



Written Testimony of Eugene A. Woods, MBA, MHA, FACHE
President and Chief Executive Officer, Atrium Health
Charlotte, North Carolina

Before the United States Senate Committee on Health, Education, Labor, and Pensions

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

Thursday, March 25, 2021

Chairwoman Murray, Ranking Member Burr and Members of the U.S. Senate Committee on Health, Education, Labor, and Pensions:

My name is Gene Woods and I am the president and chief executive officer for Atrium Health, one of the most comprehensive and highly integrated, not-for-profit healthcare systems in the nation. With nearly 30 years of healthcare experience, I joined Atrium Health in April 2016, having overseen non-profit and for-profit managed hospitals, academic and community-based delivery systems and rural and urban facilities, as well as serving as the previous chair of the American Hospital Association (AHA). As a multi-racial healthcare executive, I am most passionate about protecting and expanding access and coverage to all Americans, connecting with our communities to advance positive health outcomes and achieving equity of care by eliminating health disparities.

It is now my great honor to present my written testimony to the U.S. Senate Full Committee on Health, Education, Labor, and Pensions on behalf of our 70,000 Atrium Health teammates, detailing some of the many successes we have achieved and lessons we have learned during this unprecedented pandemic period, including the disproportionate effect COVID-19 has had on communities of color and its impact on pre-existing health disparities.

About Atrium Health

Our Past & Present

It's quite remarkable to think back to our humble beginnings in 1940 when a group of ambitious, young clinicians, not being satisfied with the services available to the public, relentlessly lobbied for a new hospital to better meet the needs of the community. Over time, we have evolved from these simple roots, understanding that our responsibilities are becoming less about what happens inside our hospitals and more about what happens in our communities; less about what our clinicians are telling our patients and more about what patients are telling us. In fact, it is less about healthcare and more about health. Today, we're proud to be known as one of the

nation's leading health organizations. Our mission **to improve health, elevate hope and advance healing – FOR ALL** is forever bound to our rich heritage.

When it comes to keeping populations healthy, we know that our responsibilities do not begin or end at the hospital door. This important work starts well before a person becomes a patient, particularly within vulnerable zip codes and census tracts – areas that do not have enough access to health services or fresh foods and where the rates of diabetes and heart disease are above the national average. So, we're bringing people and organizations together in new ways and collaborating on what matters most.

With 42 hospitals and 1,500 care locations across the Carolinas, Georgia and Virginia (welcoming Wake Forest Baptist Health and Wake Forest School of Medicine into our family this past year), we serve a population of 7.8 million. We are also the largest provider of community benefit (i.e., the value we give back to our community in uncompensated care, medical education, cash and in-kind contributions, community-building activities, etc.) in North Carolina. And with world-class service lines in Cancer, Children's, Heart & Vascular, Neuroscience, Musculoskeletal and Surgery & Transplant, we are recognized by our patients and industry experts to be among the very best, demonstrating that healthcare can be both exceptional and compassionate at the same time.

Our Awards & Recognition

Atrium Health has also been recognized as one of the Best Employers for Diversity, for new grads and for Women by *Forbes*; number one on the list of Best Places to Work for Women & Diverse Managers by DiversityMBA; one of the 150 Top Places to Work in Healthcare by *Becker's Healthcare*; and the number one military-friendly employer in the country. In addition, our organization has been recognized by *U.S. News & World Report*, Leapfrog Group and the American Nurses Credentialing Center as among the very best in the nation and honored by the American Hospital Association with the Equity of Care Award and one of its first-ever Quest for Quality honors.

Most recently, Atrium Health was recognized by the Centers for Medicare & Medicaid Services (CMS) as a 2020 CMS Health Equity Award recipient for its dedication to health equity by reducing disparities, enabling communities to achieve the highest level of health. Atrium Health is one of only two organizations to win this prestigious award in 2020 and is the only non-profit healthcare system in the nation to be recognized by CMS in this manner.

