



Andrea Harris Social, Economic, Environmental and Health Equity Task Force Meeting Minutes

Wednesday, April 7, 2021

10:00 a.m.

Virtual Microsoft Teams Meeting

A regular meeting of the members (the “Members”) of the Andrea Harris Social, Economic, Environmental and Health Equity Task Force (the “Task Force”) was held remotely on Wednesday, April 7, 2021 at 10:00 a.m. Eastern time via a virtual Microsoft Teams meeting.

Leadership Present

Secretary Mark Edwards (Chair)

Members Present

(Unless otherwise noted below, all members joined the videoconference at the opening of the meeting at approximately 10:01 a.m. and all members exited the videoconference by approximately 12:01 p.m. when the meeting was closed.)

Andres Henao	Gregory Richardson
Annette Taylor	James Johnson Jr.
Ben Money	John Lumpkin
Carlos Rish	Lenora Campbell
Catherine Harvey Sevier	Margaret Weller-Stargell
CC Lamberth	Pat Martinez
Cedric Bright (joined at 10:14 am)	Quinny Sanchez Lopez
Charlene Green	Rhett Brown
Christy Clayton	Sonyia Richardson
Cornell Wright	Stephanie McGarrah
Dionne Delli-Gatti (Designee: Carolina Fonseca Jimenez)	T. Anthony Spearman
Gene Woods (Designee: Fernando Little)	Walter Baucom
Giselle Corbie-Smith	Yvonne Holley

Members Absent

Adriana Chavela	Kevin J. Price
Dale Jenkins	Lynn Bottone
Donny Lambeth	Trey Rabon
Johnathan Augustine	Viviana Martinez-Bianchi
Juvencio Rocha Peralta	Yazmin Garcia-Rico

Others Present

Maritza Mata Betancour, Director of Operations, Association of Mexicans in North Carolina, Inc.
Tammie Hall (Staff Liaison to Economic Opportunity & Business Development Subcommittee)
Carolina Fonseca Jimenez (Staff Liaison to Environmental Justice and Inclusion Subcommittee)
Sa’Metria Jones (Staff Liaison to Educational Opportunity Subcommittee)

Catherine Rivera (Staff Liaison to Patient Engagement Subcommittee)
Justin Truesdale (Secretary)

Call to Order; Welcome

Secretary Mark Edwards, Chair of the Task Force, called the meeting to order at approximately 10:01 a.m. Eastern time and welcomed all in attendance. Secretary Edwards announced to the Task Force that Governor Roy Cooper has appointed Secretary Pamela Brewington Cashwell as the new chair of Department of Administration. Accordingly, she will chair future meetings of the Task Force and she is excited to get started working with the Task Force.

Secretary Edwards also noted that April is National Minority Health Month and the theme this year is “Vaccine Ready.” The focus is to empower communities to share factual and accurate information about the vaccine, get vaccinated when the time comes and remind everyone that it is important to remember to continue to practice the 3 W’s and avoid large crowds to limit the spread of COVID-19 even given the availability of vaccines. Secretary Edwards noted that the activities of National Minority Health Month can be followed by signing up for the Office of Minority Health email updates with more information available via the Historically Marginalized Populations Provider Engagement Toolkit produced by the North Carolina Department of Health and Human Services.

Secretary Edwards also noted that it is World Health Day and the World Health Organization is calling on leaders to ensure that everyone has living and working conditions that are conducive to good health.

Roll Call; Vote by Roll Call

Secretary Edwards asked for a motion to approve the minutes from the previous meeting. Pat Martinez so moved, and the motion was seconded by Cornell Wright.

Catherine Rivera, Boards and Commissions Coordinator, NC Department of Administration, asked for a roll call and vote on the meeting minutes and indicated a quorum was present and the meeting minutes have been approved.

Pat Martinez asked Secretary Edwards to provide an update on the Logic model at the end of the meeting. Secretary Edwards noted that he would provide a brief update at the end of the meeting.

Increasing Diversity in Medical Admissions

Secretary Edwards introduced Dr. Cedric M. Bright, Associate Dean for Admissions for Brody School of Medicine, Professor of Clinical Internal Medicine, Interim Associate Dean for Diversity and Inclusion, Eastern Carolina University, and a member of the Task Force, as the first speaker.

