Madame Chair, members of the Committee, my name is Dan Hoody, I’m the Interim Chief Medical Officer for Hennepin Healthcare System.

Hennepin Healthcare is an integrated system of care that includes a nationally recognized Level I Trauma Center and a clinic system with primary care clinics located across Hennepin County. Almost half of our patient population qualifies for Medicaid for their health care, and 1 in 5 of our primary care patients are experiencing housing instability. 60% of our patient population is non-white, and 20% prefer a language other than English. Many are particularly vulnerable to chronic health issues, food insecurity, and frequent transportation challenges.

Our 7,000 employees proudly provide care for patients from all over Minnesota. Much like the other health care systems testifying here today, we at Hennepin are on the front lines of the COVID-19 pandemic. We are treating patients with COVID-19, we have health care workers who have been exposed to COVID-19, and we are trying our best to maintain access to care for all of those in our community not afflicted with COVID-19.

Before getting into the details of our testing at Hennepin, I want to make several points clear:

- First, the most effective strategy that we know of to reduce the transmission of COVID-19 infection is social distancing. Period.
- Second, the ability to social distance is in fact a privilege. Many Minnesotans are fortunate enough to be able to care for themselves, work from home, and live in low density neighborhoods. All things that are amenable to social distancing. Other Minnesotans, however, don’t share this privilege and are unable to effectively social distance. Examples include:
  - Those working on the COVID frontlines, such as physicians, nurses and healthcare workers, community and public health workforces and all first responders.
  - The elderly and disabled in congregate living facilities
  - Populations with lower socioeconomic status living in high density neighborhoods
- Third, the health outcome disparities associated with COVID-19 are real.
  - In Chicago, nearly 70% of the COVID deaths are black individuals, and yet blacks make up only 30% of the population, and most of these deaths are concentrated in 5 neighborhoods
  - Similar disparities have been observed in Louisiana, Michigan, NYC.
  - An op-ed published in the Journal of the American Medical Association just yesterday summed this issue up by stating the following, “Even though the data is preliminary, the pattern is irrefutable. underrepresented minorities are developing COVID-19 infection more frequently and dying disproportionately.”

So how does testing fit into the above three points? Let me give you an example. Recently there was a cluster of COVID cases in a homeless shelter in Boston. In response to the outbreak, the Boston Healthcare for the Homeless conducted PCR testing – the same type of testing we offer at Hennepin – to all guests residing at the shelter over a 2 day period. 36% of the residents tested positive, many of
which were not experiencing any symptoms whatsoever. Available PCR testing here provided the opportunity for early intervention to prevent further exponential spread. These findings highlight how rapidly COVID can spread in a population unable to social distance, and suggest that more widespread PCR testing strategy with rapid turnaround times could assist greatly in identifying and mitigating COVID-19 among patients living in high density areas.

To drive home the point here, more PCR testing availability can lead to more robust mitigation of COVID-19 among populations who do not have the privilege of being able to social distance.

We at Hennepin appreciate this relationship between the availability of PCR testing and health equity, and as a result we extend our sincerest appreciation to the legislature for your investments in the Minnesota Department of Health that have been distributed to hospitals for our immediate needs. We were awarded $3.8M for our molecular lab for the purpose of expanding COVID PCR testing. We are fortunate to have the lab expertise onsite at Hennepin led by Glen Hansen that has allowed us to leverage this investment to rapidly scale up molecular testing in a safe, effective, and reliable manner. Thanks to your help, we’ve been able to acquire the instruments and materials needed to process up to 600 COVID PCR tests per day and 4200 per week.

In addition to testing on our own patients, we currently process tests for all affiliates of Hennepin County including

- Health care for the Homeless clinics
- HC Public Health
- Jail and Corrections
- Northpoint clinic

We are also processing tests for multiple health systems in the Twin Cities area and greater Minnesota, including the VA and the Indian Board of Health. Once specimens received, we can offer a turnaround time of less than 24 hours.

This rapid PCR turnaround time greatly assists with conservation of PPE in acute care settings, with identifying the most appropriate temporary housing situation for a homeless patient, and with deciding if valuable health care workers can return to work.

We are currently testing all high priority Minnesotans identified by the MDH list of priority groups, and will continue processing the tests for our external customers as well. Additionally, we are also in the process of expanding specimen collection to several of our neighborhood clinics in Hennepin County. All of this is in an effort to combat both the COVID-19 pandemic that is impacting us now and the health disparities that have been impacting us for decades.

In summary, I would like to re-emphasize several key points:

- Social distancing is currently the most effective strategy to reduce COVID-19 infection. Period.
- Populations who don’t enjoy the privilege of being easily able to social distance include underrepresented minorities and healthcare workers
- For those populations unable to social distance, increased availability of PCR testing can mitigate the impact of COVID-19
The 7000 employees of Hennepin Healthcare consider it an honor and a privilege to provide care to many vibrant communities of the Twin Cities area and greater MN. We look forward to continuing to expand our PCR testing capabilities and investigate additional serology testing opportunities. We are doing this not in an effort to garner headlines or maximize testing profit, but instead we are working to create a testing approach that promotes a healthy MN for all citizens, not just those fortunate enough to be able to social distance.

Thank you again for all you’ve done to address the needs of health care systems so we can do our best to take care of our communities, and thank you for allowing the time to testify today on behalf of Hennepin Healthcare and the community that we serve.

Contacts:

Susie Emmert | Hennepin Healthcare | susie.emmert@hcmed.org | 651-278-5422 c
Tara Erickson | TGE Consulting | tara@tgeconsultingmn.com | 612-280-8998 c