



Andrea Harris

Social, Economic, Environmental and
Health Equity Task Force

December 2020 Biannual Report



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Andrea Harris Task Force Member List

Chair: Machel Sanders, Secretary, NC Department of Administration

Access to Healthcare Subcommittee

Dr. Giselle Corbie Smith
Dr. Catherine Harvey-Sevier
Andres Henao
Rep. Donny Lambeth
Dr. Viviana Martinez-Bianchi,
Benjamin Money
Dr. Carlos Rish
Dr. Christy Clayton

Enhanced Patient Engagement Subcommittee

Cornell Wright
Eugene Woods
Fernando Little
Yazmin Garcia Rico
Juvencio Rocha Peralta
Dr. Rhett Brown
Dr. Cedric Bright
Dr. Charlene Green
Dr. John Lumpkin

Economic Opportunities & Business Development Subcommittee

Rep. Yvonne Holley
Stephanie McGarrah
C.C. Lambeth
Dale Jenkins
Trey Rabon
Kevin J. Price
Adriana Chavela
Walter Baucom
Lynn Bottone

Educational Opportunity Subcommittee

Pat Martinez
Dr. Lenora Campbell
Dr. Sonyia Richardson
Margaret Weller-Stargell
Quinny Sanchez Lopez
Annette Taylor

Environmental Justice and Inclusion Subcommittee

Secretary Michael S. Regan
Greg Richardson
Dr. James H. Johnson Jr.
Reverend Dr. Jonathan Augustine
Reverend Dr. T. Anthony Spearman

Business Engagement Group

Justin Truesdale

Executive Summary

The Andrea Harris Social, Economic, Environmental, and Health Equity Task Force (“Task Force”) was established by Governor Roy Cooper through Executive Order 143¹ to address the social, environmental, economic, and health disparities in communities of color disproportionately impacted by COVID-19. The Task Force is named after Andrea Harris, a civil rights activist who dedicated her life to eliminating disparities in North Carolina. She fought for social, economic, and racial equity for all North Carolinians and left an impression on the state of North Carolina. As a dear friend to Andrea Harris and inspired by her years of service, NC Department of Administration Secretary Machel Sanders chairs the Task Force to further the work that Ms. Harris left behind.

The Task Force is made up of five subcommittees and a Business Engagement Group. The five subcommittees are Access to Healthcare, Economic Opportunity and Business Development, Educational Opportunity, Environmental Justice and Inclusion, and Patient Engagement. The goal of the Task Force is to create economic stability, eliminate health disparities, and achieve environmental justice in North Carolina. To reach this, the Task Force created four **guiding principles**:

1. **Put People First:** North Carolina’s people are our greatest asset. A subset of our communities remains underserved and with less access to resources and opportunity, it inhibits our ability to ensure that our people, and our State, reach their full potential.
2. **Ensure Sustainability of Efforts:** COVID-19 has shed light on economic and health disparities in North Carolina. However, once we are past COVID-19, we must ensure that we continue to build and maintain a system that provides more equal and stable access to economic opportunities and healthcare.
3. **Make Efforts Adaptable to Change and Scalable to Needs:** As we learn more about COVID-19 and other challenges we face, we must ensure that North Carolina’s policies are structured to adjust to new information and challenges. In addition, any efforts undertaken must be scalable to manage increased needs over time.
4. **Ensure Transparency and Accountability:** Providing full information regarding efforts and their effectiveness lends itself towards ensuring that human and economic capital are best utilized to achieve relevant goals.

The Task Force convened for its first meeting on August 5, 2020. Since then, the five subcommittees have established short and long-term goals and developed action plans to achieve these goals. All goals established by the Task Force and its subcommittees were developed with the **guiding principles** in mind. Additionally, a Business Engagement Group was established to

¹ See: <https://files.nc.gov/governor/documents/files/EO143-Addressing-the-Disproportionate-Impact-of-COVID-19-on-Communities-of-Color.pdf>

leverage the North Carolina business community in achieving a key component of the Task Force’s mission, to create economic stability. Recordings of past meetings, minutes, and agendas can be found on the Andrea Harris Social, Economic, Environmental, and Health Equity Task Force website².

Additionally, Secretary Sanders convened two public comment listening sessions, held during the lunch hour and after regular work hours, to provide a forum where individuals could provide feedback on the initial proposals made by the Task Force to improve disparities that exist in communities of color disproportionately impacted by COVID-19. The input gathered during the listening sessions was shared with subcommittee members and used to inform their final proposals. The Task Force believes that the social determinants of health influence all aspects of human life and in order to eliminate disparities it is important to hear from those with lived experiences to help guide the decision-making process. Each listening session was recorded and is available on the Task Force website. Those who were unable to attend the live session were able to provide feedback through the Task Force’s Public Feedback Form.

The Task Force must provide the Office of the Governor a status report on the progress and recommendations on the five key focus areas on a biannual basis, in accordance to Executive Order 143. The second status report will incorporate actions taken by the Task Force in response to feedback received from the Office of the Governor. Each subcommittee has developed a maximum of five policy recommendations per subcommittee for the report. Recommendations include themes such as telemedicine, Medicaid expansion, medical school pipelines, improving digital literacy, job initiatives, and more. A summary of subcommittee goals, accomplishments, and policy recommendations are provided throughout the report.

² See: <https://ncadmin.nc.gov/ahtf>

Access to Healthcare for Underserved Communities

Chair: Dr. Giselle Corbie-Smith		
Member	Professional Title	County
Dr. Giselle Corbie-Smith	<i>Kenan Distinguished Professor of Social Medicine, UNC-Chapel Hill; Director, UNC Center for Health Equity Research; Professor of Internal Medicine, UNC-Chapel Hill</i>	Orange
Dr. Catherine Harvey Sevier	<i>Managing Director, The Generations Study Group, LLC; Adjunct Professor of Public Health, UNC-Greensboro</i>	Guilford
Andres Henao	<i>Member, Governor's Advisory Council on Hispanic/Latino Affairs; Manager, Triangle Implant Center</i>	Orange
Rep. Donny Lambeth	<i>Representative, North Carolina 75th District</i>	Forsyth
Dr. Viviana Martinez-Bianchi	<i>Associate Professor of Family Medicine and Community Health, Duke University</i>	Durham
Benjamin Money	<i>Deputy Secretary for Health Services, NC Department of Health and Human Service</i>	Wake
Dr. Carlos Rish	<i>Centro Médico Latino Medical Director</i>	Mecklenburg
Dr. Christy Clayton	<i>President, Board of the Community Health Coalition; OB/Gyn</i>	Person
Staff Liaison Name	Professional Title	County
Emily Roach	<i>Policy Analyst, NC Department of Administration</i>	Wake
Graduate Research Assistant Name	Professional Title and/or University	County
Josephine McKelvy	<i>Doctoral Candidate, Department of Sociology & Anthropology, NC State University</i>	Wake

Introduction

The Access to Healthcare for Underserved Communities (Access to Healthcare) Subcommittee was directed by Executive Order 143 to monitor and report on best practices to increase access to telehealth and broadband based medical treatment, and to report on whether North Carolinians have adequate insurance coverage in responding to COVID-19, and to assess the application of the “Medical Home” approach to provide comprehensive, family-centered and culturally-competent care that meets the needs of all North Carolinians, but most specifically for communities of color disproportionately impacted by COVID-19.

Short-Term and Long-Term Goals

Overview

The Access to Healthcare subcommittee first convened on August 19, 2020 to determine the subcommittee's strategy to address the healthcare inequities that exist for people of color in North Carolina, which were only exacerbated by the COVID-19 pandemic. Chair, Corbie-Smith led a facilitated discussion geared towards prioritizing the healthcare topics addressed in E.O.143. The discussion was modeled after the strategy outlined in [Policy Link's Getting Equity Advocacy Results \(GEAR\) Toolkit](#) to ensure that the subcommittee's strategic plan was designed through an equity lens and was aligned with Task Force's [guiding principles](#).

The group unanimously voted to form four workgroups in the areas of telemedicine and broadband access, vaccine access, medical homes and accountable care communities, and insurance coverage. As a result of the discussion, short-term and long-term, specific, measurable, achievable, realistic, and timely (SMART) goals were created for each of the subcommittee's four work groups. All short-term goals were to be accomplished by December 2020 and all long-term goals were to be accomplished by June 2021. The remainder of the Access to Healthcare Subcommittee report is organized by the four workgroup categories.

Telemedicine and Broadband Access

Members: Dr. Giselle Corbie-Smith, Rep. Donny Lambeth, Dr. Catherine Sevier

Per E.O. 143, the Access to Healthcare Subcommittee "monitors and reports best practices to increase access to telehealth and broadband internet based medical treatment." Equitable and affordable access to broadband internet is a critical step in equitable access to telehealth as well as a way to positively impact educational attainment and economic mobility in the current virtual environment. The telemedicine and broadband access workgroup intends to develop and update goals and recommend policies on a quarterly basis for the duration of the Task Force's existence. This will help "increase access to equitable affordable broadband and telemedicine in North Carolina, particularly in rural counties and for communities of color." The goals established for the first and second quarter are as follows:

- Research the percent of populations with and without broadband access and insurance coverage for telehealth services by October 2020.
- Research and recommend at least one telehealth insurance policy (telephonic or telemedicine) that will increase access to services for underserved communities by December 2020.
- Recommend resources or policies to expand access to telemedicine services, including access to mental healthcare and maternal healthcare by December 2020.

Medical Home, Preventative Care, Accountable Care Communities

Members: Andres Henao, Ben Money

The medical home or the patient and family centered medical home, is an approach to providing healthcare that integrates primary care, behavioral health, pharmacy, and the components that inform one's health such as food access, housing, and transportation to ensure the healthcare provider and the patient have the connection and relationship necessary to manage their condition(s) and improve overall health and well-being.

An opportunity has been revealed through the COVID-19 pandemic to better integrate North Carolina's healthcare systems and public health systems to create more seamless, effective, and efficient ways to support our communities, particularly communities that have been historically marginalized. The Medical Home Workgroup of the Access to Healthcare Subcommittee created goals that support this approach and will create a pathway for workers that are trained as community health workers during the COVID-19 pandemic to enter the healthcare workforce. The workgroup also developed goals that will create a workforce that is more reflective of our communities, which will improve the overall quality of care provided. The goals and significant tasks are as follows:

- Engage communities in developing responses and programming to address their needs by December 30, 2020.
- Identify geographic and economic gaps in access to medical homes by October 2020.
- Recommend policies to increase opportunities for members of historically marginalized populations to participate in state government affairs by October 2020 to ensure community input in all policies, demonstrate transparency and trustworthiness.
- Create opportunities for people with lived experiences to build community and individual resources in response to COVID-19 by December 2020.
- Address social factors of health through Healthy Opportunities initiatives and NCCARE360 by December 2020.