Dr. Bright noted that the Brody School of Medicine was founded in 1974 with the mission of increasing the supply of primary care physicians serving the state, improving the health status of eastern North Carolina’s citizens and enhancing access of minority and disadvantaged students to a medical education. Dr. Bright noted that the school only accepts in-state residents. Dr. Bright provided an overview of what the Brody School of Medicine is looking for in its students for admissions, including volunteer experiences, clinical experiences, GPA and MCAT scores. Many schools have a redline for MCAT scores, meaning they will not consider applicants with a lower score. The Brody School of Medicine tries to do a holistic review, rather than immediately eliminating certain applicants based on MCAT scores.

Dr. Bright noted that each individual has different hurdles and obstacles that they must overcome to achieve their goals, noting that people from disadvantaged communities typically have more to overcome. Dr. Bright stated that at the Brody School of Medicine, they are implementing systems and structures to increase diversity, including diversifying reviewers and interviewers in recruiting, reviewing interview questions and standardizing questions for use to improve relatability, providing interview questions ahead of time and using electronic voting to decrease group thinking.

The Brody School of Medicine has also changed the screening process from internal to external to include community members as part of the admissions process. They have also implemented the aspect of emotional intelligence interviews to help ensure graduates are doctors that care about their patients. In addition, the school has applied a weighted scoring rubric to emphasize the distance travelled, rather than solely numerical metrics. Dr. Bright stated that the school is also using mentoring programs to show diverse students that a career in medicine is realistic and achievable.

Dr. Charlene Green stated that we need to advocate for North Carolina's public school system, which produces many of the in-state medical school applicants and ensure that chemistry and math education is supported. If North Carolina's students have a better opportunity to compete nationally, that will help drive diversity in our medical schools. Dr. Bright further noted that one of the markers of success for pursuing a medical career is algebra.

Dr. Carlos Rish noted that the population at his practice is Hispanic and Latinx and noted that the presentation touched on African American applicants, but not Latinx, and asked if there are similar steps being taken for the Latinx community. Dr. Bright noted that the schools concern is addressing underrepresented students. He noted that the population of Latinx students is increasing, while African American male students are decreasing, so he focused on that particular subset in his presentation. Dr. Bright stated that the school's efforts are for all even though his presentation focused on one subset, stating that everyone is in the same boat.

Dr. Lenora Campbell asked about information regarding the number of underrepresented minorities that are staying in North Carolina and what is being done to increase that number. Dr. Bright noted that many of the institutions are working together to increase diverse applicants, stating that there are programs in place to identify students coming out of high school that could succeed in a medical career. Dr. Bright also noted that the Brody School of Medicine is a little different in that many of its diverse graduates are staying in North Carolina and going back to serve the communities they are coming from.

Deputy Secretary Ben Money noted that the expansion of broadband across North Carolina could help prepare more students in rural areas with the education they need to succeed in the medical profession. Deputy Secretary Money also asked if the things the Brody School of Medicine is doing will be shared with other schools that are expanding. Dr. Bright noted that what the school is doing is not proprietary information and is built on national studies and information, so he hopes that other schools implement similar policies.

Secretary Edwards thanked Dr. Bright for his presentation and his efforts at the Brody School of Medicine to address health disparities in North Carolina.

COVID-19 and the Hispanic/Latino Community

Secretary Edwards introduced Maritza Mata Betancour, Director of Operations, Association of Mexicans in North Carolina, Inc. (AMEXCAN), as the next speaker.

Ms. Betancour provided an overview of AMEXCAN and its COVID-19 initiatives, particularly in Eastern North Carolina. The mission of AMEXCAN is fostering the appreciation, understanding and prosperity of the Mexican and Latino Community through Advocacy, Culture, Education, Health and Leadership. Ms. Betancour stated that AMEXCAN has been serving the Mexican and Latino community for 20 years and over the last year has transitioned its focus on serving the Latino community as it pertains to COVID-19. Ms. Betancour noted factors impacting Eastern North Carolina Latinos, including that they are largely rural and/or low-income, have routine disparities (e.g., line of work, housing and transportation) and a disconnect with institutions (e.g., language and cultural barriers).

