HEALTH, HOPE, AND HEALING FOR ALL

TOWARD MORE EQUITABLE AND AFFORDABLE HEALTHCARE

EUGENE A. WOODS

FOREWORD BY MICHAEL WATKINS

Skyhorse Publishing

Author's Note

"I'm Hungry"

A distinguished-looking elderly man walked into the parking lot of Our Lady of Consolation Catholic Church in Charlotte's Double Oaks neighborhood. His clothes were rumpled from sleeping in them, and he badly needed a bath. He looked confused as he joined the line of folks wearing masks and waiting to be tested for COVID-19 at our Atrium Health Mobile Unit.

The man said he was looking for a soup kitchen, adding, "I'm hungry."

Double Oaks is located in what is known as "the crescent," a span of neighborhoods in Mecklenburg County characterized by a lack of economic development, educational resources, access to grocery stores, green space, and even sidewalks. The crescent arcs like an umbrella over top of "the wedge," where Charlotte's affluent have historically lived.

According to a report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America, adults living in poverty are more than five times as likely to report fair or poor health as those with incomes at least four times the Federal Poverty Line.[1] In Mecklenburg County overall, 22 percent of adults say they do not have a regular source of healthcare. Nearly as many admit they've not seen a doctor in years because they don't have enough money.

As president and CEO of one of the largest health systems in that nation and a person of color, I have devoted my career to helping to address the chasmic gaps that exist in health equity. In fact, that is the reason why one of our medical health vans was parked in one of the

poorest neighborhoods in Charlotte outside Our Lady of Consolation on April 29, 2020.

The elderly man waited patiently in line until it was his turn. He said he was looking for food. He told us he had been homeless for the past three weeks. He had been living for a time with his sons in subsidized housing, but he could stay with them no longer. "If your name is not on the lease, they will kick out everyone from the house," he said. "And even though my boys wanted me to stay, I couldn't risk that for them . . . so I left."

He told us he had been sleeping in new construction sites and on the porches of vacant homes, leaving at first light before the workers arrived. And he was really hungry.

"One of our teammates immediately gave the man her boxed lunch," said Katy, our on-site social worker. "We found additional snacks in the RV for him, cleaned him up, and gave him a toothbrush and other supplies."

Nurse practitioner Stacy had freshly washed clothes in the trunk of her car that her husband had wanted to donate to Goodwill, so she made up a package of shirts, trousers, and shoes that fit him.

"He was so appreciative," said Stacy. "He kept saying, 'Thank you, thank you. God bless you.' He had tears in his eyes. And so did I."

Meanwhile, though the man was asymptomatic, our rapid test detected COVID-19. So Katy arranged transport for him to an isolation motel. North Carolina's Mecklenburg County had arranged to house homeless people there who tested positive but were not sick enough to be admitted to the hospital. There, community paramedics, part of our virtual hospital program, checked in on him daily. And Katy worked with the county to help the man find temporary housing.

This simple story of caring is not unique to Atrium Health. It was repeated countless times, in one form or another, by compassionate healthcare heroes throughout the nation during the most severe health emergency in our lifetimes. But for every heroic act performed, the pandemic has also exposed many deep, cataclysmic cracks in our healthcare system.

In fact, COVID-19 shone a harsh spotlight on the ugly reality of health disparities among communities of color. Black and Brown people

have been far more likely to contract the coronavirus and be hospitalized, and they have been up to three times more likely to die than white Americans, according to the Centers for Disease Control and Prevention. We saw similar disparities in access to screening and vaccines—thus our efforts to use our community health mobile unit to work with grassroots organizations like Our Lady of Consolation to bring care directly to at-risk communities.

But, of course, racial disparities in healthcare existed long before the COVID-19 pandemic. Consider: A Black woman is three to four times more likely to die from pregnancy complications than a white woman. A Latino man is more likely to be diagnosed with colorectal cancer at later stages than a white man. A Native American teen is 50 percent more likely to commit suicide than those in the majority population. And, just recently, the *Journal of the American Medical Association* published research showing that 74,000 African Americans die annually because of pervasive health disparities.[2]

As the richest nation on earth, we can do better. Scratch that. We must do better. And we can. Our people are counting on us. And while the pandemic has tested our grit and resilience, we have demonstrated our ability to adapt, to be creative, and to act quickly and decisively together to overcome these types of challenges.

I wrote this book to document those changes and to illuminate a path forward based on what we've learned. I want to invite a dialogue for reforms on a national level and encourage other healthcare leaders to follow our lead or partner with us. We need to come together now. But our efforts must extend beyond the sobering realities of the pandemic.

What I hear from many well-intentioned people is that the problems feel so overwhelmingly big and complex that one doesn't even know where to begin or whether a real, measurable impact is even possible. My goal in this book is to challenge that fatalistic notion.

As I stated in my testimony to the U.S. Senate Health, Education, Labor, and Pensions Committee, on March 25, 2021:

> 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 well-being 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.

What our Atrium teammates did that day for an elderly homeless man illustrates the true heart of this nation's citizens. And the task before us is to systemize that type of care and intervention on a macro level in order to achieve our vision of helping people reach their highest potential for health. And that also requires that we address the fundamental determinants of health before people end up in a hospital—a safe home, a job, access to healthy, affordable food, and green spaces for exercise and recreation. And given the trauma and lessons of the pandemic, Dr. Martin Luther King's words have never rung so true: "We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there is such a thing as being too late."[3]

A Call for Collaboration

I wrote this book as a fierce call to action now, based on lessons I've learned from leading health systems in this nation over the past thirty years—from rural to urban, regional to national, and government to nonprofit health systems.

Here is the thing . . . nearly twenty years ago, the Institute of Medicine (now the National Academy of Medicine) published a seminal work called *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Commissioned by Congress, the study conducted by a panel of fifteen experts explored how people of color experience the healthcare

environment and documented evidence of disparities in treatment that arise out of those clinical encounters. The 764-page report was unequivocal in finding that "Racial and ethnic minorities experience a lower quality of health services and are less likely to receive even routine medical procedures than are white Americans."[4] Two decades later, sadly, the gaps remain.

But I'm undaunted. Today we have an incredible opportunity to work together to revolutionize healthcare for the good of the country and our citizens.

Healthcare systems, though, cannot tackle this ambitious task list alone. We need to do it with government officials and business leaders working together in close partnership with community organizers and religious and civic organizations. And we need to do it now, amid our struggle to emerge from the grip of the pandemic and heal a deeply divided nation. I hold onto the firm conviction that with courage, compassion, and civility we can come together to improve health, elevate hope, and advance healing—for all.

—Eugene A. Woods
July 15, 2023