



August 5, 2021

Dr. Marcella Nunez-Smith
Chair
COVID-19 Health Equity Task Force
Office of Minority Health
U.S. Department of Health & Human Services
Tower Oaks Building
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

Dear Dr. Nunez-Smith:

Thank you for your leadership of the COVID-19 Health Equity Task Force. Trinity Health is sharing recommendations addressing future pandemic preparedness, mitigation, and resilience needed to ensure equitable response and recovery in communities of color and other underserved populations.

Trinity Health is one of the largest multi-institutional Catholic health integrated care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a health system that puts the people we serve at the center of every behavior, action and decision and we believe that access to affordable, quality care is a basic human right.

Since the beginning of the pandemic, Trinity Health has cared for more than 46,000 COVID-19 inpatients, administered over one million vaccine doses at hundreds of standing and pop-up clinics, created more than 306,000 connections to address social needs, and invested \$1.6 million to educate and promote vaccination with 24 community partners. As a result of the depth and breadth of our health system, we are uniquely positioned to share [our COVID-19 experience](#). Trinity Health is committed to using lessons learned during the COVID-19 pandemic to inform public policy and better prepare for future pandemics.

COVID-19 clearly demonstrates how the underinvestment in public health negatively impacted efforts to prevent disease, prepare for, monitor and respond to the ongoing pandemic. It also demonstrates how underinvestment ultimately contributes to inequities within our health care system and global community. The health care system was not adequately prepared to deliver the essential public health services as defined by the Public Health National Center for Innovation. This letter addresses recommendations to ensure public health and health systems are able to equitably respond to the ongoing COVID-19 pandemic as well as the next public health emergency. The federal government has the ability to incentivize or require states and local governments to make changes; we urge the government to use its authority to the greatest extent possible to improve public health and prepare for future pandemics.

Assess and Monitor Population Health

Outdated public health data systems prevent interoperability and fail to produce equitable, data-driven strategies.

- Provide funding, including for the Centers for Disease Control and Prevention's Data Modernization Initiative, for robust interoperative data infrastructure across public health, health care providers and states that allow for effective and timely communication to the federal government.

- Require standardized, accurate and robust data collection that includes race/ethnicity, gender identity and sexual orientation, and reporting and sharing of data between health systems, other clinical providers, public health departments and government for disease prevention, detection and mitigation.
- Strengthen cybersecurity defenses through development of coordinated national defensive measures; expansion of the cybersecurity workforce; disruption of bad actors that target U.S. critical infrastructure; and utilization of a “whole of government” approach to increasing consequences for those who commit attacks.

Investigate, Diagnose and Address Health Hazards and Root Causes

The COVID-19 pandemic has exposed the shortcomings of syndromic surveillance and genomic sequencing – critical for early detection of outbreaks, identification of racial disparities and monitoring of variants.

- Support investments in syndromic surveillance to detect, report and monitor diseases.
- Support investments to update clinical laboratory infrastructure so that labs have the capacity to both develop and process tests efficiently and accurately.

Communicate Effectively to Inform and Educate

Public health guidance has not always been consistently adhered to across federal, state and local governments.

- Ensure adequacy of channels to distribute consistent, data-driven and culturally appropriate information to the public on health threats and emergencies.
- Affirm CDC guidance is evidence-based and should be consistently adhered to by state and local governments.

Enable Equitable Access

The public health system has been unable to effectively address racial inequities and uneven access to care exposed by COVID-19.

- Provide stable opportunities for those who are uninsured to enroll in health insurance through marketplaces and Medicaid, including making the expanded Affordable Care Act (ACA) subsidies permanent, expanding Medicaid in all states, and increasing the Medicaid Federal Medical Assistance Percentages (FMAP).
- Expand investments in social influencers of health including affordable housing and access to healthy and affordable food.
- Ensure equity in outreach and education related to health and wellness across populations and communities.
- Provide reimbursement for CHW education and outreach to address social and health needs, and support community partners in public health activities (e.g., outreach, education, monitoring, contact tracing).
- Support development and funding for targeted clinical and public health interventions that close gaps in the prevalence of chronic conditions, which exacerbate inequities in outcomes.
- Support increased access to behavioral health services, including expanding the pipeline of behavioral health professionals and support increased behavioral health training for primary care providers (PCPs).
- Maintain telehealth flexibilities after the public health emergency ends, including removing geographic and originating site restrictions.
- Expand access to broadband to all Americans with priority to those in medically underserved communities, including rural and tribal communities.