Ms. Betancour stated that AMEXCAN's response to COVID-19 included the Almas Unidas Immediate Relief Program, a resource fair in Eastern North Carolina, media/social media COVID-19 information (including promoting the 3Ms, testing, contact tracing and radio PSAs), forming the AMEXCAN Outreach Team and instituting a NC Latino COVID-19 Taskforce.

Ms. Betancour noted that during April 2020 AMEXCAN did a needs assessment to determine what programs should be instituted. AMEXCAN identified three immediate needs, including food, rent and utility assistance. AMEXCAN then instituted several programs through resource fairs, including mobile food pantries (hosted in 6 counties) and COVID-19 testing. AMEXCAN has also focused on the use of media and social media to communicate with the Latino community, noting that radio and Spanish newspapers are effective means to communicate.

The NC Latino COVID Taskforce has the mission of increasing organization and communication among task force members to provide better health outcomes in the Latino community across North Carolina in relation to COVID-19. The purpose is to prevent further spread of COVID-19 in the Latino community in North Carolina. The task force meets weekly on Mondays at 11:00 a.m.

The NC Latino COVID Taskforce's stated outcomes include increased access to resources and a unified front against misinformation and assumptions. The areas of focus have transitioned to access to vaccines, outreach to farmers/farmworkers and collaboration to improve reach and trust.

Moving forward, the NC Latino COVID Taskforce is focused on expansion of current services, advocating reforms in the health sector and public awareness of issues, and ensuring preparedness for future public health emergencies which proactively address needs of Hispanics and Latinos.

Secretary Edwards thanked Ms. Betancour for her presentation and the work that AMEXCAN is doing in the Latinx community.

Improving Health Equity in NC with a Health Care Equity Index

Secretary Edwards introduced Dr. John Lumpkin, President, Blue Cross Blue Shield of North Carolina Foundation, Vice President, Drivers of Health Strategy for Blue Cross Blue Shield North Carolina, and a member of the Task Force, as the third speaker.

Dr. Lumpkin stated that in order to improve health issues, we have to face the reality that must be addressed, including racism and reducing health disparities. Dr. Lumpkin noted that BCBSNC is actively involved in developing a health care equity index. BCBSNC has pledged to create the health care equity index to advance health care equity for its members and communities through fearless leadership and collaborations with providers, communities, and policy makers to eliminate "the avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically." BCBSNC started with the North Carolina Institute of Medicine report to develop a prototype for the index. The health care equity index is designed to address a number of

measures that are composed of multiple indicators that are reliable, valid and tested. One of the first goals is to address disparity by using race, ethnicity and language data to understand current demographics of member population, both at the individual and aggregate level.

BCBSNC plans to collaborate with external stakeholders for input on key measures and considerations, and is looking for partners to enhance data collection and quality. Dr. Lumpkin noted that BCBSNC's end goal is to improve health and wellbeing for members and the community and indicated they will not stop until health care is better for all.

Dr. Sevier asked how the aging population is viewed as a subset, along with those facing end of life. Dr. Lumpkin noted that by creating an index, BCBSNC can disaggregate the data based upon age groups and analyze outcomes for improvement.

Dr. Corbie-Smith asked what is the best way to be part of the "willing." Dr. Lumpkin stated that he is a good point of contact to reach out to in order to be part of the coalition. Dr. Corbie-Smith also asked about the idea of accountable care communities and the integration of social drivers of health and how the index may or may not be able to touch on that as we think about the integrated care of individuals. Dr. Lumpkin stated that the index looks at this from the perspective of members and how they can be as healthy as possible. A move to value-based arrangements that look for outcomes will force the clinicians to think about their patients' broader circumstances such as access to food, exercise, etc. and not just medication.

Dr. Richardson noted that as she sees an increase of people of color reaching out for services to providers of color, they are becoming more honest over time about what they are feeling or experiencing.

Secretary Edwards thanked Dr. Lumpkin for his presentation and time.

Subcommittee Reports

The Task Force proceeded to provide subcommittee reports.

Access to Healthcare Subcommittee

Dr. Corbie-Smith, the chair of the Access to Healthcare subcommittee, noted that the subcommittee did not have an update since the last meeting, but is looking forward to meeting in the coming weeks.