Vaccine Access

Members: Dr. Giselle Corbie-Smith, Dr. Christy Clayton, Dr. Viviana Martinez-Bianchi, Dr. Catherine Sevier

The development of a vaccine approved by the US Food and Drug Administration and Centers for Disease Control and Prevention is necessary to save lives and stop the spread of the coronavirus. However, a hesitancy towards vaccinations, including the influenza vaccine, already exists among some populations. According to an [AP-NORC poll](#), "roughly half of Americans say they would get vaccinated for COVID-19, but many are uncertain or would refuse to do so." The same poll finds that African Americans and Hispanic/Latinx individuals are less likely than others to say they would get vaccinated. The COVID-19 pandemic has ignited fear around vaccines, and highlighted the importance of creating a vaccination plan that develops trust through its messaging, and encourages those who have underlying health conditions or are disproportionately impacted by COVID-19 to participate.

The Access to Healthcare Subcommittee's Vaccine Access Workgroup is committed to developing partnerships to ensure that North Carolina's vaccination plan, the vaccine trial process, and the vaccine distribution process is developed through an equity lens. The Access to Healthcare Subcommittee is represented on the North Carolina COVID-19 Vaccine Advisory Committee, convened by the North Carolina Institute of Medicine (NCIOM), by members, Dr. Catherine Sevier and Dr. Viviana Martinez-Bianchi. Through their leadership the subcommittee has reviewed North Carolina's [COVID-19 Vaccination Plan](#), which was submitted by [NCDHHS to the Center for Disease Control and Prevention](#). The subcommittee plans to continue to leverage existing partnerships with NCDHHS and NCIOM to ensure influenza vaccines and future COVID-19 vaccines are distributed equitably in North Carolina. To do so, the subcommittee developed the following long-term goals:

- Conduct research, create policy recommendations, and promote programs that will increase awareness of and access to vaccines in communities of color by June 2021.
- Conduct market research and use culturally concordant messaging for public awareness campaigns around influenza vaccine safety and access to increase influenza vaccines ("Now more than ever") by December 2020.
- Research existing communication plans within DHHS and the historically marginalized workstream. Ensure that communication plans demonstrate that state agencies are trustworthy through its messaging by December 2020.
- Research recommendations related to access to COVID-19 vaccines. Partner with NCIOM Advisory Task Force on their upcoming recommendations by December 2020.
- Examine and evaluate the vaccine distribution process, including education and messaging, and identify strategies that assure equity and adoption among populations of higher risk.

Insurance Coverage

Members: Dr. Giselle Corbie-Smith, Rep. Donny Lambeth, Dr. Viviana Martinez-Bianchi, Dr. Carlos Rish

As its first order of business, the Access to Healthcare Subcommittee unanimously agreed upon the most significant and urgent goal, to expand Medicaid in North Carolina. North Carolina is one of only 12 states that has not done so, resulting in a loss of \$39.6 billion in federal Medicaid funding and \$11.3 billion in hospital reimbursements, and approximately [414,000 North Carolinians](#) without adequate insurance coverage. While Medicaid expansion remains the group's top priority, the subcommittee developed three additional goals to support the critical and ongoing efforts by the governor, the legislature, and state agencies to increase insurance coverage:

- Identify the benefits of creating a DHHS dashboard to reflect uninsured populations in North Carolina by June 2021.
- Develop partnerships with insurance providers to implement improved telemedicine insurance policies by June 2021.

- Identify policies from other states that move away from employer-based insurance and make a recommendation by June 2021.

Accomplishments & Findings

Overview

The Access to Healthcare Subcommittee has conducted research and developed partnerships necessary to make progress towards short-term and long-term goals. However, the subcommittee spent the majority of the first and second quarter focused on goals related to telehealth and broadband expansion as well as the Medical Home. While the nature of many of the subcommittee's goals require more time, funding, and a coordinated effort to mitigate systemic inequities that exist in our society, the significant findings and accomplishments of the subcommittee thus far are noted below.

Telemedicine and Broadband Access

Prior to the onset of the COVID-19 pandemic, a digital divide existed in North Carolina, exposing a gap between those who have access to technology, the internet and digital literacy training and those who do not. Only 85.4% of North Carolinian households have an internet subscription, and among households with an internet subscription, only 70.7% have broadband access (e.g., cable, fiber, DSL)³. More significantly, according to the Federal Communications Commission, only 59.5% of North Carolina households subscribe to at least 25 Mbps download, the metric necessary to meet the need of most internet users. At least 14.6% of North Carolina households do not have an internet subscription and 37% of households with an annual income of less than \$20,000 do not have an internet subscription. The onset of the COVID-19 pandemic and the subsequent [COVID-19 State of Emergency](#), the moving of North Carolina Public Schools to remote learning, and the emphasis on remote-work whenever possible, left many households dependent on broadband that was neither affordable nor accessible.

This divide is exacerbated because many North Carolinians lack computing devices necessary to take advantage of telehealth services or other digital and broadband based services. Although 92.2% of North Carolina households have one or more type of computing device, 7.82% do not have a computing device, and the majority of those households represent historically marginalized populations. Specifically, 9.3% of Native American and Alaska Natives do not have a device. Approximately, 7.6% of African Americans and 3.9% of people of Hispanic or Latinx origin do not have a device.⁴

The Access to Healthcare Subcommittee developed partnerships to support the state's ongoing broadband expansion efforts, critical to increasing access to telehealth services. Through partnerships with the NC Office of Rural Health and NC@Highspeed, the Access to Healthcare subcommittee reviewed North Carolina's broadband plan and intends to partner in these efforts

³ American Community Survey (TableID: S2801): Types of Computers and Internet Subscriptions

⁴ American Community Survey (TableID: S2802): Types of Internet Subscriptions by Selected Characteristics

by continuously uplifting the needs of historically marginalized populations. The Access to Healthcare subcommittee is supporting the plan by ensuring that hospital systems and health care providers are aware of the state's broadband expansion efforts and are simultaneously creating telehealth solutions as broadband access is increased in North Carolina. In 2021, the subcommittee will specifically focus efforts to increase access to telehealth services in the 11 rural counties awarded the [2019-2020 Growing Rural Economies with Access to Technology \(GREAT\) grant](#) and COVID-19 Recovery Act funding.

The NC Office of Rural Health (ORH) Information Technology Team and NC Broadband Infrastructure Office (BIO) were awarded a two-year [Appalachian Regional Commission \(ARC\) POWER Implementation grant](#) focusing on increasing access to quality healthcare through telehealth, broadband adoption and increased digital literacy training. The Access to Healthcare subcommittee intends to support this program and incorporate related strategic partnerships in its 2021 action plan.

Medical Home, Preventative Care, Accountable Care Communities

The Medical Home Workgroup of the Access to Healthcare Subcommittee operated in conjunction with NC DHHS through the Agency's Task Force representatives – Deputy Secretary Ben Money of NC DHHS and Andres Henao, Manager of the Triangle Implant Center – to engage communities in developing responses and programming to address needs.

The workgroup's first goal to identify geographic and economic gaps in access to medical homes will be accomplished by leveraging the partnership with North Carolina Area Health Education Centers (NCAHEC) and its report findings. NCAHEC launched the Pandemic Health Workforce Study as directed in Senate Bill 704, which was passed by the NC General Assembly in May 2020. The study, which launched in October, reviews key areas outlined in the legislation that addresses the impact of COVID-19 on NC's health care workforce, organization, and to identify strategies needed to address current and future concerns. Future recommendations from the Task Force will be formulated after considering the findings from the study.

The subcommittee's goal to create opportunities for people with lived experiences to build community and individual resources in response to COVID-19 is a goal that is shared by NC DHHS. To support COVID-19 patients in quarantine and isolation, 336 of 350 community health workers have been hired by vendors contracted by DHHS. Of those, 334 workers are deployed including 86 Spanish speaking individuals. DHHS has also hired 30 of 100 behavioral health peer support specialists to support growing anxiety and substance abuse concerns exacerbated by the pandemic.

Finally, NCCARE360 is being used by community health workers to deliver support services to individuals in COVID-19 isolation and quarantine. As of October 30, 2020, a total of 10,866 services have been delivered addressing social factors of health including food, transportation, and financial assistance.

The Access to Healthcare Subcommittee developed an additional goal to increase opportunities for underserved populations to participate in state government affairs. This will help to ensure racial equity and inclusivity are not only incorporated as part of the decision-making process but embedded in the governance structure of committees. Between 2017 and 2020, Governor Cooper has appointed 1,021 racially diverse members out of 2,747 total appointments. Of those appointments, 776 are African American (28.2%), 106 are Hispanic/Latinx (3.8%), 60 are Asian American (2.2%), and 1,332 are female, with 40.5% of those females being women of color. The governor's appointments are some of the most racially diverse in the state's history. However, appointments can be made even more diverse and inclusive by increasing the number of individuals with lived experiences on state advisory boards.

Policy Recommendations

The Access to Healthcare Subcommittee proposes the following recommendations: 1) Increase opportunities for patients to utilize telehealth services; 2) Continue and increase funding for the Office of Rural Health's Health Information Technology Assistance Program; 3) Increase investments in rural hospitals, community health centers, and federally qualified health care centers to provide digital literacy training, vaccinations, and vaccination awareness campaigns to increase the number of undocumented, low-income, and other vulnerable patients served and vaccinated; 4) Increase opportunities for the historically marginalized populations to participate in state government affairs to ensure community input in policies and demonstrate transparency and trustworthiness. The composition of state advisory boards should represent 60% of persons with lived experience related to the work or issues of the board ; 5) Expand Medicaid

1. Increase opportunities for patients to utilize telehealth services:

In response to COVID-19, insurance companies across North Carolina have expanded their [telehealth policies](#) to allow more flexibility for virtual health, or audio only services, and telehealth services, which refers to real time, two-way audio/visual delivery. [Medicare](#) and [Medicaid](#) now offer a waiver that improves access to virtual care, which allows reimbursements for telehealth services paid at the same rate as regular, in-person visits. However, accessibility can be further increased by expanding payment parity to include telephonic services as well. Allowing payment parity reimbursements for telephonic services is critical due to the lack of necessary devices for telehealth services in many low-income households.

The widespread adoption of broadband access is critical to addressing the health, economic, and educational needs of all North Carolinians. In addition to the state's ongoing broadband expansion efforts, the subcommittee recommends exploring alternative funding solutions for broadband deployment including general and special funds, universal service funds, special tax provisions or government bonds.