Our COVID-19 Journey

Introduction

Eighty years ago, our organization rose from the ashes of the Great Depression as Charlotte Memorial Hospital. It was a time when institutions of every kind were struggling economically, and our country was being further strained by war. And while born in the midst of uncertainty, through all the twists and turns in our storied history, we have become stronger in the face of each new challenge.

Fast forward to today – facing the challenges brought by the novel coronavirus, COVID-19 – our resolute perseverance and passion to help others have never shined brighter. From within our care facilities to the makeshift offices now set up within their homes, every single member of our Atrium Health family is playing a unique role in protecting the health and safety of our patients, loved ones, friends and neighbors throughout this pandemic. Working together, during some of the longest and hardest days, our teammates are bringing **health, hope and healing – FOR ALL** front and center in new and remarkable ways, demonstrating undeniable courage and dedication.

And as a recognized leader in diversity, inclusion and health equity, we have also witnessed and responded to the disproportionate effect COVID-19 has had on communities of color. A spotlight has been shone on the structural social and health inequities that exist, and we are asking ourselves the question – what does the next iteration of **FOR ALL** look like and how can we play a role in eliminating health disparities completely?

Within the following sections I will detail the work Atrium Health has done throughout the pandemic to address health disparities and inequities. I will also share recommendations we humbly present to this Committee that can better inform action beyond the Southeast region and eliminate health disparities across the entire United States.

Out of the Box Thinking – Data Infrastructure

When the first COVID-19 cases appeared in our region in early-March 2020, Atrium Health invested in our data infrastructure and built our own COVID-19 Electronic Dashboard. The Dashboard is updated every two hours and provides a variety of analytics including COVID-19 positive cases and mortality, all stratified by race, ethnicity, age and test location.

In order to evolve our data-driven operations, we also created a sophisticated COVID-19 GIS (Geographic Information System) Map that linked data on COVID-19 geographical spread, hot spots, and testing density to population density, median income, higher poverty zip codes, the concentration of Blacks or Hispanics all to help our teams gain granular insights on health disparities. To drive successful operations, we knew that partnerships, access, and mobility

were critical, so we added layers to this map that included location of churches, schools, certain businesses and bus routes. In health disparities, we often talk about zip codes. But our experts knew that social vulnerability indices (SVI) are far more local. Accordingly we developed features within our GIS map to analyze the home addresses of patients tested on specific testing days and mobile locations to assess the neighborhood footprint and geographical reach of our marketing outreach and grassroots communications efforts.

By the end of March 2020, our data clearly showed there were gaps in testing for communities of color and that the majority of tests among the Black population were taking place in the Emergency Department. We quickly formed a Multi-Disciplinary COVID-Disparities Task Force that developed and implemented an aggressive set of initiatives to mitigate these disparities.

Minority Testing

To address the testing disparity among underserved and minority communities, we launched our nationally leading, innovative testing model, integrating actionable GIS data with our mobile medical units. With our GIS data, our mobile units target COVID-19 hotspots in underserved neighborhoods and break down barriers to screening and testing for COVID-19 in low-income communities of color by:

- Reducing administrative barriers; no appointment or payment barriers
- Establishing trust; partners in media, churches, other organizations
- Increasing access to care; telemedicine, mobile care

With these efforts, by April 20, 2020 – less than a month after the start of the initiative – Atrium Health closed the gap in testing for the Black population in our area. By May 4, 2020, the gap in testing had been closed for Hispanics as well.

To date, the mobile units focused on underserved communities have tested close to 30,000 community members. And of the patients tested by the mobile units, 24% are Black/African American and 41% are Hispanic/Latino. In addition, our mobile unit have partnered with over 60 community host sites, including a variety of churches and organizations that serve large African American and Hispanic populations.

“Para Tu Salud”

In May 2020, we also convened a Hispanic COVID-19 Response Roundtable that included many key stakeholders from the Hispanic and Latino community. The goal was to hear from the community about gaps in the COVID-19 response and to get feedback about how to communicate messages and conduct additional community outreach to the Hispanic and Latino community related to the pandemic more effectively.

