



**Written Testimony  
Of the  
American Psychological Association  
Submitted to the House Ways and Means Committee  
Hearing: The Disproportionate Impact of Covid-19 On Communities of Color  
Wednesday, May 27, 2020 - 12:00 pm**

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, applauds the leadership of Congress in swiftly enacting emergency funding in response to the COVID-19 national public health crisis. We thank the Committee for examining the disproportionate impact of COVID-19 on communities of color through today's hearing. APA urges Congress to invest in programs which mitigate health disparities that COVID-19 exacerbates, and also address underlying social determinants of health, through the recommendations below.

**Disproportionate Impact on Vulnerable Populations**

It is now clear that COVID-19 disproportionately harms people of color. We would like to take this opportunity to make four key points for the Committee's consideration:

**1. A robust body of research demonstrates the significant costs of health inequalities.**

One analysis found a potential economic gain of \$135 billion per year if racial disparities in health were eliminated, comprised of \$93 billion in excess medical care costs and \$42 billion in untapped productivity.<sup>1</sup> Eliminating racial health disparities would have reduced direct medical care expenditures by an estimated \$230 billion and indirect costs associated with illness and premature death by more than \$1 trillion from 2003-2006.<sup>2</sup> Black and Latino men incurred \$450 billion in excess medical costs due to health disparities over a four-year period.<sup>3</sup> An analysis of Minnesota healthcare and labor market data concluded eliminating racial disparities in preventable, would generate \$247.43 million to \$538.85 million in yearly net benefits to Minnesota.<sup>4</sup> Thus, health equity focused policies that address the underlying causes of health disparities such as poverty, discrimination, lack of access to good jobs with fair pay, substandard housing and unsafe environments,<sup>5</sup> are not only the right thing to do, but they are cost-effective as well.

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<sup>1</sup> Ani Turner, Ani. (2018). The business case for racial equity: a strategy for growth. *or Growth*. W.K. Kellogg Foundation and Altarum, Washington, DC.

<sup>2</sup> LaVieste

<sup>3</sup> Thorpe, Roland J. (

<sup>4</sup> Nanney, M.S.; Myers, S.L., Jr.; Xu, M.; Kent, K.; Durfee, T.; Allen, M.L. The Economic Benefits of Reducing Racial Disparities in Health: The Case of Minnesota. *Int. J. Environ. Res. Public Health* **2019**, *16*, 742.

<sup>5</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? (2017). Princeton, NJ: Robert Wood Johnson Foundation.

<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>



2. **COVID-19 is worsening longstanding disparities in health status and outcomes.** Social and economic inequality, discrimination, stigma, and marginalization are at the root of the differences we see among racial and ethnic minorities. Research documents that even when stigmatized groups can access care, a variety of factors – including providers’ implicit biases and the inequitable distribution of health care resources – contribute to a lower overall quality of care and poorer outcomes for these groups relative to white patients.<sup>6, 7</sup> These factors, combined with higher risks for chronic health conditions, make many Blacks and similarly situated groups more vulnerable to COVID-19. For example, jurisdictions have reported higher rates and infections and deaths among racial and ethnic minorities. In Louisiana Department of Health, Blacks make up 32 percent of the population, but 70 percent of its COVID-19 related deaths.<sup>8</sup> And in Chicago the Department of Public Health has reported that in Chicago, Blacks account for 68 percent of the city’s 118 deaths and 52 percent of the roughly 5,000 confirmed coronavirus cases, despite making up just 30 percent of the city’s population.<sup>9</sup> CDC found disparities among patients hospitalized due to COVID 19, reporting on hospitalizations in a catchment area where approximately 59% of residents are white and 18% are black; yet, among 580 hospitalized COVID-19 patients approximately 45% were white and 33% were black.<sup>10</sup>
  
3. **Policies to understand and address the root causes of health inequities are part of the solution.** Most media reports of this inequity suggest that African Americans are at higher risk than other populations because of a higher incidence of underlying chronic medical conditions, such as diabetes and hypertension, and because African Americans are less likely to have health insurance or a regular health care provider. While these factors are true, this analysis overlooks the root causes of the African American health gap: historic and contemporary racism and discrimination.<sup>11</sup> Unless we work to mitigate these inequities, it will be more difficult to contain the pandemic. As psychological research shows, communities that work together to address the needs of *all* members can flatten the curve faster than communities fraught with division and distrust.<sup>12</sup> Psychological and public health research offers a more sophisticated understanding of the root causes of the African

<sup>6</sup> Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, 57, 1152-1173.

<sup>7</sup> Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Healthcare Disparities*. Smedley B.D., Stith, A.S., & Nelson, A.R. (Eds.). Washington, DC: National Academies Press

<sup>8</sup> 4. The Louisiana Department of Health. (2020). Coronavirus (COVID-19). Retrieved from <http://ldh.la.gov/Coronavirus/>

<sup>9</sup> City of Chicago. (2020). CHICAGO COVID-19 UPDATE. Retrieved from <https://www.chicago.gov/city/en/sites/covid-19/home/latest-data.html> and <https://www.chicago.gov/content/dam/city/sites/covid/reports/2020-04-08/Chicago%20COVID-19%20Update%20V2%204.8.2020.pdf>

<sup>10</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention. (2020). *Morbidity and Mortality Weekly Report: Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019 – COVID-NET, 14 States, March 1-30, 2020*.