2. Appropriate \$1,257,642 in state funds for the Office of Rural Health’s Health Information Technology Assistance Program:

The NC Office of Rural Health’s [Information Technology Program](#) works directly with North Carolina’s primary care safety-net providers to assess needs and provide technical assistance throughout the state to improve the use of telehealth. Federal funding in the for the program ends in September 2021 and the Task Force recommends that \$1,257,642 is appropriated in state funds for the program to continue. A continuation of the program will allow more North Carolinians to receive services, to assess the feasibility of utilizing telehealth services, to implement telehealth services, and to monitor telehealth effectiveness. The NC Office of Rural Health (ORH) and Information Technology Team, through its previously mentioned Appalachian Regional Commissions (ARC) POWER Implementation Grant, along with matching funds provided by Dogwood Health Trust, will increase access to telehealth services, develop a health and digital literacy curricula for patients, and provide computers and internet service to its participants. Funding for the Health Information Technology Assistance Program is critical towards achieving health equity and access to quality care for all North Carolinians.

3. Increase investments in rural hospitals, community health centers, and federally qualified health care centers to provide quality health care, digital literacy training, vaccinations, and vaccination awareness campaigns to increase the number of undocumented, low-income, and other vulnerable patients served and vaccinated.

Increased investments in hospitals and health centers predominantly serving individuals with historically less access to quality health care is critical in creating equitable healthcare systems and combating long existing health disparities that impact people of color most severely.

4. Increase opportunities for historically marginalized populations to participate in state government affairs to ensure community input in policies to demonstrate transparency and trustworthiness. For all state advisory boards, 60% of appointed members should be persons with lived experience relevant to the board’s subject matter:

The Task Force recommends that 60% of members appointed to state advisory boards should be persons with relevant lived experience. While most state advisory boards have explicit specifications based in statute to ensure people with lived experience are members, there are opportunities for improvement. For example, the Council for the Deaf and Hard of Hearing has three seats for the deaf, three seats for the hard of hearing, and three seats for parents of children who are deaf or hard of hearing. That accounts for nine of the 20 appointments the governor has on the council. On the other hand, the Commission for the Blind only requires as few as three blind members out of the 15 seats on the Commission. A consistent goal that 60% of state advisory board members be persons with lived experience will increase opportunities for community and individual resources and increase trustworthiness across all populations that advisory boards serve. Additionally, advisory board meetings, listening sessions, and periods of public comment, should be held on days and times convenient and accessible to members.

5. Expand Medicaid

As of November 10, 2020, 297,442 North Carolinians have been infected with the novel coronavirus, which causes COVID-19. Tragically, 4,660 North Carolinians have died from COVID-19, many of whom had underlying health conditions, or lacked insurance coverage and therefore lacked quality healthcare. Currently over 1 million North Carolinians are uninsured, making North Carolina's uninsured rate 10.7%, the 10th highest in the nation⁵. According to the NC Council for Women and Youth Involvement's Status of Women in North Carolina: Health and Wellness report, 87% percent of women aged 18 and older are covered by either public or private health insurance, leaving 13% uninsured. Overall, this is slightly lower than the United States where 90% of women are covered by health insurance, leaving 10% uninsured⁶." The Council's most recent study, *Exploiting Inequity: A Pandemic's Gendered and Racial Toll on the Women and Families of North Carolina*, further proves the negative impact of the virus on women, especially single women of color, and the ultimate need to achieve universal healthcare coverage. Studies show that states that expanded Medicaid experience significant reductions in uninsured rates among the low-income population broadly and within specific vulnerable populations. Additional studies show that Medicaid expansion results in budget savings, revenue gains, reductions in uncompensated care costs in hospitals and clinics, growth in the labor market and overall economic growth.

The Task Force recognizes the tireless effort of NC DHHS and the Office of the Governor to expand Medicaid before and during the COVID-19 pandemic. The Task Force believes that expanding Medicaid is a critical step in combating the system inequities that exist in North Carolina and beyond.

Next Steps/ Lessons Learned

The Access to Healthcare Subcommittee is committed to adapting to the post COVID-19 landscape, to uplifting the needs of populations who are historically marginalized and to advising the healthcare community concurrent with lessons learned from the pandemic. The subcommittee plans to leverage the Task Force members and their organizations and communities to implement policies as recommended by the Task Force.

⁵ US Census Bureau's American Community Survey

⁶ (Cohen, Terlizzi, and Martinez 2019)

Patient Engagement

Chair: Cornell Wright		
Member Name	Professional Title	County
Cornell Wright	<i>Director, Office of Minority Health and Health Disparities, DHHS</i>	Wake
Eugene Woods	<i>President and CEO, Atrium Health</i>	Mecklenburg
Fernando Little	<i>Proxy to Eugene Woods, VP and Chief Diversity Officer, Atrium Health</i>	Mecklenburg
Yazmin Garcia Rico	<i>Health Communities Program Manager, Alamance Regional Medical Center</i>	Alamance
Juvencio Rocha Peralta	<i>Executive Director, Association of Mexicans in NC (AMEXCAN)</i>	Pitt
Dr. Rhett Brown	<i>Medical Director for LGBTQ+ Health Services and Family Physician, Novant Health</i>	Mecklenburg
Dr. Cedric M. Bright	<i>Dean of Admissions, Eastern Carolina University Brody School of Medicine</i>	Pitt
Dr. Charlene Green	<i>President, Old North State Medical Society and Anesthesiologist, Cone Health</i>	Guilford
Dr. John Lumpkin	<i>President, Blue Cross North Carolina Foundation</i>	Chatham
Staff Liaison Name	Professional Title	County
Catherine Rivera	<i>Boards and Commissions Coordinator, NC Department of Administration</i>	Wake
Graduate Research Assistant Name	Professional Title and/or University	County
Yuliana López	<i>MPH Candidate, UNC Gillings School of Global Public Health</i>	Orange

Introduction

The Patient Engagement Subcommittee (the Subcommittee) of the Andrea Harris Social, Economic, Environmental, and Health Equity Task Force (AHTF) is made up of nine members, one staff liaison, and one graduate research assistant. Cornell Wright, director of the NC Department of Health and Human Services’ Office of Minority Health and Health Disparities, is the chair of the subcommittee. The Patient Engagement Subcommittee is tasked with enhancing patient engagement in healthcare settings. The duties of the Patient Engagement Subcommittee can be found in Executive Order 143—Addressing the Disproportionate Impact of COVID-19 on Communities of Color—under Section 1-B. The duties of the Patient Engagement subcommittee are to encourage medical professionals to engage communities of color to gather information and provide a platform for transparency and inclusion; support and identify opportunities to increase the number of minority health professionals servicing communities of color; and encourage increased cultural competence in the provision of care for communities of color. The Patient Engagement Subcommittee convened for the first time on August 19, 2020, and established four

short-term and three long-term goals according to the duties laid out for the subcommittee in E.O. 143. The PE Subcommittee meets monthly.

Short-Term and Long-Term Goals

The Subcommittee's short-term and long-term goals were developed and approved by all its members during the first convening of the subcommittee, August 19, 2020. At the end of the subcommittee's discussion, four short-term goals and three long-term goals were proposed. The proposed goals were written with attention to the following characteristics: specific, measurable, achievable, relevant, and time-bound format. The subcommittee developed an implementation plan to detail the action steps, task force members responsible, resources and partners needed, challenges, and risks of each proposed goal. Short-term goals are expected to be completed no later than December 2020, and long-term goals are expected to be completed no later than June 2021.

Short Term Goals

- 1. Create or sponsor an initiative that requires data collection covering all demographics—race, ethnicity, gender identity, sexual orientation, etc.—and ensure it is easily accessible to the public:** COVID-19 has recently highlighted the issue of gathering demographic data, with many counties earlier this year failing to accurately report the demographic data of those diagnosed with the virus. Data limitations have made it difficult to address the impact of COVID-19 on communities of color; making it more challenging to create policies that assist the communities most affected by the virus. Significant tasks for this goal include identifying barriers that hinder healthcare organizations from gathering demographic data and keep data from being easily accessible to the public. Once those barriers are identified, the Subcommittee will find ways to address them through policy recommendations.
- 2. Help healthcare agencies improve engagement with patients from historically marginalized populations by creating a uniform process that ensures these patients have an equitable opportunity to participate when education is shared, resources are distributed, and technical assistance is offered:** In comparison, communities of color have worse health outcomes and experiences than White Americans. Research has shown that contributing factors to this are structural racism, implicit bias, and unequal treatment.⁷ This goal will help address the implicit bias and unequal treatment that many communities of color experience. Significant tasks include researching health agencies and practices to learn what they are doing to engage patients from historically marginalized populations. This will be done by creating a template of questions that the PE Subcommittee will ask these health agencies. Once feedback is received from identified health agencies, the Subcommittee will create a step-by-step guide for

⁷ See: <https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting#:~:text=It's%20been%2015%20years%20since,often%20receive%20lower%2Dquality%20care.>

health agencies with patients from historically marginalized populations and will share it across the state.

- 3. Protect vulnerable populations by encouraging local level partners to be mindful of police presence at COVID-19 testing sites, engage with at least 20 local level partners conducting COVID-19 testing to inform why police presence might prevent some populations from getting tested, and encourage community participation alternatives to police presence at COVID-19 testing sites:** Vulnerable populations may be hesitant to go to COVID-19 testing sites due to police presence. For example, some communities may feel reluctant to go to a COVID-19 testing site in fear of being harassed or deported, particularly if they are a migrant to the US. If these vulnerable populations are not seeking testing, this can lead to high transmission rates. Some significant tasks for this goal include researching reasons why police are needed at testing sites and finding alternatives to police presence at testing sites.
- 4. Research current patient engagement policies from a minimum of five peer states to learn about best practices, and create policy recommendations for the governor focused on equity:** Identifying best practices and policies from peer states for the development of policy recommendations. Significant tasks for this goal include finding policies from other states to share with the subcommittee and create policy recommendations for the Governor that prioritize equity.

