**March 25, 2021**

*Summary of Testimony of*

**Consuelo H. Wilkins, MD, MSCI**

Vice President for Health Equity
Vanderbilt University Medical Center

## Senate HELP Committee Hearing:

Examining Our COVID-19 Response: Improving Health Equity and Outcomes by Addressing Health Disparities

Consuelo H. Wilkins, MD, MSCI is a physician, clinical researcher, professor, and Vice President for Health Equity at Vanderbilt University Medical Center (VUMC) in Nashville, TN. Board certified in both Internal Medicine and Geriatric Medicine, Dr. Wilkins also leads a portfolio of research awards focused on health equity, health disparities, and clinical trial recruitment. She is a member of VUMC's COVID-19 Command Center and Mass Vaccination Executive Team.

In her testimony, Dr. Wilkins will offer observations about health inequities exacerbated by COVID-19 and lessons learned at VUMC with respect to a systems approach to addressing health equity. Marginalized groups across the U.S. are experiencing a higher burden of COVID-19. African American, American Indian, Hispanic and Latino populations are 3-4 times more likely to be hospitalized and 2-2.5 times more likely to die from COVID-19. Individuals with limited English proficiency, people who are unhoused, and those living in rural communities have also been disproportionately impacted by COVID-19. **To address these COVID-19 inequities, Dr. Wilkins recommends the following:**

1. **Increase capture and use of key sociodemographic data needed to drive strategies.** Race and ethnicity data are missing in 46% of COVID-19 cases and 47% of vaccinations (CDC). Without this data, we are unable to fully understand the extent of COVID-19 inequities or develop specific approaches to mitigate. Primary language and social determinants data are also essential to effectively addressing inequities.
   - -Require collection of self-reported sociodemographic data including race, ethnicity and preferred language
   - -Capture individual and/or macro-level data on social determinants of health geocoded to home addresses, at units that correspond to defined neighborhoods (i.e., census block).
   - -Allow data sharing across health care, public health, social services, sectors
2. **Invest in community-driven solutions.** One-size-fits-all approaches will not address the striking disparities evident in COVID-19. Solutions must be built on the specific needs, perceptions, and assets of communities. Trusted organizations embedded in communities must help drive solutions.
   - -Fund trusted organizations within communities experiencing inequities to be COVID-19 resource centers – providing access to testing, risk prevention, and vaccinations.
   - -Create and fund community-based programs that leverage community assets such as community health workers to collect surveillance data, share risk-reduction information, support care for individuals with COVID-19, and serve as access point for care.
   - -Provide additional funding to community safety net providers who disproportionately care for these populations
3. **Prepare for COVID-19 long-haul.** Early data indicate as many as a third of people with COVID-19 will experience long-term symptoms due to the disease. The full extent of the disease is yet unknown, however, given the disproportionate impact of COVID-19 on specific groups, we should expect these groups to also be burdened by the long-term sequelae.
   - -Provide follow-up care/monitoring for people diagnosed with COVID-19 including free care for those without health insurance
   - -Make care available to individuals who experienced COVID-19 symptoms but not tested
   - -Fund research specifically to address long-term physical and mental health inequities