The result of this meeting, as well as some smaller community discussions, was the launch of our new initiative, “*Para Tu Salud*” – simply translated to “For Your Health” – to further educate and inform Hispanic communities on how to stay safe and healthy relative to COVID-19. Since the launch of this initiative, we have deployed several communications tactics to target Hispanic and Latino populations. This includes developing educational materials for social media; creating videos in Spanish featuring Atrium leadership and physicians; and partnering with local Hispanic news outlets and community leaders and influencers.

Atrium Health Hospital at Home Program

Though we continue to see COVID patients in our care facilities, we have also been embracing virtual care like never before. So much so that Atrium Health is leading the country with our efforts. Our new telehealth program, Atrium Health Hospital at Home, opened on March 20, 2020 and is enabling us to care for hundreds of patients at a time from the comfort of their homes.

Atrium Health Hospital at Home provides hospital-level care to patients who would otherwise require inpatient hospitalization. Principal components of this model of care include telephonic assessment and monitoring by a registered nurse, as well as daily provider virtual visits and in-home care provided by community paramedics for the most acutely ill. To date, Atrium Health Hospital at Home has cared for over 3,000 COVID-19 patients who would have otherwise been in the hospital. In addition, the COVID-19 Virtual Observation Unit has cared for nearly 54,000 patients experiencing mild symptoms not requiring hospitalization. Along with the significant impact on improved clinical outcomes, the virtual hospital has also created additional inpatient bed capacity, resulting in less PPE use and helping limit the community spread of the virus. Patient feedback has been overwhelmingly positive as they report feeling less fearful and alone throughout their illness.

This program also has tremendous potential for impacting access to care in rural America. When used at scale, this model prevents the need to stand up costly field hospitals in times of crisis while also advancing a new model of more routine care. It is critical that CMS continue to invest in this type of program to build resilience for future crises – from hurricanes to pandemics – and introduce another level of value into traditional healthcare. To evolve telemedicine capabilities we also recommend:

- Establishing a payment structure that supports the technology and reasonable efficiencies
- Modernization of credentialing and licensing requirements
- Multi-state licensure
- Broadband expansion and novel access rules for health care purposes, such as unlimited data as waiving data plans for unlimited data and high-speed access under specific conditions.

Callout: Senate HELP Committee member Senator Tim Scott (R-SC) is commended for the introduction of S. 368 “The Telehealth Modernization Act” which would empower the HHS Secretary to leverage telehealth beyond the public health emergency, as clinically appropriate.

Partnerships: Two Million Mask Initiative

At a June 26, 2020 Statehouse news conference, North Carolina Governor Roy Cooper issued a statewide requirement for citizens to wear masks while in public in order to slow the spread of COVID-19. Alongside Governor Cooper and Secretary of the North Carolina Department of Health and Human Services Dr. Mandy Cohen, Atrium Health proudly announced our leadership of private-public partnership with the state’s largest businesses and organizations – including Bank of America, Blue Cross Blue Shield of North Carolina, The Carolina Panthers, Honeywell, Lowe’s, Red Ventures and Wells Fargo – to distribute one million face masks across the region. This partnership is a great example of how health professionals, working in concert with businesses, can improve wellbeing.

Our initial emphasis has been providing masks to our underserved communities through our deep, existing relationships with Hispanic, Black, elderly, millennial and faith communities. In the days following our initial announcement, Mecklenburg County – where Charlotte is located – joined our effort, pledging an additional one million masks and bumping our supply to two million masks for the region. By partnering with the private sector, we were able to improve our data analytics, access an entirely new group social media influencers to build trust, create a series of hyper-focused targeting and distribution operations, and innovate at the speed of the pandemic.

The impact was dramatic. At the state level, we saw total COVID cases drop 21% and the percent positive rate drop 10% (from 7.7% to 6.9%) starting two weeks after the mandate. However, in Mecklenburg County, over the first ten weeks of the Million Mask Initiative we observed a decrease in total daily positive test rates by over 60%. Critically, we noticed significant decreases in hospitalizations.