- Invest in health system physical infrastructure for facility upgrades and to reconfigure care delivery to make health care more equitable and accessible.

Build and Maintain Strong Organizational Infrastructure for Public Health

Health Care Workforce

Health systems face workforce challenges that have been exacerbated by COVID-19 including colleague burnout and severe staffing shortages.

- Increase the number of residency slots eligible for Medicare funding.
- Reauthorize the Health Resources and Services Administration (HRSA) Titles VII and VIII workforce programs.
- Provide funding for educational loan pay-downs and vouchers for clinicians, including nurses, and other front-line workers.
- Promote nursing.
- Fund new clinical care models that use a multi-disciplinary team (compared to a primary nursing model).
- Provide funding for research and demonstration programs related to clinician wellbeing.
- Provide visa relief during emergency response.
- Provide grants to expand, modernize and support schools of medicine and schools of nursing in rural and underserved areas.
- Reject reductions to Medicare funding for direct and indirect graduate medical education.
- Incentivize efforts to allow psychiatrists, psychologists, social workers, nurses, care coordinators, community health workers (CHWs) and peer-to-peer support specialists to practice in collaborative, team-based environments according to their highest level of education, training and licensure; support efforts to facilitate care delivery across states, such as through licensure compacts for providers.
- Build a diverse health care workforce that understands community needs and can build relationships and trust.
- Establish grants for cultural and linguistic competency training in medical residency programs and in-service training for health care professionals.

Planning and Strategy

The lack of planning, coordination and strategy across all levels of government curtailed the COVID-19 response from the beginning.

- Require development of a national response strategy that equitably addresses testing, data sharing, vaccines, therapeutics, antibiotics, medical supplies, and medical equipment.
- Support a well-coordinated public health system that includes the medical establishment, health and social service providers, government, community-based partners and residents, especially individuals from communities of color, non-English speaking communities, the elderly and those who are poor and vulnerable.
- Include health systems in planning efforts to ensure coordination of prevention, mitigation and surveillance efforts between health systems and public health departments and other stakeholders (e.g., community-based providers and services).
- Develop clear roles and responsibilities for government, health care and public health stakeholders both during and after emergencies that appreciate the importance of community health needs assessments.
- Provide sustained funding for core public health functions (assessment, policy development and assurance).

- Provide adequate funding for the Hospital Preparedness Program (HPP) and ensure funding ultimately reaches hospitals.

Testing, Contact Tracing and Vaccinations

Chronically underfunded local public health departments are not equipped with adequate infrastructure to ensure access to community-based testing and vaccination sites or to manage time-intensive contact tracing efforts for vulnerable populations.

- Prioritize funding for community collaborations that expand access to immunizations and testing for communicable diseases in communities of color, non-English speaking communities, the elderly and those who are poor and vulnerable.
- Incorporate a robust contact tracing strategy to prevent and mitigate the spread of communicable diseases.
- Create certainty and transparency in the vaccine supply chain.
- Provide support for ongoing vaccine research.

Supply Chain Coordination

From the lack of domestic manufacturing to the competition for supplies and equipment, the COVID-19 pandemic highlighted inadequacies in the health care supply chain.

- Develop transparent Strategic National Stockpile (SNS) policies that include information on the inventory, product specification, location, quality and accessibility of the stockpile and ensure this information is accessible to health systems; replenish and keep SNS stock fresh; and establish a cadence of disaster drills with health systems where product is shipped, consumed by the health system and replenished in the SNS.
- Develop a process to track the status of critical product shortages and require supply chain disclosure (location of raw materials, distribution channels) for medical product approvals informed by the precedent set for the COVID-19 vaccine emergency use authorization (EUA) approval process.
- Establish a coordinated national supply chain through a public-private partnership that includes a "marketplace" for supplies with information on demand. This effort should be led by supply chain experts with government at the table.

We must ensure public health and health systems are fully equipped to equitably respond to the ongoing COVID-19 pandemic and future public health emergencies while also protecting the safety and improving the health of communities. Trinity Health looks forward to reviewing and promoting the recommendations in the Task Force's final report. Please contact Maggie Randolph, Director of Public Policy and Analysis, at margaret.randolph@trinity-health.org or 734-846-0610 for additional information.

Sincerely,



Michael A. Slubowski, FACHE, FACMPE
President and Chief Executive Officer
Trinity Health