<sup>11</sup> Smedley BD. (2019). Multilevel interventions to undo the health consequences of racism: The need for comprehensive approaches. *Cultural Diversity and Ethnic Minority Psychology*, 25(1), 123-125.

<sup>12</sup> Miller PK, and Weller BE. (2019). Uncovering profiles of economic, social, and cultural capital to explore depression across racial groups. *Journal of Racial and Ethnic Health Disparities*, 6(6), 1167–1181. <https://doi.org/10.1007/s40615-019-00618-4>



American health gap. Experiences of bias and discrimination have found to directly and negatively affect the health and mental health of African Americans.<sup>13</sup> But these processes also indirectly shape health: many African American men, for example, are afraid to wear masks in public, noting that they may increase risk for negative encounters with police.<sup>14</sup> Structural inequities – such as residential and school segregation – set the stage for poorer health among African Americans because they limit educational attainment and economic mobility, disproportionately expose African Americans to sources of environmental degradation, limit access to healthy foods (African Americans disproportionately live in so-called “food deserts,” where healthy foods are hard to find), and even make doctors and clinics harder to find.<sup>15</sup> Structural inequities also increase African Americans’ risk for exposure to the coronavirus. African Americans disproportionately work in jobs that require interpersonal contact and are less likely to be able to work from home. And given the disproportionate rates of incarceration of African Americans, these populations face higher risks for infection in institutional settings, where physical distancing is often impossible.

- 4. Americans are experiencing trauma on a mass scale as the Coronavirus pandemic unfolds.** From the harrowing experiences of frontline and essential workers, to families losing loved ones without a chance to say goodbye or to gather to grieve, we know that these experiences, and others during this crisis, will be traumatic and can have serious long-term health implications, especially as the country begins to reopen and people return to work. In addition, COVID-19 is exacerbating existing mental health disparities among Blacks, Latinos, American Indians/Alaska Natives and Asian Americans. Yet mental health is frequently an unaddressed matter in racial and ethnic minority communities due in part to stigma, lack of access to a qualified mental health practitioner, or provider discrimination. As our nation recovers, equitable access to mental health services will be more essential than ever. Congress must ensure quality and affordable mental health diagnosis and treatment is available in hard hit low-income and minority communities, who also tend to be low-wage essential workers, where existing disparities in mental health care and treatment are already being exacerbated due to COVID-19.

## Recommendations

We ask the Committee to prioritize solutions that reduce inequality, strengthen safety net programs, and consider diverse populations whose unique needs may otherwise be unrecognized or unmet. These include:

### Strengthen support for mental and behavioral health services

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<sup>13</sup> Chae DH, Nuru-Jeter AM, Adler NE, Brody GH, Lin J, Blackburn EH, and Epel ES. (2014). Discrimination, racial bias, and telomere length among African American men. *American Journal of Preventive Medicine*, 46, 103-111.

<sup>14</sup> Thomas A. (2020). I’m a black man in America. Entering a shop with a face mask might get me killed. *The Guardian*, April 7, 2020, available at <https://www.theguardian.com/commentisfree/2020/apr/07/black-men-cornonavirus-masks-safety>.

<sup>15</sup> Smedley BD. (2012). The lived experience of race and its health consequences. *American Journal of Public Health*, Vol. 102, No. 5, pp. 933-935.



As the demand for mental and behavioral health services continues to increase, APA urges Congress to protect and expand access to psychological services during the COVID-19 pandemic, including funding for essential behavioral health providers. APA joins more than a dozen of the nation's leading mental health organizations in calling for \$38.5 billion to preserve existing treatment infrastructure. Within SAMHSA, APA urges Congress to provide additional support for the National Suicide Prevention Lifeline, Substance Abuse Prevention and Treatment (SAPT) Block Grant, and Community Mental Health Block Grant (MHBG). Within funding for the MHBG, APA urges Congress to provide a set-aside specifically for crisis intervention services. In addition, APA urges the consideration of two bills before the Committee to help close the behavioral health disparities gap and deliver essential psychological treatment to rural, aging and underserved populations: the H.R. 884, the Mental Health Access Act, to allow clinical psychologists to see Medicare patients independently in all covered treatment settings without requiring oversight or prior approval by physicians; and H.R. 1530, the Treat and Reduce Obesity Act, to increase Medicare beneficiaries' access to health care providers, including clinical psychologists, best suited to provide intensive behavioral therapy. We also call attention to the need to address the pending 7% cut in Medicare payments for mental and behavioral health services to occur in 2021, resulting from proposed changes in payments for evaluation and management services. The substantial impact of the payment cut would impact clinical psychologists and social workers, who combined provide most mental and behavioral health services to Medicare patients. And finally, we ask support for extending new telehealth flexibilities authorized by Congress and waived by the Centers for Medicare and Medicaid Services, including services provided in a patient's home and by audio-only phone, to be retained for a year transition period to avoid a telehealth services "cliff" when the public health emergency period ends and to determine what temporary telehealth benefits should be made permanent.