This shows correlation, it does not prove causation. That said, the initiative was the leading factor in helping Mecklenburg County over perform and get control of COVID-19. The teams spanning the business, sports, health, government and non-profit communities got masks in people’s hands and the message that “Masks Save Lives” had impact. As of March 1, we have surpassed our goal and distributed nearly 2.6 million masks, all while modeling and encouraging COVID-19 safety and best practices while we wait for herd immunity.

Partnerships Part 2: Mass Vaccination Playbook

In January, North Carolina needed to quickly build the capacity to vaccinate with zero vaccine waste. On Jan. 14, 2021, Atrium Health, Honeywell, Tepper Sports & Entertainment (The Carolina Panthers) and Charlotte Motor Speedway (NASCAR) announced a unique public-private initiative with a bold goal of administering 1 million doses of the vaccine by July 4, 2021. With support from North Carolina Governor Roy Cooper, the North Carolina Department of Health and Human Services and local governments, our organizations collaborated to administer vaccinations, provide logistics and operations support, and offer venues for an efficient and safe initiative. These mass vaccination events brought together each organization's unique strengths in logistics, healthcare and technology to vaccinate as many eligible community members as quickly as possible. The public-private initiative organized the first mass vaccination event at Charlotte Motor Speedway from January 21 to 24, with second doses February 11 to 14. After these successful events, the team developed a plan for future vaccination events that can accommodate an estimated 30,000 vehicles. With multiple people in each vehicle, the vaccination capacity could be significantly higher.

The second event was held at Bank of America Stadium from January 26 to 29, with second doses February 26 to 28. These highly efficient mass events safely vaccinated a diverse group of more than 36,000 people with scalability at a rate of nearly 1,500 vaccinations per hour with average total vaccination times of less than 30 minutes. With each event, we get better and more efficient. In fact, last week we partnered with American Airlines and the Charlotte Douglas International Airport to vaccinate nearly 5,100 transportation workers, 44% of whom were minorities.

I would like to submit our "Leader's Guide to Safer Faster and More Equitable Community Vaccination Events" for the record. In this playbook, we offer several best practices to get "shots in arms" quickly, efficiently and safely. While each event and venue are unique and require some adaptation, this guide is intended to lay out the high-level elements of planning, preparing, and executing a mass vaccination event.

Key Statistics:

- During our mass vaccination events we were able to give a shot in the arm every 4 seconds.
- To date (3/22/21), Atrium Health has administered nearly 350,000 vaccines.
 - 21% of whom are people of color with a goal of reaching the overall state population rate despite age and workforce regulatory limitations.

Vaccination Hesitancy

When the first FDA-approved COVID-19 vaccine became available in December 2020, Atrium Health became the first health system in North Carolina to administer the vaccine to our teammates. A Vaccine Hesitancy Taskforce was established to address vaccine hesitancy among teammates and community members. The taskforce uses a multi-pronged approach grounded in data to create innovative processes that remove barriers to getting the vaccine and create culturally sensitive education and communications to address myths and misconceptions

in minority communities about the COVID-19 vaccine. Our community efforts are grassroots in nature, working with community partners to co-create collateral that is bilingual, culturally responsive and health literate. The taskforce also uses real-time data through a COVID-19 Vaccine Demographics Electronic Dashboard, which provides a variety of analytics updated every six hours, stratified by race/ethnicity, age, and vaccine location. In addition, the taskforce applies a data-informed decision approach to prioritize vaccine distribution in communities with the greatest need.

Atrium Health also created “Community Immunity for All,” a new collaborative to vaccinate underserved communities and those most disproportionately affected by the coronavirus disease. The goals of “Community Immunity For All” are:

- Acknowledge the history of health injustice in communities of color
- Listen to and collaborate with partner organizations
- Educate and support individuals in making informed decisions to best protect their health and well-being
- Increase the vaccination rate in underserved communities and communities of color

Through the efforts of Community Immunity for All, African American and Hispanic teammates (employees at Atrium Health) acceptance or uptake rate of scheduling their first appointment increased 24% in the first 6 weeks of our efforts, exceeding our goal of a 20% increase.

