



U.S. Senator Susan Collins, Chair  
U.S. Senator Robert Casey, Ranking Member  
Senate Special Committee on Aging  
G-31 Dirksen Senate Office Building  
Washington, DC 20510-6520

July 28, 2020

Dear Senators Collins and Casey:

On behalf of the American Psychological Association (APA), I am sending this letter to be entered into the record of the hearing, "The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities." APA is the leading organization of scientific and professional psychologists in the United States, including 121,000 members, affiliates, and students.

We thank you for convening this hearing to examine the disparate impact of the COVID-19 pandemic on older adults in racial and ethnic minority communities. It is clear from the data that COVID-19 has exacerbated existing disparities in our society. These disparities are magnified and reflected in our health care system and have long been present; the pandemic has only highlighted the discrepancies. Psychological science can help demonstrate the impact of these disparities and also point the way toward solutions.

Older adults are disproportionately affected by COVID-19, and if they are minorities, they are impacted most of all. Recent data produced by the Centers for Medicare & Medicaid Services (CMS) show African American Medicare beneficiaries have been hospitalized four times as often as Caucasians,, and also contracted the virus nearly three times as often as Caucasians of a similar age. Hispanic and Asian people were also more likely to become infected and hospitalized than Caucasians. People on both Medicare and Medicaid were far more likely to get the coronavirus.<sup>1</sup>

A recent [Brookings Institute report](#) provides mortality rates of African Americans for each age group, including older adults. The report notes that "Death rates among Black people between 55-64 years are higher than for white people aged 65-74, and death rates are higher for Blacks aged 65-74 than for whites aged 75-84, and so on. In every age category, Black people are dying from COVID at roughly the same rate as white people more than a decade older. Age-specific death rates for Hispanic/Latino people fall in between."<sup>2</sup>

Several points deserve emphasis from the Committee on this topic:

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<sup>1</sup> [Preliminary Medicare COVID-19 Data Snapshot Medicare Claims and Encounter Data](#): Services January 1 to May 16, 2020, Received by June 11, 2020 p. 6

<sup>2</sup> Tiffany Ford, Sarah Reber and Richard V. Reeves, "[Race gaps in COVID-19 deaths are even bigger than they appear.](#)" Brookings Institution Tuesday, June 16, 2020.

- **Health disparities are very costly.** 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 costs and \$42 billion in untapped productivity. Policies that address underlying causes of health disparities such as poverty, discrimination, lack of access to good employment, substandard housing and unsafe environments are not only sound policy, but they are also cost-effective.<sup>3</sup>

**The Pandemic Has Highlighted the Inequity of Healthcare for Minority Populations.** Given the disproportionate number of COVID-19 related deaths in minority communities, it is evident how disproportionate healthcare and access to healthcare is among Americans. This is especially relevant given the rise in number of minorities for the older population. More specifically, racial and ethnic minority populations have increased from 7.5 million in 2008 (19 percent of the older adult population) to 12.3 million in 2018 (23 percent of the older adult population) and are projected to increase to 27.7 million in 2040 (34 percent of older adults).<sup>4</sup>

- **Addressing these serious health conditions among vulnerable populations may be the start to solving many of the issues that result from health inequities.** The pandemic presents a window of opportunity for achieving greater equity in the health care of all vulnerable populations.<sup>5</sup> Minority populations also have a high rate of underlying health concerns such as diabetes, cardiovascular disease, asthma, HIV, morbid obesity, liver disease and kidney disease.<sup>6</sup>
- **Health care expenditures are important, but in isolation cannot eliminate health disparities, because disparities are fed by social inequality.** Experiences of bias and discrimination have been found to directly and negatively affect the health and mental health of African Americans.<sup>7</sup> Inequities also increase African Americans' risk for exposure to COVID-19. African Americans disproportionately work in jobs that require interpersonal contact and are less likely to be able to work from home. In a study of how job characteristics interact with household composition, Selden and Berdahl found that "Blacks at high risk of severe illness were 1.6 times as likely as whites to live in households containing health-sector workers. Among Hispanic adults at high risk of severe illness, 64.5 percent lived in households with at least one worker who was unable to work at home, versus 56.5 percent among blacks and only 46.6 percent among whites."<sup>8</sup>
- **COVID-19 is creating stress and trauma, further exacerbating the existing disparities in access to mental health services.** Mental health is frequently an unaddressed matter in racial and ethnic minority communities due in part to stigma, and a lack of access to a qualified mental health practitioner or provider discrimination. Congress must ensure quality and affordable

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<sup>3</sup> Ani Turner (2018). The business case for racial equity: a strategy for growth. *or Growth*. W.K. Kellogg Foundation and Altarum, Washington, DC

<sup>4</sup> The Administration for Community Living. (May 2020). 2019 Profile of Older Americans p.3.

