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COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY
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April 29, 2020

The Honorable Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30329

Dear Director Redfield:

I write regarding the alarming disparities among communities of color in COVID-19 mortality and to urge the Centers for Disease Control and Prevention (CDC) to support state and local efforts to bolster the community workforce capacity to address this public health challenge. As communities work to scale up public health testing, contact tracing, education, and intervention efforts, the unacceptable racial and ethnic inequalities in health outcomes must be a primary focus. To be successful in combatting COVID-19, and lay the groundwork to address underlying social determinants of health disparities, the CDC should immediately fund state and local public health efforts to train residents and local leaders to build a community health workforce that can better reach vulnerable populations.

The COVID-19 pandemic has only magnified the deep inequities in our health care system experienced by people of color. Black Chicagoans are dying from the virus at nearly five times the rate of their white counterparts. In Illinois, black residents make up only 15 percent of the population, but are accounting for about 40 percent of COVID-19 deaths. And despite likely underreporting due to stigma, fear, and a lack of access, Hispanic populations represent a similarly disproportionate burden of COVID-19 cases. From the limited information we have nationally, the trends in racial and ethnic disparities are similarly concerning.

Public health experts are recommending a holistic approach that involves mass testing and contact tracing to contain the virus' spread as a vaccine is developed. Given the racial and ethnic health disparities layered on top of this pandemic, I believe that this effort must be done looking through the lens of how social determinants, economic opportunity, and community trauma are intertwined with COVID-19. Working with our public health officials, I believe a local approach would best serve this purpose. To do this, the CDC should support state and local public health departments in their efforts to incorporate hospitals, community health centers, and other community-based organizations to train new—and local—workers who reflect their community and can bring an understanding of trauma, stigma, and implicit bias to their public health outreach and messaging campaigns.

Because people of color comprise a disproportionate share of front-line and essential employees who have been asked to work during this pandemic, they face an elevated risk of contracting COVID-19. At the same time, workers of color are also overrepresented in many of the industries that have seen the dire economic impacts of this virus, including hospitality, transportation, retail, and food service. To reflect the importance of economic factors in health

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outcomes and to promote a local health workforce pipeline, such a community health workforce could work with local organizations to prioritize recruitment from those who have lost their jobs due to COVID-19 or are otherwise disconnected from the workforce. Not only will this put more Americans back to work, which can benefit health outcomes, but it can promote a culturally competent messaging effort within communities to help keep people safe. The good news is that equipping a workforce to perform contact tracing, community outreach, connection to services, future vaccination work, and public health logistics and data activities can be done with proper training and management, through health departments and in partnership with local hospitals, health centers, and organizations, in relatively short order and without necessitating advanced health degrees.

In the City of Chicago, I have seen how community efforts can help to address this disparity. Just 15 minutes along the Blue Line of the Chicago Transit Authority, there is a 16-year gap in life expectancy between the Loop (85 years) and West Garfield Park (69 years). To help combat this multi-faceted challenge, I teamed up with ten leading hospitals serving Chicago in 2018 to take action on reducing violence and improving health within their neighborhoods, through an effort called the Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative. By focusing the economic footprint, community engagement, and health care expertise of these leading neighborhood anchors on these tangible problems, we are harnessing their collective resources to increase local hiring and procurement, build a local workforce pipeline of students interested in pursuing health careers, and expand access to community resources. I believe efforts to combat COVID-19 and health disparities should build upon the tremendous capacity and leadership at the community level.

In communities such as the City of Chicago, the public health expertise and local organizational leadership exist to leverage efforts to address health disparities as part of the COVID-19 response. Sustained CDC support for local public health workforce capacity could empower our community organizations and institutions to best tackle the disproportionate impacts of the coronavirus pandemic, while establishing a framework to promote overall health equity. I look forward to working with you to help protect all Americans, especially the most vulnerable and disproportionately impacted, from the COVID-19 pandemic.

Sincerely,

Richard J. Durbin
United States Senator