In addition, to address the vaccine disparity among underserved and minority communities, Atrium Health has expanded its nationally leading innovative mobile COVID-19 testing model to vaccine distribution. Specifically, we have deployed our mobile medical units to target underserved neighborhoods and breaks down barriers to obtaining a vaccine in low-income communities of color by:

- Not requiring an appointment
- Holding vaccination locations trusted by underserved communities such as churches and community service organizations.
- Leveraging grassroots communications channels such as church emails and phone calls to inform community members of site locations and dates and times and preserve capacity for the underserved community
- Staffing the units with interpreters
- Making it clear that Atrium Health will not share an individual’s immigration status and that the organization will not report if a patient is undocumented.
- Educating community members that the vaccine is provided at no cost to them
- Offering alternate operational hours on certain days to accommodate essential workers

To date (03/17/21), the mobile units focused on underserved communities have vaccinated over 9,000 community members at over 20 events at 23 community host sites, including a variety of

churches and organizations that serve large African American and Hispanic populations. People of color represent 75% of those vaccinated to date at these units. Specifically, Blacks comprise 54% and Hispanics comprise 9% of community members vaccinated in the roving unit model to date. Atrium Health has scaled its roving unit vaccination capacity to offer 10 sites a week (including both testing and vaccinations). Future plans include adding two additional mobile units for a total of 20 sites a week.

Social Impact and Rural/Urban Strategy

It is without question that the COVID pandemic has forced a re-examination of every aspect of how we deliver care; and going forward, we would assert that we all have an opportunity to completely re-examine how we can create greater social impact and eliminate the inequities we see, once and for all. In fact, our country is depending on us to do just that. As we know, social determinants of health (SDOH) are environmental conditions – like socioeconomic status, quality of education, access to job opportunities, income, transportation, access to technology and social norms – that affect a person’s quality of life and health outcomes.

Callout: *The “Black Maternal Health Omnibus Act of 2021” S.346 represents a comprehensive set of policies to help mitigate inequities from birth. I want to acknowledge HELP Committee members Senator Tim Kaine (D-VA), Senator Bob Casey (D-PA), and Senator Tammy Baldwin*

We know that non-clinical, community services are crucial and impact health outcomes, such as mortality, morbidity and healthcare costs, by as much as 80 percent, indicating that clinical care impacts less than 20 percent of health outcomes. That’s why, this past year, Atrium Health developed a Social Impact Strategy to follow our mission **to improve health, elevate hope and advance healing FOR ALL** to support patients and communities affected by the health inequity crisis facing our nation. Led by our Enterprise Board (through the Health Equity and Social Impact Committee), our social impact strategy will ultimately become a center piece of our entire corporate strategy. Our strategy is built upon four pain pillars:

- Equity in Social Determinants of Health
- Equity in Acute Social Needs
- Equity in Quality and Outcomes
- Equity in Access

As you heard at the March 9 hearing, “*An Update from the Front Lines*,” our teammates also need support. So, we made a commitment to start first with our own by piloting our social impact strategy internally to bring best practices to scale in the community. We initiated:

- **Teammate Well-Being Surveys:** Survey tracked food, housing, utilities, internet, mental health, career development; Expanded proactive, ongoing outreach to lower-income teammates with resource information and support

- **Career Development Center Expansion:** Committed to growing teammates and promote economic mobility in our community; Hope to grow our reach by 5x (from 100 to 500+)
- **Teammate Meal Kit Pilot Program:** Offering easy affordable family options to our low-income teammates; Pilot launched January 2021; 2 meals per week, each meal feeds 4 people
- **Housing Opportunity Promoting Equity (H.O.P.E) Program:** In 2021, 50 teammates will be placed in affordable housing; Program targeted to teammates with household income of 31-80% of the area median income.

Since 2018, Atrium Health has also embraced “Leveraging Integrated Networks in Communities” (LINC) as a means of connecting patients to social services. By leveraging local expertise and technology, people are connected to food, housing, child development, job training, and transportation supports. Atrium Health relies on Aunt Bertha, a growing multi-state social care referral platform. This interoperable resource not only helps our teammates connect people to resources, but it also provides Atrium Health with real-time data on needs, patterns and utilization of services in the communities we serve.

