Lead the Way

Racism – A Public Health Crisis
Principles to Guide a Journey to Health Equity

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. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

Addressing Racism as a Public Health Crisis

Trinity Health acknowledges that racism exists in the health care delivery and financing system. Furthermore, it is a root cause of health inequities. Racism manifests in many ways, including limiting access to care, restricting affordability, exacerbating biases that impact health care decision making, and health outcomes. Because of its pervasiveness, Trinity Health believes that racism is a public health crisis.

The Trinity Health Mission and Core Values compel us to advocate for change to the structural and systemic policies that limit and shape opportunities for Black and Brown people. The Core Values of reverence, commitment to those who are poor, safety, justice, stewardship and integrity guide this work to improve the health of all communities and dismantle barriers to inequities in health care.

It is a public health crisis when racial groups disproportionately experience significant differences in health care coverage, access and outcomes:

- **Insurance Coverage**: Black people are 1.5 times and Hispanic people are 2.5 times more likely to be uninsured than whites (19.0 percent and 11.5 percent vs. 7.5 percent).[1]
- **Health Outcomes**: Infant mortality for Black infants (10.9 per 1,000 live births) is two times higher than for whites (4.7).[2] Black and American Indian/Alaska Native women are two-three times more likely to die from pregnancy-related causes (40.8 and 29.7 deaths per 100,000 births) than white women (12.7).[3]
- **COVID-19 Infection and Hospitalization Rates**: COVID-19 infection rates for Black Medicare beneficiaries were almost 2.5 times higher (1,658 per 100,000) than for whites (712 per 100,000). Between January and June 2020, Medicare hospitalization rates for Black people were 670 per 100,000; Hispanics 401 per 100,000; and whites 175 per 100,000.[4]
- **Access to Health Services**: Black and Hispanic people are more likely to experience longer wait times and understaffed COVID-19 testing centers.[5]

Trinity Health Priorities to Eliminate Systemic Racism

- Advocate for racial justice: declare racism a public health crisis, address the racial inequities of COVID-19, and advance comprehensive health care for all.
- Equitable compensation and talent management processes: review and update all human resources policies and practices to reinforce and promote equity, and mitigate the impact of systemic racism.
- Reinforce culture of inclusion: mandatory annual cultural proficiency training for employees and de-escalation training for all security (employed or contracted).
- Support through stewardship: 50 percent increase in diverse supplier spend over next three years.

Trinity Health is identifying clinical, organizational and community levers to fight racism in the health care delivery system and shares the policy principles outlined below to guide discussion with federal, state and local policymakers.

Ensure Funding and Support for COVID-19 Testing and Vaccine Access for All

When increasing testing and immunization capacity, communities of color should benefit from policies that:
- Require robust data collection and public reporting of testing and vaccine access that includes race/ethnicity.

[1] Artiga, S. et al. 2020. "Disparities in Health and Health Care: Five Key Questions and Answers." Kaiser Family Foundation.
[2] Kaiser Family Foundation. 2020. "Infant Mortality Rate by Race/Ethnicity."
[3] Centers for Disease Control and Prevention. 2019. "Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths."
[4] Centers for Medicare & Medicaid Services. 2020. "Preliminary Medicare COVID-19 Data Snapshot."
[5] Kim, S. et al. 2020. "Which Cities Have the Biggest Racial Gaps in COVID-19 Testing Access?" FiveThirtyEight.

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- Encourage strong partnerships across health systems and community-based organizations, public health departments and others to support access to testing and treatment.
- Fund, expand and promote community-based sites for immunization and testing (e.g. school-based health centers, mobile clinics, and drive-thru testing and vaccination options) to ensure visible access in all communities.
- Support community health workers who provide education and outreach on testing and vaccine services to ensure availability of culturally and linguistically appropriate materials and provide linkages to social services.
- Prioritize at-risk groups, including elders and people with co-morbidities, when designing plans for vaccine distribution.

> *"We cannot tolerate or turn a blind eye to racism and exclusion in any form and yet claim to defend the sacredness of every human life."*
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> - Pope Francis, June 3, 2020

Create Equal Access to Affordable Coverage and Care
Improving the health of individuals and communities experiencing the effects of racism requires ensuring access to affordable health coverage and care by supporting policies that:
- Ensure a strong safety net with Medicaid expansion in every state.
- Maintain insurance market reforms that support continuous coverage without exclusions for pre-existing conditions.
- Promote enrollment in health insurance with high-functioning insurance marketplaces.
- Guarantee access to essential health benefits as defined in the Patient Protection and Affordable Care Act.
- Guard against excessive out-of-pocket health care costs that impose financial burden on patients.
- Expand telehealth offerings to beneficiaries in Medicaid and marketplace plans.
- Promote digital literacy and access to broadband and other digital health technologies that support access to care.

Eliminate Health Disparities Resulting from Inequities in System
Health disparities can be eliminated by addressing the drivers of those outcomes in the system, this includes supporting policies and providing funding to:
- Address social influencers of health -- housing, education, employment, food, and access to broadband and digital technologies – that reinforce better health outcomes.
- Require data collection that includes race/ethnicity to identify where disparities exist and must be addressed (e.g. maternal and child health, chronic diseases, opioid use disorder).
- 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 related to COVID-19 and other communicable diseases.
- Build a diverse health care workforce that understands community needs and can build relationships and trust.

Encourage and Fund Community Collaboratives that Address Racism
Addressing racism will require collaboration across community stakeholders, which can be advanced by polices that:
- Fund community collaboratives that bring together residents, all levels of government, social services, health care, law enforcement, the business community, employers, community-based organizations and other stakeholders to identify, develop and implement strategies to target inequities and disparities.
- Identify and disseminate best practices and lessons learned from community collaboratives that address healthcare inequities and disparities.
- Identify and disseminate best practices and lessons learned from community collaboratives that engage in implicit bias training.
- Incentivize partnerships across sectors that build awareness for policies that address the socioeconomic and health inequities caused by institutional racism.