



July 30, 2020

The Honorable Pete Ricketts, Governor  
Office of the Governor  
P.O. Box 94848  
Lincoln, NE 68509-4848

Dear Governor Ricketts,

Families USA is a leading national voice for health care consumers dedicated to achieving high quality, affordable health care and improved health for all. During these difficult times, Families USA is advocating for equitable care for all. A recent Families USA report, “The Fierce Urgency of Now”, documents the growing health inequities exacerbated by COVID-19.<sup>i</sup> Effective pandemic response requires accurate and timely data collection of COVID-19 outcomes, particularly for those communities that have been hit hardest by the disease. We are encouraged by your recent efforts to openly publish COVID-19 data stratified by race and ethnicity, although it is concerning that the state of Nebraska did not release COVID-19 data by race and ethnicity until late June, five months after the national emergency declaration.<sup>ii</sup> **We urge you to continue faithfully reporting race and ethnicity data on a weekly basis, prioritize testing in communities most impacted by COVID-19, including rural communities, and to make testing more accessible for people with disabilities.**

The recommendations described below will better equip Nebraska to combat COVID-19 and target its resources to the communities with the greatest need.

### **Address Gaps in COVID-19 Data Collection**

Significant gaps exist in Nebraska’s COVID-19 data collection efforts that need to be addressed in order to obtain a clearer picture of how the pandemic is playing out among Nebraska residents. For example, Nebraska is now reporting on intensive care unit (ICU) and ventilator *capacity*, but the state is not yet reporting vital statistics (e.g. number of patients currently in ICUs and the number of patients on ventilators) stratified by race and ethnicity.<sup>iii</sup> Comprehensive data collection efforts play an integral role in addressing health disparities, supplementing our understanding about how best to allocate resources such as testing and personal protective equipment in a collective effort to improve the health of our nation.<sup>iv</sup>

### **Report COVID-19 Testing Data**

Among the states reporting COVID-19 testing data by race and ethnicity is Nebraska’s neighbor, Kansas.<sup>iv</sup> Kansas’ COVID-19 tracker reports “Race and Ethnicity Testing Rates per 1,000,” providing a disaggregated view on which communities are utilizing testing measures, and which communities are falling behind.<sup>v</sup> Not only does the tracker report testing data disaggregated by race and ethnicity, the data is updated three times a week, allowing for transparency and the most up-to-date data to be available for policymaking. In Nebraska, census data show that 80% of

Lancaster County's residents are non-Hispanic white, yet as of early July, 64% of COVID-19 cases are minorities. A similar disparity exists in Douglas County: 13% of Douglas County is Hispanic, yet almost 51% of COVID-19 cases stem from the Hispanic community.<sup>vi</sup> These numbers are indicative of the pervasive health inequities exacerbated by this pandemic. One way to combat these racial and ethnic inequities is through widespread testing and reporting of COVID-19 testing data stratified by race and ethnicity.

Although Nebraska's Department of Health and Human Services (DHHS) tracker now reports the percent of COVID-19 cases and deaths by race and ethnicity, we urge Nebraska to include COVID-19 testing rates by race and ethnicity in addition to case and death rates. Furthermore, Nebraska must prioritize testing in communities, particularly rural communities, that are experiencing the greatest disparities in COVID-19 outcomes. The worst outbreaks have not been in the cities of Lincoln or Omaha, but rather in the more under resourced, poorly equipped counties with a high density of meatpacking plants.<sup>vii</sup> According to the Centers for Disease Control and Prevention, about 9% of meatpacking workers across 14 states have tested positive for COVID-19. Scaled up testing efforts in Nebraska's rural and meatpacking communities must be increased in response to this disparity.<sup>viii</sup>

### **Ensure Accessibility and Language Access**

People with disabilities are known to be at higher risk of becoming infected and dying from COVID-19.<sup>ix</sup> Yet, because they are predominantly focused on drive-through testing, the current testing policies of *TestNebraska* neglect and discriminate against Nebraskans with disabilities. In addition to the obvious policy problem with not allowing non-drivers to access testing in a pandemic, it is a significant violation of Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504). The ability to drive to a testing center or access to the internet cannot be the defining factors in who receives COVID-19 testing.<sup>x</sup> Not only is it against federal regulations, it is simply immoral and unconscionable.