Long Term Goals

- 1. Identify the best cultural competency practices in health agencies—hospitals, health organizations, health departments, and professional and medical schools—across North Carolina via a survey, and implement one uniform training in at least 50% of health agencies across the State:** As mentioned earlier in the report, communities of color often experience implicit bias and unequal treatment. Identifying the best cultural competency practices in health agencies and creating a uniform training will help address this issue. Significant tasks for this goal include developing an effective survey to gather these practices and distributing the survey to health agencies.
- 2. Support Medicaid expansion by endorsing the Governor’s budget and other initiatives that promote the expansion of Medicaid in North Carolina, and educating North Carolinians on the benefits of Medicaid expansion:** Governor Cooper has continuously pushed to expand Medicaid since he took office in 2017 and included Medicaid expansion in his FY 2021 budget proposal. Democratic legislators have proposed including expansion in a COVID-19 relief bill, but the legislature has not voted on expansion in the 2020 legislative session. Significant tasks for this goal include partnering with the Access to Healthcare subcommittee and endorsing Governor Cooper’s FY 2021 budget proposal.
- 3. Continue research on patient engagement policies from a minimum of 5 different states to identify best practices, and create more policy**

recommendations for the Governor focused on equity: As previously stated in Short-Term Goal #4, identifying best practices and policies from peer states will guide the Subcommittee in developing policy recommendations. Significant tasks for this goal include finding policies from other states to share with the subcommittee and create policy recommendations for the Governor written under an equity lens. The PE Subcommittee will engage in ongoing efforts to propose best practices and policies to ensure equity is at the forefront of engaging and serving communities of color in North Carolina.

Accomplishments

In August, the Subcommittee established its four short-term goals and three long long-term goals, which are listed above. In September, the group laid out an action plan with tasks for each subcommittee member to complete by their given deadlines. Policy Recommendation #1 was created based off of the needs of Short-Term Goal #1. Research on why police are needed at testing sites have been conducted and the survey for identifying best cultural competency practices has been created. The five Policy Recommendations created and noted in this subcommittee's report are another significant achievement to be noted.

To date, the most significant accomplishment of the Subcommittee is holding a listening session with the Economic Opportunity and Business Development, Educational Opportunity, and Access to Healthcare Subcommittees. These four subcommittees held a listening session on September 22 where members of the public signed up to give comments to the subcommittees. The session lasted one hour and was livestreamed to the public on the NC Department of Administration's YouTube page. Through the listening session, the Subcommittee gained valuable insight from the public, which was considered when developing policy recommendations. The subcommittee plans to continue taking public input into account for future policy recommendations.

Policy Recommendations

The Subcommittee proposes the following five policy recommendations: 1) establish uniformed cultural methods of collecting demographic patient information, including race, ethnicity, gender identity, sexual orientation, etc., across all health care systems; 2) increase funding to strengthen the capacity of federally qualified health care centers to serve more undocumented, low-income, and other vulnerable patients; 3) expand Medicaid in North Carolina; 4) ensure and strengthen medical sick leave policies for essential workers, particularly from historically marginalized backgrounds; and 5) strengthen the medical school admissions pipeline for students of color. These recommendations were shared with a team at RTI International to get some insights and suggestions on how to ensure that these recommendations are equitable and effective.

- 1. Establish mandatory, uniform culturally responsive methods of collecting demographic patient information, including race, ethnicity, gender identity, sexual orientation, etc., across all health care systems:**

North Carolina accurate collection of patient demographic data has been an issue across the state. COVID-19 has recently highlighted this issue, with many

counties earlier this year failing to accurately report the demographic data of those diagnosed with the virus. A uniform, culturally responsive method of collecting demographic data would ensure more accurate data collection. One possible barrier is lack of proper training for staff on how to inquire demographic information from patients. A uniform method of data collection and training in cultural competency can be effective tools to help healthcare staff to learn how to respectfully ask patients for their demographic information. The Maryland Adventist Health Care System may be a good model for the state as a convener to drive standards in data collection. The Subcommittee agrees with RTI's suggestion to consider engaging the community and providers for buy-in to improve data capabilities.

In many cases, data gathered by healthcare organizations does not consider these important demographics and their intersections. Without accurate demographic data, designing solutions for marginalized groups is unfeasible. Collecting this data improves quality of care for patients because it can help identify and address differences in health care for specific populations, identify what populations need more assistance in care, and assess if the culturally competent care is being delivered.⁸ It is due to this that the Subcommittee aligns with the Council for Women's recommendation of "Mandatory data collection and reporting disaggregated by age gender, race, rurality, ability and other demographics."⁹

2. Increase funding to strengthen the capacity of federally qualified health care centers to increase number of undocumented, low-income, and other vulnerable patients served:

Federally qualified healthcare centers (FQHC) are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. FQHCs are important providers in rural areas that offer service to all, regardless of their ability to pay.¹⁰ Through the Farmworker Health Program, many farmworkers in North Carolina receive care mainly from FQHCs. Patients at these centers disproportionately tend to come from low-income households and communities of color. These organizations are imperative in combatting the pandemic, as nine out of 10 health care centers nationally are providing COVID-19 tests with a majority people tested being people of color.¹¹

Funding, reimbursement for services, and the cultural competency of providers are key aspects of FQHC capacity. The Kaiser Family Foundation reported that two of the most cited challenges for these centers were financial and workforce issues.¹² While they do receive federal and state funding, FQHCs receive most of their revenue from clinical care. With the recent drop in clinical care due to

⁸ See: <https://www.ama-assn.org/delivering-care/population-care/improve-health-equity-collecting-patient-demographic-data#:~:text=Collecting%20race%20and%20ethnicity%20data,in%20care%20for%20specific%20populations.>

⁹ See NC Council for Women COVID-19 report: "Exploiting Inequity: A Pandemic's Gendered and Racial Toll on the Women and Families of North Carolina"

¹⁰ See: <https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers>

¹¹ See: <https://www.kff.org/coronavirus-covid-19/issue-brief/impact-of-coronavirus-on-community-health-centers/>

¹² See: <https://www.kff.org/medicaid/issue-brief/community-health-centers-in-a-time-of-change-results-from-an-annual-survey/>

patients staying home because of COVID-19, the already existing issue of funding has been exacerbated. The duration of this pandemic is still unknown, creating further financial instability for FQHCs.

RTI International provided additional suggestions for this recommendation that the PE Subcommittee would like to adopt. Community engagement is key for understanding farmworkers' willingness to access care, information and education needs, and safety concerns. To increase utilization of FQHCs among undocumented populations, the state might consider implementing outreach campaigns using community stakeholders that already have the trust of undocumented persons, such as extension offices (e.g., sampson.ces.ncsu.edu) and community organizations (e.g., Manos Unidas). These groups have already facilitated linkages to health care and other essential services during other state emergencies, such as hurricanes. Community health worker interventions may also be an option for increasing the capacity of FQHCs to serve communities. Finally, short-term strategies can focus on bolstering existing resources, including partnerships between FQHCs and trusted organizations. Longer-term strategies could include customized models of care, increasing the number of sites, community health worker models.¹³

3. Expand Medicaid in North Carolina:

One of goals of the Subcommittee's, which is also shared with the Access to Healthcare Subcommittee, is to support Medicaid expansion. The Subcommittee joins the Access to Healthcare Subcommittee in recommending the expansion of Medicaid in North Carolina. As one of 12 states that have not expanded Medicaid, North Carolina has left communities of color at a significant disadvantage when the pandemic spread in our state.¹⁴ Research has shown that states that expanded Medicaid are better positioned to address COVID-19 and recession.¹⁵ Governor Cooper has pushed to expand Medicaid ever since he took office. Medicaid expansion has been included in the governor's FY 2021 budget proposal and legislators have proposed including expansion in a COVID-19 relief bill. However, the legislature has not voted on expansion in the 2020 legislative session. By not expanding Medicaid, the state has already lost billions of federal dollars, funds that would have provided care and supported growth within the state. The Urban Institute projected a \$50.9 billion loss over 10 years.¹⁶

In conducting research for us, our partners at RTI international found strong evidence for improving access to care, utilization, health outcomes, and reducing

¹³ See: https://www.readcube.com/articles/10.1007/s10900-017-0345-4?author_access_token=allIgRi7-vNLXs1eheKMb_e4RwlQNchNBvi7wbcMA Y4BawC9rqzXRC9SH8fwq7qqODIk4-YCW9bupw26C4UTSrI33CusxY-RBVAQFXHawYFz0X9aLiyNjPzzM9CFYZdg1I0wi8PrSeDKsyUhaxaBbA%3D%3D

¹⁴ See: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

¹⁵ See: <https://www.cbpp.org/research/health/states-that-have-expanded-medicaid-are-better-positioned-to-address-covid-19-and> and <https://www.rti.org/insights/expanded-medicaid-covid-19>

¹⁶ See: <https://www.urban.org/sites/default/files/publication/22816/413192-What-is-the-Result-of-States-Not-Expanding-Medicaid-.PDF>

disparities.¹⁷ Due to this, Medicaid expansion efforts should be paired with efforts to increase enrollment and deliver quality care. Recent reports also suggest increased public support for Medicaid expansion and benefits for addressing COVID-19.¹⁸

The Patient Engagement Subcommittee also supports the following statement from the Council for Women’s COVID-19 report: “Policymakers should further ensure that coverage includes doula support, midwifery access, culturally competent lactation services and preexisting conditions as well as mental health services to help women and families deal with the extraordinary stress, anxiety, depression and addiction challenges presented by this moment.”

4. Ensure sick leave for essential workers and strengthen medical sick leave policies, particularly for essential workers from historically marginalized backgrounds:

The Families First Coronavirus Response Act (FFCRA), which requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19, expires on December 31st of this year.¹⁹ It seems highly likely that the pandemic will continue past the FFCRA’s expiration date. With cases currently rising in North Carolina, it would be beneficial for the state to ensure that essential workers have access to medical sick leave. Evidence has shown that medical or emergency sick leave has helped flatten the curve in the United States.²⁰ Workers from lower income families may choose to go to work even if they get sick and risk further harming themselves or others due to the fear of not receiving a paycheck for taking time off. Having the guarantee of being paid when employees get sick will ensure that they will stay at home instead of coming to work where they risk spreading illness to others. However, the Subcommittee’s partners at RTI suggest considering the unintended consequences for small businesses when creating a medical sick leave policy.

5. Strengthen the medical school admissions pipeline for students of color:

Although there is a steady increase in the enrollment of nonwhite medical students over the past decade, students of color are still significantly underrepresented in medical schools across the nation.²¹ Patients of color have markedly worse health outcomes and experiences than white patients. Research has shown that contributing factors to this include structural racism, implicit bias, and unequal treatment.²² One effective way to address this inequity is to increase the number of medical professionals of color. Medical professionals of color are able to foster better relationships and increase engagement with patients of color.