<sup>5</sup> Monica Webb Hooper, Anna Maria Napoles, Eliseo J. Perez-Stable. (June 23/30, 2020). COVID-19 and Racial/Ethnic Disparities. *The Journal of the American Medical Association, Volume 323, Number 24*.

<sup>6</sup> Ibid

<sup>7</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*, 103111

<sup>8</sup> Thomas M. Selden and Teresa Terceira Berdahl, "[COVID-19 And Racial/Ethnic Disparities In Health Risk, Employment, And Household Composition](#), *Health Affairs* July 14, 2020.

mental health diagnosis and treatment is available in hard-hit low-income and minority communities.

### Recommendations:

- **Bolster the social safety net for low- and middle-income households and workers.** Decades of psychological science indicate that when basic human needs are threatened or not met, individuals will suffer mental and physical health consequences. According to APA's recent "[Stress in America report](#)," seven in ten adults reported that the economy is a significant source of stress for them.
- **Expand and improve collection of data from CDC and CMS on death rates, severity of illness, and risks of exposure in the home and community. It is critical for Congress to have timely data to make informed decisions about policies to prevent and treat illness.** Age-related data is vital. Congress must maintain the integrity of data on this topic and make it widely available for all. States and localities need resources and technical assistance to collect this data in timely ways, and it is critical for our national response against the pandemic. Congress has made some progress in this effort, but additional efforts are needed. Without accurate and timely data, the response is made blind.
- **Expand access to health and mental health services,** including making permanent the waivers allowing providers to use telehealth across state lines and audio-only telehealth where necessary. Audio-only services are especially critical for mental health access for many older Americans, as this technology is easier for them to use. Congress can increase the number of mental health providers through the Medicare system by enacting H.R. 884, The Medicare Mental Health Access Act which would remove a roadblock that hampers and delays mental health treatment for Medicare beneficiaries by ending unnecessary physician sign-off and oversight of psychologists' services in some Medicare settings.
- **Recommends passage of S. 4812, The Emergency Support for Nursing Homes and Elder Justice Reform Act of 2020.** The legislation includes provisions to improve nursing home care including promoting transparency about COVID-19 related cases and deaths. It also includes recommendations for improving the quality of nursing homes and addresses racial disparities. APA has made recommendations to include further mental and behavioral health provisions in the bill and to alleviate obstacles to improve access to psychological care.
- **Speak out against the specter of ageism in the COVID-19 pandemic.** The population of older adults in the U.S. is very diverse. For example, it includes retired medical personnel who answered the call to volunteer their services in COVID hotspots, caregivers of older and younger family members, and residents of nursing homes. The most concerning manifestation of ageism in this crisis is the consideration of age in the allocation of medical treatments. Such blunt criteria fail to recognize the diversity among older adults and "punish" individuals for their station in life. Fortunately, age has not been widely adopted as a criterion for resource allocation in the United States. The New York State guidelines for ventilator allocation rejected the use of advanced age as a criterion as discrimination against older adults. The guidelines

specified that clinical factors must inform allocation, the use of age as a stand-alone factor is not necessary.<sup>9</sup> Informally however, such blunt criteria may surface, and this Committee's educating role is very important.

APA has many useful resources on its website on [multicultural aging](#), and [COVID-19 and aging](#). In addition, we commend to the Committee two recent pieces of testimony about the unequal impact of COVID-19 on minority communities. Linked are APA statements for the [House Ways and Means Committee](#) and [House Energy and Commerce Subcommittee on Health](#).

APA will gladly provide additional information about any of these resources. Please contact Pat Kobor at [pkobor@apa.org](mailto:pkobor@apa.org).

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Katherine B. McGuire', with a stylized flourish at the end.

Katherine B. McGuire  
Chief Advocacy Officer

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<sup>9</sup> Alexandra DeSanctis, "[Age Discrimination and Rationing During the Coronavirus Crisis](#)," *National Review*, March 25, 2020.