We also know that COVID-19 does not discriminate on the basis of language; therefore, it is imperative to bolster resources to address unnecessary gaps in outreach and treatment for individuals whose primary language is not English. Title VI of the Civil Rights Act requires entities that receive federal funds to ensure meaningful language access, including translation and interpretation services. Over 160,000 Nebraskans speak a language other than English at home.<sup>xi</sup> Therefore, we must ensure language accessibility of all COVID-19 public facing materials for the entirety of Nebraska's population.

### **Conclusion**

These recommendations are within Nebraska's reach. We strongly believe Nebraska has the tools necessary to shape a brighter, healthier, and more equitable future for all of its residents. Again, we implore the state of Nebraska to strengthen COVID-19 data collection measures: to **continue updating comprehensive data stratified by race and ethnicity at a minimum**, to **prioritize testing in communities most impacted by COVID-19, including rural communities**, and to **make testing more accessible to people with disabilities**.

Thank you for your time and attention. Should you have questions, please do not hesitate to reach out to Amber Hewitt, Director of Health Equity ([ahewitt@familiesusa.org](mailto:ahewitt@familiesusa.org)) and Joe Weissfeld, Director of Medicaid Initiatives ([jweissfeld@familiesusa.org](mailto:jweissfeld@familiesusa.org)).

Respectfully,

Amber Hewitt, Director of Health Equity, Families USA

cc:

The Honorable Sara Howard, Senator

The Honorable John Arch, Senator

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<sup>i</sup> Amber Hewitt, Eliot Fishman, Winne Luo, and Lee Taylor-Penn, *The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19* (Families USA, May 2020), [https://www.familiesusa.org/wp-content/uploads/2020/05/HE\\_COVID-and-Equity\\_Report\\_Final.pdf](https://www.familiesusa.org/wp-content/uploads/2020/05/HE_COVID-and-Equity_Report_Final.pdf)

<sup>ii</sup> *Determination that a Public Health Emergency Exists* (DHHS, January 2020), <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

<sup>iii</sup> *Racial Data Dashboard* (The Atlantic, June 2020), <https://covidtracking.com/race/dashboard>

<sup>iv</sup> Racial Data Transparency (Johns Hopkins University, June 2020), <https://coronavirus.jhu.edu/data/racial-data-transparency>

<sup>v</sup> *COVID-19 Cases in Kansas* (Kansas Department of Health and Environment, July 2020), <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

<sup>vi</sup> Erin Duffy, *New data shows Hispanics make up nearly 60% of coronavirus cases in Nebraska* (Omaha World-Herald, July 2020), [https://www.omaha.com/news/state\\_and\\_regional/new-data-shows-hispanics-make-up-nearly-60-of-coronavirus-cases-in-nebraska/article\\_801c53ce-605c-52de-a912-6c549cf31168.html#1](https://www.omaha.com/news/state_and_regional/new-data-shows-hispanics-make-up-nearly-60-of-coronavirus-cases-in-nebraska/article_801c53ce-605c-52de-a912-6c549cf31168.html#1)

<sup>vii</sup> Reis Thebault and Abigail Hauslohner, *A deadly 'checkerboard': Covid-19's new surge across rural America* (Washington Post, May 2020), <https://www.washingtonpost.com/nation/2020/05/24/coronavirus-rural-america-outbreaks/?arc404=true>

<sup>viii</sup> Michelle Waltenburg et al., *Update: COVID-19 Among Workers in Meat and Poultry Processing Facilities – United States, April-May* (Morbidity and Mortality Weekly Report, July 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6927e2.htm#suggestedcitation>

<sup>ix</sup> *People with Disabilities* (Centers for Disease Control and Prevention, April 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

<sup>x</sup> *Illegal Disability Discrimination Concerning TestNebraska* (Disability Rights Nebraska, June 2020), [http://thearc.org/wp-content/uploads/2020/06/OCR-Complaint\\_Nebraska\\_6-17-20.pdf](http://thearc.org/wp-content/uploads/2020/06/OCR-Complaint_Nebraska_6-17-20.pdf)

<sup>xi</sup> *Languages in Nebraska* (Statistical Atlas, September 2018), <https://statisticalatlas.com/state/Nebraska/Languages>