insurance), homelessness, institutionalization, and systemic inequality. Racism is a consequence of systemic inequalities and our national vaccine distribution and administration strategy must acknowledge the potential impact on vaccine allocation and public health.

### **Detailed Demographic Data about Vaccine Administration is Needed**

As the United States has confirmed more than 25 million COVID-19 cases<sup>44</sup> and more than 23 million doses<sup>45</sup> of vaccines have been administered as of January 2021, we remain concerned that detailed demographic data continues to not be available about vaccine distribution and administration.

Disparities in COVID-19 impact are also present in vaccine distribution and administration efforts. According to new analysis by Kaiser Health News, Black Americans, for example, are being vaccinated at disproportionately lower rates than whites.<sup>46</sup> This analysis was based on 16 states that have reported race and ethnicity for vaccine distribution and raises serious concerns given that Asian American and non-Hispanic Black health care workers are more likely to contract COVID-19 and die compared to their white counterparts.<sup>47</sup> While many factors may be contributing to lower vaccination rates in communities of color, it is impossible to equitably address them without the collection, analysis and regular public reporting of detailed demographic data.

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<sup>42</sup> Chartbook: Accomplishments of Affordable Care Act, *Center on Budget and Policy Priorities*. Published March 19, 2020. Available at: <https://www.cbpp.org/research/health/chart-book-accomplishments-of-affordable-care-act>.

<sup>43</sup> APIAHF analysis of 2018 American Community Survey data.

<sup>44</sup> Johns Hopkins University COVID-19 Data Tracker, available here: [https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=newsletter\\_axiosvitals&stream=top#/bda7594740fd40299423467b48e9ecf6](https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top#/bda7594740fd40299423467b48e9ecf6).

<sup>45</sup> Centers for Disease Control & Prevention, COVID-19 Data Tracker, available here: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>.

<sup>46</sup> Kaiser Health News, Black Americans are Getting Vaccinated at Lower Rates Compared to White Americans, available here: [https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=newsletter\\_axiosvitals&stream=top](https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top).

<sup>47</sup> The Guardian, Key Findings About US HealthCare Workers To Date, available here: <https://www.theguardian.com/us-news/ng-interactive/2020/dec/22/lost-on-the-frontline-our-findings-to-date>.

APIAHF and Trust for America's Health recently outlined these concerns to the Centers for Disease Control and Prevention, appreciating that CDC is working to support our whole-of-government response to COVID-19 and that there was a lack of data collected under the last administration which compounds those efforts, as well as the challenge of aggregating data from multiple states and immunization information systems.

Tracking demographic data for those who have received the vaccine is critical to equitable vaccination efforts, including being able to tailor culturally and linguistically accessible outreach.

It is imperative that Congress respond to the complex crisis that communities of color are experiencing due to COVID-19 and include the supports that are needed to ensure equitable distribution of COVID-19 vaccines. Thank you for receiving this testimony. Please feel contact APIAHF policy at [policy@apiahf.org](mailto:policy@apiahf.org) with any questions.

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