#### Bolster the social safety net for low-and middle-income households and workers

Decades of psychological science indicate that when basic human needs such as safety, food, and shelter are threatened or not met, individuals will suffer severe mental and physical health consequences. As the COVID-19 pandemic continues to unfold, low- and middle-income Americans will face serious, prolonged financial hardship and other challenges. APA urges Congress to provide emergency funding to support households that may experience nutrition or housing insecurity as a result of COVID-19, or are at risk of falling into poverty or deep poverty. Any federal action that would result in reduced food security must be suspended, including proposed rules at the Federal Nutrition Services which would result in fewer households accessing SNAP and school nutrition services. Additionally, APA encourages Congress to regularly reassess the state of critical safety net programs throughout the COVID-19 crisis and recovery.

According to APA's recent Stress in America Report, 7 in 10 adults reported that the economy is a significant source of stress for them, and parents were more likely to report significant stress around meeting basic need of their families.<sup>16</sup> While the nation grapples with high unemployment as a result of COVID-19 and work is not available to many, Congress must make steps to mitigate the financial strain experienced by households most impacted by the economic downturn. Work requirements within the Temporary Assistance for Needy Families Program must be temporarily waived.

Additional direct cash payments should be made to low- and middle-income households, along with

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<sup>16</sup> Stress in America 2020: Stress in the Time of COVID-19, Volume 1. (2020). American Psychological Association. <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>



targeted tax relief through changes to the Child Tax Credit, Earned Income Tax Credit, and Child and Dependent Care Tax Credit, as in the HEROES Act.

#### Increase the federal investment in health equity programs and planning

With mounting evidence that COVID-19 is disproportionately impacting racial and ethnic minority communities across the United States (U.S.), particularly African Americans, APA urges Congress to invest in programs which mitigate health disparities that COVID-19 exacerbates, as well as address underlying social determinants of health. To ensure this, APA recommends all future COVID-19 funding packages should include language prohibiting discrimination by recipients of federal funds on any basis other than need or eligibility, such as (but not limited to) race, ethnicity, sex, age, and disability status, sexual orientation, gender identity, primary language, and immigration status.

Within the Department of Health and Human Services (HHS), APA recommends emergency supplemental funding for COVID-19 response planning and implementation for HHS' Office of Minority Health, as well as other health equity offices located in AHRQ, CDC, CMS, FDA, HRSA, NIH and SAMHSA. For SAMHSA's Office of Behavioral Health Equity, APA recommends increased funding for culturally competent COVID-19 behavioral health outreach and communications for populations most at risk. APA recommends SAMHSA develop and implement a research-based communications strategy aimed at increasing knowledge of COVID-19 transmission risks and prevention among racial and ethnic minorities with co-morbid mental health and substance use disorders. Within the Administration for Children and Families (ACF), APA recommends supplemental funding for the Community Service Block Grant for COVID-related initiatives that address underlying social determinants of health.

Finally, American Indians and Alaska Natives are more vulnerable to COVID-19 due to longstanding inequalities and high rates of underlying medical conditions. Before the pandemic, the Indian Health Service (IHS) budget met just half of tribal needs. With IHS funds now stretched even further, APA urges Congress to provide more funding for healthcare infrastructure, including support for healthcare providers and psychological services. Further, APA recommends funds be allocated to IHS to support partnerships with the U.S. Public Health Service Corps to deliver Psychological First Aid training and focused interventions through Skills for Psychological Recovery, including behavioral health resilience, to support Native populations.

#### Build trust and social cohesion

Psychologists' research has shown that communities with a high level of trust and engagement around common challenges tend to have better overall health and resiliency after disasters. Psychologists can help build social cohesion by supporting community dialogues that bring people together to improve their ability to identify the systems, policies and other factors that can create lasting change.

#### Collect more and better data

As noted above, we know that African Americans are at higher risk for contracting the coronavirus only because some state and local health agencies track data by race, ethnicity and other factors. But these factors are not being reported nationally. This information is critical for identifying where resources are needed most. The federal government is best positioned to collect and report out this data and to help local authorities do the same. CARES Act funds allocated to CDC for COVID-19



surveillance and data collection, testing and contact tracing must be closely monitored. In addition, Congress should take steps to ensure coordinated collection of data across federal agencies needed to address the underlying social determinants of health.

#### Denounce racism and intolerance

News reports document numerous instances of racist and xenophobic bullying and intimidation of people of Asian descent because the virus originated in China. Such actions ultimately affect all of us—and particularly other marginalized groups, such as African Americans—because of the climate of intolerance that they engender. All leaders—whether elected officials, faith leaders, business leaders or civic leaders—should use inclusive language when discussing the pandemic, stressing that our fates are intertwined. Denouncing intolerance moves the voices of perpetrators to the margins.

Thank you for considering our recommendations. We look forward to working with you to mitigate and then recover from this devastating public health crisis.

#### Contact

Leo Rennie MPA  
Senior Director  
Congressional and Federal Relations  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
202-682-5110  
[LRennie@apa.org](mailto:LRennie@apa.org)