¹⁷ See: <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>

¹⁸ <https://www.vox.com/2020/8/5/21355515/missouri-oklahoma-medicaid-expansion-vote-results-covid-19>

¹⁹ See: <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

²⁰ See: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00863?utm_campaign=Covid19fasttrack&utm_medium=email&utm_content=Ziebarth&utm_source=hasu

²¹ See: https://www.aamc.org/system/files/2019-11/2019_FACTS_Table_B-3.pdf

²² See: <https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting#:~:text=It's%20been%2015%20years%20since,often%20receive%20lower%2Dquality%20care.>

Having medical providers that reflect communities of color can decrease implicit bias, improve shared decision making, and improve overall quality of care.

Investing in the preK-12 schools is key to the academic success needed to get through higher education. Fully funded Pre-K programs will be the key to improving academic success for all North Carolinians particularly those of historically marginalized population. Programs that identify high school seniors as they are admitted to undergrad, such as honors colleges, are an opportunity to encourage students of color to pursue admission to medical school and need to be encouraged. Students in college can apply for Early Assurance programs to help them gain admission to medical school. Through these programs, high achieving students who maintain a certain GPA throughout their undergraduate studies can matriculate directly into the medical school without having to take the Medical College Admission Test (MCAT). The MCAT is often a major hurdle for people of color as their average score is 5 to 7 points lower than Asians or Whites; thus, supporting these types of programs is necessary to strengthening the medical school pipeline.

In addition, the partners at RTI international found that there may be a role for the state to play in supporting universities applying for federal funding with National Institutes of Health (NIH) and Health Resources and Services Administration (HRSA), including convening universities in learning collaboratives or communities of practice.²³ An assessment of other state models for increasing people of color in the medical fields, including those that focus on rural health care may also help inform this approach. The article “[Stat! An Action Plan for Replacing the Broken System of Recruitment and Retention of Underrepresented Minorities in Medicine](#)” references student recruitment and institutional barriers and ways to address these barriers.²⁴ Fayetteville State University (FSU) also may be a good model for concrete efforts to expand medical school recruitment and retention among people of color.

Next Steps/Lessons Learned

The Andrea Harris Task Force is the first of its kind for North Carolina. Many lessons were learned during the first six months of this Task Force. For example, this subcommittee has learned during this pandemic is that the digital divide is real and can have long lasting negative consequences if not addressed. Society finds itself becoming increasingly more reliant upon technology, yet everyone has the access to reliable internet and technology. Additionally, there is an urgent need for individuals and organizations to examine their policies and practices to look for unconscious bias and institutional barriers. Failing to do so would impede progress in fighting racial inequities. Several subcommittee’s goals were formed with this issue in mind. This subcommittee also learned that many organizations are doing great work both to combat COVID-19 in

²³ See: <https://www.nimhd.nih.gov/programs/extramural/domestic-international-research-training.html> and <https://bhw.hrsa.gov/grants/healthcareers>

²⁴ See: <https://nam.edu/stat-an-action-plan-for-replacing-the-broken-system-of-recruitment-and-retention-of-underrepresented-minorities-in-medicine/>

communities of color and to address racial inequities in North Carolina. However, these organizations are often operating in silos and need effective platforms for sharing best practices. As a Task Force with similar goals, we have a responsibility to provide that platform. Working together, everyone can accomplish more.

Progress has been made in the six months since the Andrea Harris Social, Economic, Environmental, and Health Equity Task Force was established; however, the PE Subcommittee still has more work to do. The pandemic has presented unique and unprecedented challenges to meeting goals and adhering to original deadlines. Thus, the main objective of the PE Subcommittee is to continue the work and complete the four original short-term goals. Additionally, the PE Subcommittee plans to begin and/or continue the work on its long-term goals. The subcommittee plans to continue its goal to support Medicaid Expansion in the state and aggressively advocate and pursue waiver policies for the Latinx population relating to COVID-19 testing. Finally, the PE Subcommittee will continue researching potential policy recommendations that enhance patient engagement in communities of color.

Economic Opportunities and Business Development

Chair: Rep. Yvonne Holley		
Member Name	Professional Title	County
Yvonne Holley	<i>Representative, North Carolina 75th District</i>	Wake
Stephanie McGarrah	<i>Director, NC Pandemic Recovery Office</i>	Wake
C.C. Lambeth	<i>CEO, C2 Contractors Governor's HUB Advisory Council</i>	Guilford
Dale Jenkins	<i>CEO, Curi</i>	Wake
Trey Rabon	<i>President, AT&T North Carolina</i>	Wake
Kevin J. Price	<i>CEO, The Institute</i>	Mecklenburg
Adriana Chavela	<i>Founder/Executive Director, Hola Community Arts; Hispanic/Latino Affairs Council</i>	Buncombe
Walter Baucom	<i>Senior VP, MAL Entertainment; President and CEO of Baucom Group & Associates</i>	Mecklenburg
Lynn Bottone	<i>Vice President, Pfizer</i>	Wake
Staff Liaison Name	Professional Title	County
Tammie Hall	<i>Director, NC Department of Administration, Office of Historically Underutilized Businesses</i>	Durham
Graduate Research Assistant Name	Professional Title and/or University	County
Tremaine Winstead	<i>PhD Student, Department of Sociology and Anthropology, North Carolina State University</i>	Wake

Introduction

Executive Order 143 directs the economic opportunities and business development subcommittee to a) Assess and report ways the state may further support historically underutilized businesses; b) Advance economic recovery by prioritizing actions that create quality employment opportunities for the North Carolina workforce; c) Assess and report opportunities for organizational capability and capacity building; and d) Prioritize workforce development across all sectors, including healthcare work force development.

During its first convening, the economic opportunity and business development subcommittee invited Odessa McGlown, Chief Purchasing Officer with the NC Department of Administration, and Tammie Hall, Director of the Office of Historically Underutilized Businesses (HUB), to provide an overview of the State's procurement and HUB processes. Director McGlown and Director Hall provided context for processes, based on statutes and active Executive Orders. The committee also heard from the Economic Development Partnership of North Carolina (EDPNC), the AT&T Supplier Diversity Sourcing Manager and the Raleigh Chamber of Commerce Diversity and Inclusion Director. These presentations, along with the State's HUB participation data, informed goals developed by the subcommittee to accomplish in the first year of the Task Force's existence.

Short-Term and Long-Term Goals

To accomplish the directives outlined in Executive Order 143, the subcommittee developed the following goals:

- 1. Review opportunities for increased HUB participation in projects \$250,000 and below consistent with Executive Order 143, Section 2B:** To accomplish this goal the subcommittee planned to review FY2019-2020 agency forecasting plans to determine spending patterns and to review the FY2019-2020 Purchasing and Contracting Procurement Plan to determine where barriers may exist for HUB firms. Additionally, members of the subcommittee reviewed the HUB spending data from other states, related to nontraditional spending, including for legal services, financial services and banking options, marketing services, and bonds. The findings were used to inform policy recommendations to increase access to procurement opportunities for HUB firms.
- 2. Support workforce development programs and initiatives for construction trades in the public and private sector:** The Economic Opportunity and Business Development subcommittee developed the goal to support workforce development programs in the public and private sector to increase awareness of best practices that create quality employment opportunities for North Carolina's workforce. To accomplish this goal the subcommittee planned the following action items: 1) Create a workforce development plan; 2) Review HUB goals; 3) Offer Educational and professional development and mentorship opportunities; 4) Increase opportunities for job growth.
- 3. Review innovative opportunities to encourage HUB participation, such as economic incentives for companies new to North Carolina:** The 2012 Census reports more than 180,000 minority businesses in North Carolina. The HUB Office has certified over 4500 historically underutilized businesses in North Carolina, representing 31% of the business community. However, businesses owned by people of color and other minority groups have been historically excluded from economic opportunities. To accomplish this goal the subcommittee outlined three strategic tasks: 1) Research successful HUB incentives from other cities and states such as Atlanta and the state of Georgia; 2) Work with the NC Department of Commerce to identify opportunities for minority owned businesses to support new businesses or developments in North Carolina; 3) Partner with the Economic Development Partnership of North Carolina (EDPNC) to promote diversity and inclusion initiatives.

Accomplishments

The Economic Opportunity and Business Development subcommittee developed partnerships to further the mission of the Task Force, to create economic stability and increase opportunities to do business with the state. The subcommittee gained a clear understanding of North Carolina's current procurement and HUB processes, increasing members' ability to serve as a community advocate for the HUB program. The subcommittee gained support from corporate entities to support business inclusion, as well as increased investment from EDPNC to look for more ways

to provide opportunities for HUB businesses to North Carolina. Additional accomplishments were made related to the subcommittee’s goals, as noted below:

1. Review opportunities for increased HUB participation in projects \$250k and below consistent with Executive Order 143, Section 2B: The Economic Opportunity and Business Development subcommittee developed a work group to review Executive Order 143 and review ways to further increase access to HUB firms, in alignment with the existing Order. To do so, the work group partnered with the UNC School of Government and procurement and diversity leaders across the state. Their research uncovered several items for improvement that are not yet official recommendations. The findings are noted below:

- HUB Solicitation Prior to Requesting a Waiver: Encourage the Fiscal Department to engage the HUB Office and HUB Coordinator/Liaison to assist in finding a HUB firm prior to submitting a request for a waiver to DOA.
- Construction-Informal Range: Amend the current guidance and further support HUB firms by allowing any projects with a budgeted value of \$250,000 threshold and below to be competitively bid by HUB/SBE firms only.
- Develop a policy that requires Purchasing “Good Faith Efforts” to be included in the solicitation documents to vendors.
- Constructive Policy Change: If an Agency has an emergency or the ability to select a firm without competition for an informal project the first option is to identify a HUB certified business before gaining approval for the project from SCO/Construction Project Coordinator (CPC) if required.

2. Support workforce development programs and initiatives for construction trades in the public and private sector.

The Economic Opportunity and Business Development subcommittee formed a working group to develop a Workforce Development Plan. The group reviewed aggressive programs such as those of the City of San Francisco and the NC Associated General Contractors to understand current practices. Charlotte Mecklenburg Schools have implemented the first known workforce development program through the construction building program. The Workforce Development Plan is broken down into four categories and outlines tasks the subcommittee intends to accomplish in the coming year and examples of progress made towards the completion of tasks.