Since we adopted the platform in 2018, we have connected more than 14,000 people to services in N.C., S.C., and G.A. More importantly, however, we were able to see the impact the pandemic, the economy, and distance learning had on families in our region. For example, we saw a drop in utilization (down to 200 connections in March of 2020) when hospitals and the community went into lock down, and then a tremendous spike (more than 700 connections in August 2020) when schools did not reopen for in-person learning.

Callout: Legislation introduced by Sen. Dan Sullivan (R-AK) and Senate HELP Committee member Sen. Chris Murphy (D-CT), S. 509 the “Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act” aims to assist states in building statewide or regional collaborations – like Aunt Bertha – to better coordinate health care and services.

“Teammates First” During COVID-19

Since the onset of COVID-19, it is important to note that Atrium Health has been committed to a “Teammate First” strategy to support our teammates, leaders, physicians and providers as they work to fulfill our mission each and every day. We recognize that in order to care **FOR ALL**, we also must care for each other as well. In doing so, by the end of 2020, we invested more than \$179.7 million to patient safety and teammate well-being. Ways in which we continue to support our teammates throughout COVID include:

- **Safety** – Ensuring our teammates have access to testing and proper PPEs, while moving as many teammates as possible (9,000+), as quickly and effectively as possible, to a remote work environment.
- **Communication** – Providing daily, often more than daily, updates from our Emergency Operations Center. Focusing on consistent and open lines of communication. Implemented texting technologies to enhance screening of teammates for COVID-19
- **Stress and Burnout** – Convening workgroups to quickly and effectively provide opportunities to support our teammates through the challenging times of reduced hours, testing and screening for COVID-19, back-to-school issues, etc. – and keeping in mind that our leaders face the same challenges and need support too.
- **Engagement and Productivity** – Re-energizing the conversations and opportunities around engagement and productivity to fit the times and support teammates, without losing sight of our commitment to our patients. Providing tools and resources for growth and development – whether in a remote or on-campus environment.
- **Flexibility** – Adapted for parents with remote learning and back-to-school support. Leaders provided flexibility as much as possible without compromising the needs of the business and safety of patients.
- **Supporting Teammates** – Used partnerships, for example with the YMCA, to offer childcare at no cost. Employee hardship fund established to provide financial support to teammates facing financial challenges.
- **Onboarding** – Shifting to virtual, rather than in-person onboarding, while keeping new teammates excited and engaged to join our team. Streamlining processes and adapting flexible policies to expedite health screenings and background checks.
- **Cross training** – Providing training and education to equip staff with the knowledge and competencies needed to adapt in a rapidly changing environment.
- **Talent pool** – Expanded talent pools to include students, paramedics/military vets to support staffing surge demands. Includes hiring 90-day, clinical temporary workers in support of surge.
- **Finances** – In 2020, launched the Atrium Health Caregiver Heroes Teammate Emergency Care Fund to support teammates suffering catastrophic events, including extreme hardship through COVID-19.

Following the death of George Floyd last year, our already stressed teammates faced the additional pressure of social injustices. We respond with a sense of urgency, but also with a voice of compassion, credibility, and call to action through activities that engaged and supported our 70,000 teammates – in particular our teammates of color – in healing during a time of emotional unrest. Atrium Health’s comprehensive work in the social justice space for our teammates now totals more than 300 hours of programming, has attracted over 13,000 teammates, and supported over 1,000 Atrium Health leaders.

This included initiatives like Courageous Conversations to engage teammates. Working alongside our diverse Black men's and women's System Resource Groups (SRG's), our Office of Diversity and Inclusion hosted a system-wide Courageous Conversations 3-part virtual series allowing teammates to share their personal stories, perspectives, and emotions, in a safe space and to begin the healing process. The second part of the virtual series was open to all teammates and focused on the experiences of Black/African American men and women personally, and at work. Total attendance was over 1,700 teammates. Through these programs not only were our teammates able to speak their truth, but they also found comfort, support and hope in their Atrium Health family.

