

Care for the **Common Good**

Our COVID-19 Journey: Lessons Learned



Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation, serving diverse communities across 25 states. We advocate for public policies that promote care for the common good including expanding health care coverage and care, investing in public health, paying for high-value care, and improving the health of communities.

Throughout the COVID-19 pandemic, Trinity Health worked as a healing presence in the communities we serve as well as a trusted resource for state and federal policymakers and stakeholders. We have transparently shared real-time data and experiences to highlight the need for government intervention as we address the health care needs of communities across the nation. However, more must be done. The pandemic has essentially crippled the infrastructure of both public health and health systems. Rebuilding this infrastructure will require time, new resources, innovation and continued collaboration. Any strategic efforts will need to be efficient in reconstructing old relationships while also advancing new linkages between state and local public health programs and the health systems that collaboratively strive to care for the common good and ensure the health of communities.

Preparing for Future Public Health Emergencies

1. Our nation's public health infrastructure is too weak to support a pandemic. Years of underfunding and a patchwork of varying capabilities across states and localities has left public health agencies unable to meet demand. Health systems leaned in to provide additional support but also faced fiscal and bandwidth challenges. A national response strategy is needed that includes clear roles and responsibilities, creation of national vaccine registry, surveillance program, data collecting and reporting, and contract tracing. **Financing to rebuild and sustain public health infrastructure is critical, must include hospital preparedness and access to health care.**
2. The pandemic quickly exhausts health care workers who are asked to work longer hours and more shifts because there is not a deep reserve of health care workers. Having our own internal staffing agency, FirstChoice, coupled with waivers to allow cross-state licensure, allowed Trinity Health to move workers around where they were most needed in the beginning of the pandemic. But even that eventually proved inadequate as the virus spread across the entire country, making it nearly impossible to move workers from one region to another. The health care workforce pipeline and burn-out crisis is far from over. **Flexibility related to licensure, telehealth and care delivery along with pipeline adequacy is essential to ensuring access to care.**
3. Vaccine hesitancy slowed our ability to control COVID-19 spread. Public interest in a vaccine began to drop as national leaders questioned science-based findings of safety. Federal government distribution of relevant supplies prevented supply chain challenges. The eligibility tiering with health care workers eligible immediately worked, though was inconsistent across states. Availability of free vaccine increased access and encouraged take-up. **Vaccination can be bolstered by community partnerships, trusted health professionals and adequate access at no cost.**
4. When data collection is not standardized nor interoperable, it's challenging to leverage data to inform strategy. Public health departments lack adequate IT infrastructure and data-sharing is slow, the data is often antiquated and fails to include critical race, ethnicity and language (REAL) information. Health systems were required to report duplicative and inconsistent data across local, state and federal systems. **Improved data infrastructure and reporting is needed to inform strategy development and emergency response.**
5. A supply chain that lacks public-private coordination and transparency results in wasted spend and avoidable duplication. Health systems had no line of sight into the national stockpile and the supplies we did receive were often old and not helpful. Health care is too dependent on other countries for supplies and raw material. Vaccine supply for health systems was inconsistent, often diverted and had an overreliance on commercial pharmacy. **Public-private collaboration is needed across government and health systems.**

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6. Distrust of public health increased four-fold as did misinformation. There was a significant loss of trust in public health experts as the pandemic progressed, partially caused by inconsistent guidance and messaging. The pharmaceutical industry and the White House got ahead of the FDA on vaccine and treatment availability, creating confusion. **One widely accepted; science-based source of truth is required.**
7. The pandemic disproportionately impacted communities of color and the most vulnerable. Health system commitment to address equity and engage vulnerable populations – support for vaccination and testing clinics, education, and lab capacity – in collaboration with local public health and community organizations was significant and impactful. Coverage expansion through Medicaid created an important safety net. **Community-based solutions to address health inequities must be prioritized and policies must ensure access to affordable health care coverage.**
8. Public health legal authority eroded during the course of the pandemic resulting in conflicting approaches to education, surveillance, protection, vaccination outreach and testing. Significant variation could be found across neighboring jurisdictions. **Public health departments must have full legal authority to do their job and should be held accountable to consistent standards.**

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

Reverence • Commitment to Those Who Are Poor •
Safety • Justice • Stewardship • Integrity