Initiative	Related Tasks (2021)	Examples/ Progress
Work Force Development	Partner with organizations whose mission is to strategize to help grow minority businesses. Develop statewide criteria and controls within the RFQ/RFP process to provide incentives for	Require a workforce development plan to be submitted for Construction contracts over \$10 million and Procurement contracts over \$250,0000, including a plan for hiring general laborers.

	workforce diversity and development initiatives.	Specify a target goal of 35% of general laborers sourced through NC hiring programs such as NC Works, local apprenticeship programs, Veterans hiring programs, etc.
Review HUB Goals	Create a Memorandum of Understanding (MOU) with corporations who conduct business with the state to commit to utilizing HUB firms.	Encourage corporations to commit to utilize HUB firms when hiring subcontractors.
Educational and Professional Development	Host educational and professional develop sessions to help minority owned businesses increase capacity. Establish mentorship programs	Develop partnerships between NC HBCUs and minority-owned businesses that do business with the state. Establish a mentorship program with corporations to develop HUB firms.
Job Growth	Encourage companies that contract with the state to create or exceed HUB spend goals. Create apprenticeship programs in healthcare, STEM, and construction fields geared towards developing workforce talent in underserved populations.	Collaborate with state agencies, the NC Biotech industry, the NC Technology Association, HBCUs, community colleges, and the State of NC Internship Program

3. Review innovative opportunities to encourage HUB participation, such as economic incentives for companies new to North Carolina.

The Economic Opportunity and Businesses Development subcommittee plans to continue working towards this goal in 2021. A complete study of successful incentives from other cities and states such as *Invest Atlanta* is necessary. Preliminary recommendations to increase HUB participation include increasing understanding of the social return on capital investments. Job creation, community development, economic stability, cleaner communities, often viewed as the social returns on capital investments, can be used to further emphasize the outcomes of a particular project. Accounting for the social returns on investments ensures that North Carolina is putting people first when decisions are made, giving a voice to those who are often excluded from the market decision. Companies recruited to do business with state should also value energy efficiency and environmental safety for communities of color. Additionally, workforce development

programs, nonprofit engagement, supplier diversity, and the diversification of NC's supply chain will increase opportunities for historically underutilized businesses. Supplier diversity can be increased through first (prime) and second tier (subcontractor) spend, and a commitment to assisting the State in meeting its HUB goals. Including diverse suppliers in the supply chain, along with a commitment to increasing the HUB spend related to construction subcontractors, will increase economic opportunities for HUB firms.

Policy Recommendations

The Economic Opportunity and Business Engagement subcommittee, in partnership with RTI International, developed five policy recommendations that will create increased economic opportunities in North Carolina.

1. **Economic Incentives.** Create incentives to encourage HUB participation by:
 - **Providing incentives to corporations to support the program and attain specific metrics for supplier diversity.**

In North Carolina, the percent of total purchasing for goods and services in FY2018-2019 was below 1% for Black, Hispanic, Asian American, and American Indian owned businesses, and 5% total for HUB certified. In North Carolina, the percent total purchasing for construction in FY2018-2019 was 4% for Black-owned businesses, nearly 2% for Hispanic-owned businesses, and less than 1% for Asian American and American Indian owned businesses, and 21% total for HUB certified businesses. According to the 2017 Annual Business Survey (U.S. Census Bureau), there are currently just under 50,000 minority-owned businesses in NC. Nearly 5,000 of these businesses are HUB certified and just under 3,000 of HUB certified businesses are minority-owned (according to the state's HUB Office). Additional supports and incentives are needed to encourage supplier diversity in North Carolina and to increase HUB spending. Notably, the City of Philadelphia's Office of Economic Opportunity, and the New Orleans Business Alliance provide programmatic support for business certifications and connect minority- and women-owned businesses to current bid opportunities and/or prime contractors bidding on public contracting opportunities to meet city HUB spending goals. North Carolina's efforts, similar to those modeled by PA and LA, can be enhanced to achieve this goal.

- **Create a Memorandum of Understanding (MOU) with Corporations who do business in North Carolina to support the HUB Program and commit to meeting or exceeding the goal in spending with minority-owned businesses.**

The New Orleans Business Alliance coordinates a corporate advisory committee that operates under a shared pledge/commitment to collectively spend millions

with minority-owned businesses²⁵ (New Orleans, LA). Philadelphia's public-private economic development corporation (PIDC) Philadelphia mirrors the City's Economic Opportunity Plan requirement for bids related to their real estate developments to determine minority-and-women-owned spending targets²⁶ (Philadelphia, PA). The State of North Carolina should implement similar programs to those in LA and PA to encourage businesses to set and achieve HUB spending goals.

- 2. Workforce Development: In addition to the items outlined in the economic opportunity and business development's "Workforce Development Plan," the state should offer educational support and mentorship to diverse businesses, leveraging NC HBCUs to develop executive education programs available to minority-owned businesses that do business with the state.**

Programs exist within NC HBCUs that offer educational and professional development. However, these programs can be further developed to leverage partnerships between the State of North Carolina and minority owned businesses that contract with the State. For example, NC Central University School of Business launched their Entrepreneurship Ecosystem Research Clinic & Lab for minority entrepreneurs in Durham. Additionally, InvestNOLA is an executive management training program designed and implemented in partnership with Tulane University and Xavier University (HBCU) to scale minority-and-women-owned small businesses in New Orleans. Similar programs should be expanded and replicated to achieve this goal.

- 3. Job Growth:** Minority-owned businesses, Black-owned businesses and Latino-owned businesses are large contributors to economic growth. For example, the number of Latino-owned businesses has grown faster than any other racial or ethnic group over the past 10 years, but revenue continues to be smaller than other businesses.²⁷ North Carolina should encourage companies that contract with the State of North Carolina who do not have HUB spending goals currently to create them as a means of driving economic impact and job growth. Additionally, apprenticeships have long been shown to be effective at developing the workforce pipelines and are key to building the pipeline for entrepreneurs of color. North Carolina should partner with the healthcare, STEM, and construction industries to develop a diverse apprenticeship program that focuses on engaging and developing minority workforce talent.
- 4. Implement a Tier 1 and Tier 2 Subcontracting Plan:** The Economic Opportunity and Business Development subcommittee recommends requiring Corporations who do business with the state to commit to supporting the HUB Program and its goals, including

²⁵ <https://www.nolaba.org/locate-expand/small-business-growth/>

²⁶ <https://www.phila.gov/departments/office-of-economic-opportunity/>

²⁷ See: https://www.gsb.stanford.edu/sites/default/files/publication-pdf/report-slei-state-latino-entrepreneurship-2019.pdf?pid=Stanford_ExecEd-1088032706.1604175490

by subcontracting business to minority owned businesses. HUB spend goals can be achieved by Tier 1 and Tier 2 spending and should be reported monthly to the contracting department. Additionally, points should be awarded for proposal responses that address corporate social responsibility efforts within underserved communities. Corporations should have the opportunity to explain past efforts that met or exceeded an agency's diversity goals.

Next Steps

The Economic Opportunity and Business Development subcommittee plans to implement the goals and the workforce development plan created during the subcommittee's first quarter. Since its first convening in August, the subcommittee has demonstrated a willingness to ask questions that foster business inclusion and will continue to do so in the coming 2021 year.

The NC Department of Administration Office for Historically Underutilized Businesses' Disparity Study will be released in December 2020. The Disparity Study focuses on economic issues involving minority-and-women owned businesses that are competing for local and state government agency contracts. The study will provide government agencies the insight to determine if access to government contracts is unfairly denied to minority-and-women owned firms in the marketplace. The results and outcome of the study will provide the legal basis for local and state agencies to implement a HUB Program and assess the need to modify contracting and purchasing policies and practices. Study results will allow agencies to goal set if it is determined that procedural changes or new programs are required. After the Disparity Study is released, the Economic Opportunity and Business Development Subcommittee will continue to work with the HUB Office to review the study and identify additional policy/legislative needs to implement recommendations provided by the study.

Educational Opportunities

Chair: Pat Martinez		
Member Name	Professional Title	County
Pat Martinez	<i>CEO, Leadership in the Clouds™</i>	Mecklenburg
Dr. Lenora Campbell	<i>Dean, College of Health and Human Sciences, North Carolina A&T State University</i>	Guilford
Dr. Sonyia Richardson	<i>Assistant Professor, University of North Carolina Charlotte</i>	Cabarrus
Margaret Weller-Stargell	<i>President and CEO, Coastal Horizons Center</i>	New Hanover
Quinny Sanchez Lopez	<i>MSW, Engagement Specialist</i>	Union
Annette Taylor	<i>Member, Council for Women and Adjunct Professor, NC Central University</i>	Wake
Staff Liaison Name	Professional Title	County
Sa'Metria D. Jones, Esq.	<i>Policy Advisor, Office of the Governor</i>	Wake
Graduate Research Assistant Name	Professional Title and/or University	County
Dr. Allison Lacko	<i>Postdoctoral Research Fellow, Department of Nutrition, University of North Carolina at Chapel Hill</i>	Orange

Introduction

The Educational Opportunity Subcommittee (“the subcommittee”) is charged with creating educational opportunities for communities of color in the areas of health literacy, financial literacy, and general academia. The subcommittee is also charged with providing recommendations on strategies to increase funding for health education in community centers servicing vulnerable communities.

In developing the policy recommendations to align with Executive Order 143, the subcommittee identified several needs that, when addressed, may significantly benefit communities of color and vulnerable communities. Specifically, the subcommittee identified the following:

Short-Term and Long-Term Goals

Short-term Goal

- 1. Host a public virtual roundtable with healthcare professionals, education leaders, and community leaders to discuss pressing issues in their fields, identify gaps in resources, and present potential solutions for change:** The subcommittee wanted to give sector professionals and experts a space to comment on specific issues and their impact in their fields. In line with that idea, the subcommittee's short term goal was to host a virtual public roundtable with healthcare professionals, education leaders, and community leaders to discuss pressing issues in their fields, identify gaps in resources, and present potential solutions for change. The roundtable also would provide an opportunity for the public to view a livestream of the discussion via YouTube and to provide public comments. The roundtable was a successful event, and the subcommittee accomplished this goal with few issues or obstacles. However, the opportunity for the public to participate is significant to the broader goals of developing trust and community-focused goals, and, although several members of the public and community organizations participated, the roundtable did not garner as much public participation as desired. The subcommittee is considering making slight adjustments to the roundtable event in the future to encourage more spontaneous conversation and public participation. The subcommittee plans to host topic specific virtual public roundtables in 2021 that narrow the discussion to one priority area per event. The subcommittee will also use the information obtained from the first roundtable event as a foundation for the long-term goals.