Economic Opportunity and Business Development Subcommittee

Kevin Price, a member of the Economic Opportunity and Business Development subcommittee, noted that the subcommittee did not have an update for this meeting.

Educational Opportunity Subcommittee

Pat Martinez, the chair of the Educational Opportunity subcommittee, stated that the subcommittee had a meeting with the Department of Natural and Cultural Resources (DNCR) to discuss access to diverse and marginalized members of the population and education to increase their ability to access tools that are available. The subcommittee updated one of its goals to read as follows: "Assist advocate and encourage the North Carolina Department of Public Instruction and other required administrative and academic bodies to adopt a digital literacy curriculum and toolkit that is accessible and intentionally targets linguistically and culturally diverse communities."

Ms. Martinez noted that the Educational Opportunity subcommittee's objectives are to identify gaps that exist and propose a few short- & long-term digital solutions, leverage existing digital resources to target students in underserved communities, utilizing the DNCR as a partner for best course of action and continuing to discuss with the DNCR and explore ways the subcommittee can help the DNCR expand their services to underserved communities.

Ms. Martinez noted a few requests for what is needed from the Task Force, including exploring ways to reach more families across North Carolina. The subcommittee will provide a report for the next meeting with a few tangible requests. One consistent need will be funding for programs and action items.

Environmental Justice and Inclusion Subcommittee

Carolina Fonseca Jimenez, staff liaison to the Environmental Justice and Inclusion subcommittee, noted that the committee met and discussed Long Term Goal #1, which is a legislative strategy to look at additions and changes to statutes and rules to incorporate environmental justice criteria into regulatory actions. One action item is to request a guest speaker to come into the next subcommittee meeting and share lessons learned on environmental justice legislation from other states to determine how to best move forward with the subcommittee's recommendations. The second action item is to identify and connect with the subcommittee's legislative liaisons at each respective agency and with RTI to discuss timelines, resources and the process for Long Term Goal #1. The subcommittee is also looking forward to outlining and planning the listening session to collect input for Long Term Goal #1.

Patient Engagement Subcommittee

Cornell Wright, the chair of the Patient Engagement subcommittee, highlighted that April is National Minority Health Month and reminded everyone to connect back to the Vaccine Ready theme and share that information. Mr. Wright noted that the subcommittee would be meeting following the Task Force meeting to continue working on its goals and discussing pipeline issues in healthcare.

Business Engagement Group

Justin Truesdale, Secretary of the Task Force, provided an update on the Business Engagement Group, noting that since the last Task Force meeting, the Business Engagement Group met to discuss its list of corporate diversity and inclusion best practices. The group is still updating the list and the members are tasked with identifying companies that have the practices that are being recommended so that interested companies can be directed to a contact for practical advice on how to implement the practices.

Mr. Truesdale stated that in the Business Engagement Group's discussions, the group raised the idea that once the information sheet on best practices is prepared, the group could also couple the distribution of it with "virtual chats" in partnership with the Task Force or one of its subcommittees. The idea is that the chats would be open to businesses to join and hear a discussion from a few businesses that have implemented the practices. The goal would be to provide an avenue for smaller businesses to get more information about the practices, beyond the information sheet, without having to separately reach out to a company contact.

Closing Remarks

Secretary Edwards noted that the subcommittee liaisons recently receive the Task Force 2020 policy recommendation matrix which everyone should have received in an email from Ms. Rivera. The liaisons went through the recommendations and classified them by three factors, potential impact, level of

effort and feasibility. RTI will prioritize and group recommendation, so they are asking for feedback from the subcommittees by April 14.

Secretary Edwards noted that each member should have received an invite from Justice Anita Earls to join the virtual launch of the Equal Access to Justice Commission's Civil Legal Needs Assessment. This virtual launch is scheduled for Friday, April 9, 2021 from 12:30 to 2:00.

Secretary Edwards also stated that, in the interest of time, they would discuss the Logic Model at the May meeting.

Ms. Rivera asked for a motion to approve the adjournment of the meeting. Pat Martinez so moved and the motion was approved.

Ms. Rivera noted that Emily Roach is no longer at the Department of Administration as she accepted a position at the Department of Commerce with Secretary Machel Sanders.

There being no further business, the meeting adjourned at approximately 12:01 p.m. Eastern time.