As a system, we also provided mental health, emotional support and resources for teammates through our Racial Justice Toolkit: a curated collection of resources for teammates and community members to explore racial justice, improve cultural competence and start productive conversations about race. Our resources have also been referenced by local and national partners and organizations. In addition, we provided training and informative material for leaders to engage with their teams. For instance, in June 2020, our Office of Diversity & Inclusion held a series of enterprise-wide leader-only education sessions about racial justice to support leaders in understanding how to support teammates through the emotion curve, strategies for connecting and initiating conversations, mitigating unconscious bias, working through scenarios and best practices for leading during unprecedented, unpredictable times.

Recruitment & Retention of Diversity Teammates

In 2019, a study showed that firms owned by women and minorities managed just 1.3% of assets in the \$69 trillion asset management industry. However, the study found that the performance of minority owned funds was overrepresented in the top quartile of performance. At Atrium Health, we believe we could do more to ensure that its investment decision-making processes promoted equity and inclusivity. As part of our own self-assessed, we determined that, while we had made some progress in diverse manager selection, our portfolios were underrepresented by black-owned investment management firms. So, over the past several months, we (1) re-evaluated our manager search processes; (2) met with black-owned investment firms to learn about their history, processes, and performance; (3) engaged in significant discussions about diversity with industry colleagues and our board, (4) and; most importantly, took action.

We recently committed over \$320 million to black-owned investment funds bringing our total investment in women and minority-owned investment management firms to 12% of our assets. And we are not done. We will continue to bring a fresh diversity lens to our investment manager selection and increase our allocation. This is just one example of our commitment to diversity. We have and will continue to incorporate the same rigor and accountability into other areas of our organization for the good of our institution and the patients that we serve.

In addition to investing in diversity, Atrium Health also signed the Parity Pledge, which pledges that we will interview at least one woman and one person of color for all executive positions. We are also participants in the AHA Equity of Care pledge. With these pledges, we have overhauled our executive search and selection policy to ensure a fair, open and equitable search and selection processes for all executive positions. Our Diversity and Inclusion team has also developed a DEI scorecard and business review process that proactively identifies diversity gaps and works collaboratively with our senior leaders to address these gaps. With this, in 2020, 122 leaders of color were promoted (supervisors and above) at Atrium Health. As a system caring FOR ALL, being made up of and representing ALL is equally important to delivering health equity and equality to our communities.

Closing

The COVID-19 pandemic has come at a great cost to the world. We should view this reality as an investment that allows us to emerge stronger. Through unity and collaboration, government and industry are capable of great things. This has been, and still is, a core tenet of American exceptionalism. Much like when NASA was formed and the power of partnership through technology landed Neil Armstrong on the moon, the possibilities of caring for and leading better lives – especially in the realm of health equity – are endless. Atrium Health’s experiences this past year proves just that, whereby the value of bringing together the resources of government and industry have greatly supported the wellbeing of our population. So much so that, much like President Joe Biden’s “Cancer Moonshot Initiative,” we firmly believe a health equity moonshot is also not out of reach. Therefore, based on the work we have done this past year, we recommend a platform built on:

- A. Coverage:** Continue access beyond the Public Health Emergency by closing coverage gaps with a combination of innovative government-based and private models.
- B. Standardize Data Sets:** Enable real-time analytics through full interoperability. Through international cooperation world-wide standards for data collection can be established.
- C. Real-Time Care and Interventions:** Build the national infrastructure needed to make broadband available to every rural and urban community in the country. It is critical to education, health and the economy.
- D. Sustained Wellbeing:** By using technology to support wellbeing, our brothers and sisters in rural and urban communities will lead healthier, more productive lives.

On behalf of Atrium Health, I would like to thank the Committee for this opportunity to share our observations and what we learned this last year. While COVID-19 and the public health emergency we have faced may fade over time, the health inequities the pandemic uncovered will persist if we don’t take this moment to come together around an ambitious goal. The country, and indeed the world, is ready for a health equity moonshot.