Long-term Goals

- 1. Use the public response from the virtual roundtable to identify measures, community resources, or programs that are needed to increase literacy and educational opportunities in communities of color specific to COVID-19, and equip these communities with the education and resources needed to combat the physical, emotional, educational, and economic impacts of the pandemic.**
- 2. Recommend strategies to increase funding for health education programs in community centers located in marginalized communities.**
- 3. Develop statewide recommendations to improve diversity in the healthcare workforce via Area Health Centers.**

Accomplishments

The subcommittee's most significant accomplishment between August 5, 2020 and November 1, 2020 was the successful execution of the virtual public roundtable event. On October 27, 2020, the subcommittee hosted a public virtual roundtable with five distinguished professionals in healthcare, academia, and finance to better understand the impact of the pandemic on health, education, and economic conditions in communities of color. The panelists used their professional expertise and experiences to answer questions that the subcommittee members

carefully curated and offered policy and practice-based recommendations to improve health, academic, and financial outcomes in communities of color. Nine members of the public signed up to give public comment and there was an unplanned opportunity for a robust, organic conversation between the panelists and subcommittee members that provided the opportunity for a more extensive discussion on previous questions and comments.

The subcommittee carefully and thoughtfully developed this event to bring together professionals and community advocates who are similarly passionate about eliminating disparities, ensuring equity, and working towards tangible solutions for progress in communities of color. Most notably, the roundtable was the subcommittee's short-term goal, and the goal was accomplished. The information obtained from the roundtable informed the subcommittee's policy recommendations and will be used to identify resource gaps and work towards mobilizing the resources to address those gaps.

Policy Recommendations

- 1. Assist, advocate, and encourage the North Carolina Department of Public Instruction, and other required administrative or academic bodies, to adopt a digital literacy curriculum and toolkit that is accessible to all students and parents in their native language.** In this digital age and especially during the pandemic, the need for digital literacy has increased drastically. Having the skills to use a computer and navigate the Internet allows people to benefit more fully from high speed Internet. Digitally literacy improves the quality of a student's schoolwork by easily accessing the online resources they need²⁸. Accessibility can include partnerships between schools, community organizations, faith communities, and community health centers.
- 2. Advocate for the North Carolina General Assembly to pass a comprehensive budget that includes funding for HB 924²⁹, which provides for personal financial literacy for high school students, as well as a similar mandatory requirement for post-secondary institutions.** In addition, invest capacity-building resources in local nonprofits to implement economic educational programs that ensure fair lending practices in communities of color.
- 3. Support community health centers by implementing telehealth and telemedicine initiatives, including, but not limited to, ensuring adequate funding for health education and partnering with state agencies and other groups that share similar goals of increasing broadband access and addressing health literacy.**
- 4. Establish a statewide health literacy coordinating council and corresponding regional health literacy councils as consistent with the Area Health Education model³⁰.** Charge the coordinating council to develop statewide evidence-based practices and health literacy curricula and curate regionalized health literacy materials

²⁸ See: <https://speedmatters.org/speedmatters-2/digital-literacy#:~:text=Digitally%20literate%20students%20improve%20the,their%20taxes%20and%20banking%20online.>

²⁹ See: [https://dashboard.ncleg.gov/api/Services/BillSummary/2019/H924-SMBK-77\(e4\)-v-3](https://dashboard.ncleg.gov/api/Services/BillSummary/2019/H924-SMBK-77(e4)-v-3)

³⁰ See: <https://oig.hhs.gov/oei/reports/oei-01-93-00570.pdf>

to disseminate to health literacy councils and regional healthcare organizations. Similarly, charge the regional health literacy councils to tailor health literacy materials to their specific populations and regions and to create partnerships with local schools, health care organizations, community centers, and faith communities as necessary to establish trust and develop actionable health messaging.

Next Steps/Lessons Learned

The Educational Opportunity subcommittee has learned several lessons over the past few months that will inform its decisions in the upcoming 2021 year. Some of the lessons are as follows:

- More concentrated efforts are needed to ensure representation from advocates and individuals across the state, particularly rural communities, and student representatives.
- Future roundtable events may be more effective if there is more opportunity for members of the public to speak and for more flexibility in the structure of the event to allow for more conversation between the members, panelists, and the public
- There are major gaps at the community level regarding the creation and dissemination of population specific health information
- Expanding access to broadband across the state, but particularly in communities of color, requires ongoing efforts to maintain and strengthen community partnerships, not only to mobilize resources, but also to the effective and adequate dissemination of information to those communities.

The subcommittee's next steps will include the following:

- Evaluating how to use the next series of roundtables to further the subcommittee's long-term goals and host additional roundtables as needed
- Collaborate with state agencies and community organizations to develop, or inform the development process of, health literacy and financial education programs
- Collaborate with state agencies and community organization to develop, or inform the development process of, statewide recommendations to improve diversity in the healthcare workforce
- Conduct research as necessary to inform the subcommittee's long-term goals

Environmental Justice and Inclusion

Chair: Secretary Michael S. Regan		
Member Name	Professional Title	County
Michael S. Regan	<i>Secretary, North Carolina Department of Environmental Quality</i>	Wake
Greg Richardson	<i>Executive Director, Commission of Indian Affairs</i>	Wake
Dr, James H. Johnson, Jr.	<i>Professor of Strategy and Entrepreneurship and Director, Urban Investment Strategies Center, Kenan-Flagler School of Business; chair of DEQ's Environmental Justice and Equity Advisory Board</i>	Chatham
Reverend Dr. Jonathan Augustine	<i>Pastor, St. Joseph African Methodist Church; lawyer; published author, "Environmental Justice in the Deep South," University of San Francisco Law Review 2013</i>	Durham
Rev. Dr. T. Anthony Spearman	<i>President, NC NAACP</i>	Guilford
Staff Liaison Name	Professional Title	County
Carolina Fonseca Jimenez	<i>Public Engagement Liaison</i>	Johnston
Graduate Research Assistant Name	Professional Title and/or University	County
Destiny James	<i>MPH in Health Behavior Candidate, University of North Carolina at Chapel Hill</i>	Orange

Introduction

Environmental justice refers to the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. The U.S. Environmental Protection Agency concludes that "many minority, low income, tribal, and indigenous people in the United States have experienced higher levels of environmental pollution and other social and economic burdens" that "have led to poorer health outcomes, as well as fewer financial or advocacy opportunities." Governor Cooper – and his administration – believe that all North Carolinians have a right to clean air, clean water, clean soil, and a stable climate, and they deserve an opportunity to participate fully and meaningfully in decisions that affect their living environment.

This subcommittee’s specific charge in Executive Order 143 is to consider Environmental Justice and Inclusion and to enhance public engagement and increase public participation by low income, minority communities in state decisions and actions; quantify health and welfare benefits of pollution reduction and identify opportunities to increase the deployment of clean energy resources; advance climate justice by prioritizing actions that equitably reduce greenhouse gas emissions, increase community resilience to the impacts of climate change, and advance sustainable economic and infrastructure recovery efforts for low-income, minority and

vulnerable communities; and encourage and enhance environmental justice, inclusion and equity education.

Short-Term and Long-Term Goals

From the onset, the Environmental Justice and Inclusion Subcommittee committed to be bold, challenge the status quo and bring forth impactful and long-lasting change through their recommendations. The members agree that environmental justice is also an economic, health and infrastructure issue. This served as the basis for how the subcommittee answered questions underscoring the short and long-term goals:

Are we using the full power of state agencies to coordinate and improve the lives of our residents through a comprehensive lens?

With more strategic coordination, could we improve the economic development and health outcomes of a Tier 1 county without causing additional environmental burden?

Should we better align specific cabinet agency priorities to ensure that state government is working in concert for all North Carolinians?

Subcommittee members considered these questions and criteria and agreed that state cabinet agencies should view many of the projects within their purview through the lens of environmental justice and equity. Additionally, the state must consider how economic incentives, business recruitment and retention, economic development, and infrastructure decisions either improve or disadvantage communities. There should be a standard analysis and decision-making process for how proposed projects could disproportionately impact disadvantaged communities and/or communities of color.

Short Term Goal

- 1. Evaluate the feasibility and/or designate a permanent full-time position on Environmental Justice, Equity and Inclusion in the Department of Commerce, Department of Transportation, Department of Natural and Cultural Resources, and at the Office of Emergency Management:**

As state agencies, the Departments of Commerce, Transportation, Natural and Cultural Resources and the Office of Emergency Management are involved in projects that can have direct environmental and economic impact on communities. Those projects should be viewed through the lens of environmental justice and inclusion. The agencies should consider the impacts their programs and actions have on equity and underserved communities, including how incentives and projects are chosen and how funds are allocated. Environmental justice and equity analysis should be done at the earliest stages of projects and decision-making.

By dedicating resources to fund either a permanent position for environmental justice and equity within each agency and division or integrating the duties into an existing senior leadership position, state projects and decision-making will be viewed through the lens of environmental justice. North Carolina's communities will have a clear point of contact,

creating a transparent and sustainable effort to address inequities. Designating these positions would give communities a voice in processes that may not have been accessible to them in the past and sends a clear message that North Carolina continues to put people first.

2. Conduct an inventory of aging infrastructure and buildings (schools, senior centers, hospitals, etc.) that have exposure to radon, asbestos, mildew, mold, etc. and consider remediation projects of impacted facilities for job creation initiatives.

The Covid-19 pandemic has created an opportunity to leverage environmental justice to achieve economic justice by addressing a pressing public health problem that is disproportionately affecting minority communities: the so-called ‘sick building’ problem caused by legacy pollutants due to delayed maintenance of public and private infrastructure. Nowhere is this problem more apparent than in NC’s public schools, especially those in hyper-segregated, concentrated poverty communities. Due to aging and poorly functioning HVAC systems, young people attending these schools are exposed to a host of chemical and biological contaminants that adversely affect their health and overall well-being and their ability to learn. Reopening these schools amid the pandemic is likely to exacerbate the problem, as buildings with poor ventilation, already a crucible for building related diseases, can potentially become hotbeds for the spread of the coronavirus.

A 2016 survey of school facility needs estimated that roughly \$3 billion is required to pay for urgently needed renovation of existing aging and rapidly deteriorating school buildings in mainly rural and low wealth counties in the state (McHugh and Nordstrom 2019). With adequate funding, this can create both business and employment opportunities for historically marginalized populations not only to address the problem and employ workers but also to transform schools, especially those in environmental justice communities, into green facilities that enhance learning and overall health and well-being of both students and school staff.

Long-Term Goal

1. A legislative strategy for additions/changes to statutes and rules incorporate environmental justice criteria into regulatory actions.

Our subcommittee is abundantly aware of the fact that if matters are not codified, they become voluntary goals instead of requisite criteria. Inasmuch as our deliberations have included consideration of agency staff persons to be assigned additional duties, we have also discussed specially designated agency staff persons who will work solely toward addressing environmental justice matters/concerns. Regardless of whether we pursue one path or the other, or a hybrid combination, legislation will be paramount to ensure our environmental justice ideals come to fruition.

