BIG CITIES HEALTH COALITION

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House Committee on Ways and Means

Hearing on the Disproportionate Impact on COVID-19 on Communities of Color

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Submitted Via Email WMdem.submission@mail.house.gov.

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Big Cities Health Coalition

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the nearly 62 million people they serve.

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The Big Cities Health Coalition (BCHC) is pleased to submit the following testimony to the House Ways and Means Committee for the Hearing on the Disproportionate Impact on COVID-19 on Communities of Color. BCHC is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the nearly 62 million people they serve. Thank you for holding a hearing on such an important topic and we appreciate the opportunity to share this information on our members' behalf. Please do not hesitate to reach out to Chrissie Juliano, Executive Director, with questions (Juliano@bigcitieshealth.org or 301-664-2989).

BCHC member health departments serve highly diverse urban areas that are particularly affected by the coronavirus pandemic (almost all BCHC health departments serve jurisdictions populated by majority non-White residents). While cities are often seen as resource-wealthy with an abundance of high-quality healthcare, drastic disparities persist across cities with regard to healthcare, access to healthy food, income inequality, safe recreation opportunities, and education. This contributes to large gaps in average life expectancy across neighborhoods in cities, with those with greater degrees of racial and ethnic segregation exhibiting the most alarming disparities—up to 30 years difference in average life expectancy across census tracts in many cities.

We appreciated listening to the experts and Representatives at the Hearing on 05/27/20. While public health and local governmental agencies were occasionally mentioned, the voice of public health, and specifically local public health, was noticeably missing on the panel. As was referenced, BCHC public health departments, such as Seattle-King County, were the first to analyze COVID-19 testing and mortality data by race/ethnicity and highlight the disproportionate impact of COVID-19 on individuals of color. For many years, BCHC public health departments have been at the forefront of looking at the impact of additional determinants of health, such as neighborhood of residence, income, education, and employment on health outcomes. While a large focus of the COVID-19 response generally and the hearing specifically was on medical care and countermeasures, the importance of the public health response cannot be ignored. Access to health care (insurance, testing, telehealth, and all that entails) is, of course, vital, but most of what affects our health happens outside of a doctor's office (or telehealth appointment). Leaders in public health have long understood this and worked hard to strengthen their systems to do so.

Long before the COVID-19 pandemic, governmental public health departments have worked to create healthy environment and systems that residents live, work, and play in—looking at the multitude of factors that allow people to get and stay health and safe. Preexisting inequities related to these factors contribute to the disproportionate impact of COVID-19 among communities of color. Public health departments also regularly work on other relevant measures, such as public policy, epidemiology, vaccination, contact tracing, community outreach, and should thus be a valued voice and partner in these key discussions related to health equity and the social determinants of health.

Over the last decade, state and local government health agencies have lost at least 40,000 positions, more than one-fifth of the total workforce. Not only has this underfunding weakened the direct response to COVID-19, but also the daily work of public health, including chronic

disease prevention, immunizations, environmental health, food access, community outreach, and education.

These cuts have made it more difficult for BCHC members to reduce disparities by investing in data systems to be able to analyze and identify communities that are most impacted and in need and providing them with vaccines, access to healthy food and safe, well-lit parks, and active transportation. In order for local governmental public health agencies to continue their work to reduce disparities specific to COVID-19, disparities related to race/ethnicity, and the root causes of these disparities, we cannot continue to neglect the public health infrastructure. While COVID-19 response funding is vital, so is sustained investment from the federal government to local public health entities.

Local governmental public health agencies have deep community roots and connections with community-based organizations, which allows a nuanced understanding of hyper-local areas and needs. We agree with the panel that better data collection and analysis is necessary—specifically at the jurisdictional and neighborhood level, not just county and state. For instance, while a state or federal government can look at data and see where COVID-19 mortality rates are highest, a local governmental public health department may look at that same data and see neighborhoods with high levels of dense and intergenerational housing, homeless encampments, neighborhoods without sidewalks and fresh food where the agency has seen hepatitis outbreaks and conducted outreach. The combination of in-depth local data and experience within the community allows greater understanding of how to reach those in need—be it through community health workers or partnerships with community centers and other embedded non-profit organizations. If these local governmental health agencies are not actively engaged and adequately funded, a great deal of underserved communities, including communities of color, will continue to get left behind when COVID-19-specific resources are gone.

Finally, at this moment in our country's history, it is also critically important to look at how structural racism is at that root of many of our systems and institutions that have never really worked equitably for all. In the midst of a once-in-a-lifetime pandemic that is ravaging communities of color, and yet another unnecessary death of a black man at the hands of a police officer, our society must begin to treat racism as a public health issue. Achieving equity and health for future generations will not be easy. Declaring racism as a public health issue may help to reframe the conversation and illustrate that we are all only as healthy as the least healthy among us. Moving forward, we must all work harder to diminish discrimination and trauma that is all too often experienced throughout communities of color. Doing so will mean rebuilding our communities, and in some cases, the systems within which we operate, so that each and every person, no matter where they live, the color of their skin, or where they were born, has the opportunity to live a healthy, full, and productive life.