Accomplishments

The subcommittee solicited comment and feedback on the draft short and long-term goals directly from the public during a [Listening Session](#) on September 29, 2020. There were 17 commenters who remarked on the need for alignment of state regulations and policies to transparently consider environmental justice across the board, to improve consultation with tribal governments and offer culturally appropriate outreach to the farmworker community. These comments contributed to the development of the goals and provided North Carolina communities a voice in the process.

Short Term Goal 1

The subcommittee chair, Secretary Michael S. Regan, contacted the Secretaries of Commerce, Transportation and Natural and Cultural Resources and the Director of the Office of Emergency Management. Each committed to providing the resources and support to create a full-time position or integrate the duties into a senior level position and provided a point of contact for further discussions with the subcommittee. With support from the subcommittee Staff Liaison, Carolina Fonseca Jimenez, the agency and division point of contacts met with the NC Department of Environmental Quality Title VI and Environmental Justice Coordinator and Senior Policy Advisor to collaborate through an interagency working group on the strategic priorities for environmental justice, equity and inclusion involvement across each program and are developing a draft job description per agency.

Short Term Goal 2

The subcommittee, led in this effort by Dr. James H. Johnson, Jr. has conducted a review of the extant literature on sick buildings, assessed the problem in North Carolina public schools; outlined an entrepreneurial strategy to “fix” the problem; identified several policy levers that potentially can generate revenue needed to address the state’s sick school buildings; and provided a rationale for targeting two of the state’s most distressed environmental justice communities as demonstration sites to beta test the veracity of this proposed initiative. With the help of DEQ’s Environmental Justice team and support from the Secretary’s Environmental Justice and Equity Advisory Board, Robeson and Edgecombe counties were selected as the two demonstration sites for this goal.

Long Term Goal 1

The subcommittee met with Joy A. Hicks, Senior Director for Governmental Affairs and Policy with the Department of Environmental Quality, regarding the formulated goals and began developing logistical next steps to ensure the goals can be achieved in the forthcoming legislative session.

At the onset, the subcommittee recognized that collaboration will be critically important, and identified the following sectors as domains from which we will need allies/partners: social justice; environmental; business; local government; academia; boards and commissions; and other state agencies. Further, with the understanding that we will also need bill sponsors/legislative partners, in both chambers of the General Assembly to move our agenda forward, the subcommittee identified and calendared key dates for bill filings in the respective chambers and underscored the

need for our allies/partners to work with us/bill sponsors in testifying during committee meetings, etc.

Policy Recommendations

1. ***For Short-Term Goal 1: Support the creation of environmental justice, equity and inclusion positions at the Departments of Commerce, Transportation, Natural and Cultural Resources and the Office of Emergency Management and consider other agencies where such positions might benefit community access to state decision-making.***
2. ***For Short-Term Goal 2: Utilize existing training and incentive programs to create jobs initiatives in disadvantaged communities geared toward remediation and resiliency work on public and low-income buildings in those communities, with a specific focus on public schools within the demonstration sites of Robeson and Edgecombe counties.***
3. **Support funding the effort to remediate the environmental issues in public school buildings by:**
 - Creating a funding pool to support public education, both capital and repair needs, by rescinding corporate and personal tax cuts enacted in 2019 and/or restoring the funds directed to education from the 7.25% of corporate tax revenue and the 50% of lottery revenue dedicated to support public education.
 - Increase funds specifically targeting infrastructure to address identified weaknesses discussed in detail elsewhere (see McHugh and Nordstrom, 2019).
 - Follow the lead of the state of Massachusetts by creating a NC School Building Authority to fund school building and repairs projects (Mortice, 2020; <https://www.massschoolbuildings.org/>).
 - Create a School Construction Tax Credits program modeled after Division B of the American Recovery and Reinvestment Act of 2009 for repairs.
 - Adopt Green Bonds for energy efficiency, renewable energy and specific redevelopment projects. These capital-intensive projects can achieve sustainability impacts and can attract ESG investors. This can be done alone or in conjunction with a State Climate Risk Fund, leveraging Smart Growth grants for protection of human health and the environment; USDA Conservation Innovation Grants; Tribal Climate Change Adaptation Plans; the Kresge Environment Program; and, other programs.
4. **Support expansion of the inventory and remediation process demonstrated by Short-Term Goal 2, to include other types of infrastructure, such as housing, courthouses, and other public buildings in environmental justice communities.**
5. ***For Long-Term Goal 1: Support a legislative strategy for changes to create a standard environmental justice review process for state projects.***

Our *general* policy recommendations are consistent with the previously expressed goals. Our *specific* recommendations, however, will be further developed in collaboration with representatives from the previously defined sector allies/partners, during the 2021 legislative session.

Next Steps/Lessons Learned

Next steps for Short Term Goal 1: Refine the metrics and performance goals for each position.

- Are there common criteria that should trigger environmental justice, equity and inclusion coordinator involvement across these programs? How would those criteria differ for each agency?
- Are there specific types of projects or specific communities these positions should focus on or prioritize?
- Further develop an overarching operating framework on what constitutes environmental justice to guide decision making across Departments of Commerce, Transportation, Natural and Cultural Resources and the Office of Emergency Management.
- What measures would define successful engagement for these positions at each of these agencies?
- What are the biggest hurdles for incorporating an environmental justice lens into each of these agencies?
- After the first year on the job, what would this subcommittee hope to see from these newly created positions? How will this subcommittee help grade and rate the progress of these positions?
- Develop key performance indicators and metrics to discuss and understand cumulative impacts of decisions that are in front of the various departments regardless of where the issue originates.
 - o Metrics need to be measurable, uniform and qualitative to make sure the position is meeting our subcommittee goals.

For Short Term Goal 2:

Work with the economic development, education, and health subcommittees to align this proposed initiative with other proposed initiatives to promote health equity, job creation, and business development in the state.

For Long Term Goal 1:

The subcommittee plans to invite subject matter experts to help assist with the development of proposed legislation. The subcommittee plans to use existing resources such as The Department of Environmental Quality, our Subcommittee expertise, and the Andrea Harris Social, Economic, Environmental and Health Equity Task Force. In addition to this, the subcommittee plans to include stakeholders that may be able to provide input including members of the legislative Black Caucus and the American Indian Caucus.

Business Engagement Group

Chair	Professional Title	County
Justin Truesdale	Partner, Smith, Anderson, Blount, Dorsett, Mitchell & Jernigan, LLP Secretary, Andrea Harris Task Force Chair, Andrea Harris Task Force, Business Engagement Group	Wake

The Business Engagement Group’s membership is comprised of business leaders from AT&T, Curi, Duke Energy, Met Life, Pfizer, and PNC Bank.

The Business Engagement Group, chaired by Justin Truesdale, Secretary of the Andrea Harris Task Force and Partner at Smith, Anderson, Blount, Dorsett, Mitchell & Jernigan, LLP, was established to leverage the North Carolina business community in achieving a key component of the Task Force’s mission, to create economic stability. North Carolina was ranked the [Best State for Business](#) by Forbes Magazine in 2018 and has been ranked in the top five states for business for twelve consecutive years. North Carolina is home to [13 Fortune 500 companies](#), and [more than 840,000 small businesses](#). However, COVID-19 has shed light on the economic disparities that exist in North Carolina, especially for businesses owned by people of color. The Business Engagement Group was created to convene some of North Carolina’s top business leaders and to develop public and private partnerships to ensure that as our State continues to flourish that expansion and development plans and hiring practices are structured to increase economic opportunities for all North Carolinians.

The Business Engagement Group will research and report on best practices related to each of the Task Force’s [five subcommittees](#), beginning with topics relevant to the economic opportunity and business development subcommittee. Findings will inform recommendations made to the business community and to state entities. The initial research questions are as follows:

- *What are businesses in the private sector doing to address business diversity and inclusion initiatives in the procurement of goods and services, as well as in their hiring? How can the Business Engagement Group encourage businesses to adopt those best practices?*
- *Which workforce development efforts are most beneficial to the private sector? Which work force development efforts should the Business Engagement Group encourage and support?*

As recommendations are made to increase economic opportunity, the Business Engagement Group will engage the Department of Commerce, local Chambers of Commerce and local municipalities to ensure that recommendations are made that are impactful and feasible, knowing that a strong economy creates healthier and more prosperous communities for all North Carolinians.

About Andrea Harris

“We need to make sure we always have people at the table who are most affected.” –Andrea Harris (2019)

The Andrea Harris Social, Economic, Environmental, and Health Equity Task Force is named in honor of the late Andrea Harris. A native North Carolinian, the late Andrea Harris was a trailblazer for minority businesses and communities. Harris graduated from Bennett College and became one of the youngest community agency directors in the nation, helping fight poverty across three rural North Carolina communities. An unwavering passion to help others in need, she co-founded the NC Institute of Minority Economic Development in 1986, where she served as president in 1990. Located in the heart of Durham, the Institute supports minority and women-owned businesses. Harris was named the Lifetime Achievement Winner in Triangle Business Journal's Leaders in Diversity Awards in 2014 and retired from the Institute that same year. After retiring from the Institute, Harris continued to serve on several boards including the state's Advisory Council for Historically Underutilized Businesses, where she was appointed in 2017. She is a recipient of numerous awards and honors, including the Order of the Long Leaf Pine, the highest award for state service granted by the Office of the Governor as well as an honorary doctorate from her alma mater, Bennett College.



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Eva Clayton, Former Congresswoman for NC Congressional District 1

Dr. Shannon Dowler, Chief Medical Officer, NC Medicaid, Division of Health Benefits, NCDHHS

Lakeisha Moore, Health Information Technology (HIT) Program Manager, Office of Rural Health, NCDHHS

Jeremy Collins, Director, Innovative Connectivity for Hometown Strong

Dr. Ryan Emanuel (Lumbee), Department of Forestry and Environmental Resources, North Carolina State University

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RTI International:

Stephanie Hawkins, PhD

Janelle Armstrong-Brown, PhD

LaShawn Glasgow, PhD

Laura Knapp, MA

Sara Lawrence, MS

Will Merrill, AS

Saira Naim Haque, PhD

Hudson Oliveira, MS

Jules Payne, PhD

Rebecca Perry, MS

Angela Quick, MS

Olivia Rice, BS

Noah Robins, MBA

Natassia Rodriguez Ott, PhD

Anna Sommers, PhD

Brian Southwell, PhD

Karen Strazza, MPH

Sara VanLear, MCRP, BA

Edna Wallace, BA

Amanda Walsh, PhD