



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

**Wednesday, January 13, 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, January 13, 2021 at 10:00 a.m. Eastern time via a virtual Microsoft Teams meeting.

### **Leadership Present**

Secretary Machel Sanders (Chair)

### **Members Present**

(Unless otherwise noted below, all members joined the videoconference at the opening of the meeting at approximately 10:03 a.m. and all members exited the videoconference by approximately 12:31 p.m. when the meeting was closed.)

Andres Henao	Johnathan Augustine
Annette Taylor	Kevin J. Price
Anthony Spearman	Juencio Rocha Peralta
Ben Money	Lenora Campbell
Carlos Rish	Margaret Weller-Stargell
Catherine Harvey Sevier	Michael Regan (Designee: Carolina Fonseca Jimenez)
Cedric Bright	Pat Martinez
Charlene Green (joined at 10:20 a.m.)	Quinny Sanchez Lopez
Christy Clayton	Sonya Richardson
Cornell Wright	Trey Rabon
Dale Jenkins	Viviana Martinez-Bianchi (Joined 10:55 a.m.)
Gene Woods (Designee: Fernando Little)	Walter Baucom (joined 10:38 a.m.)
Gregory Richardson	Yvonne Holley
James Johnson Jr.	
John Lumpkin	

### **Members Absent**

Adriana Chavela	Lynn Bottone
CC Lamberth	Rhett Brown
Donny Lambeth	Stephanie McGarrah
Giselle Corbie-Smith	Yazmin Garcia-Rico

### **Others Present**

Tim Mullenix, PharmD, MS, Vaccine Medical Director, Pfizer Global Vaccines  
Melissa Bishop-Murphy, JD, MBA, Senior Director, National Government Relations & Multicultural Affairs, Pfizer, Inc.  
Tammie Hall (Staff Liaison to Economic Opportunity & Business Development Subcommittee)

Sa'Metria Jones (Staff Liaison to Educational Opportunity Subcommittee)  
Catherine Rivera (Staff Liaison to Patient Engagement Subcommittee)  
Emily Roach (Staff Liaison to Access to Healthcare Subcommittee)

### **Call to Order; Welcome**

Secretary Machel Sanders, Chair of the Task Force, called the meeting to order at approximately 10:03 a.m. Eastern time and welcomed all in attendance. Secretary Sanders thanked everyone for all their work so far and informed the Task Force that they would be engaging in discussion on the COVID-19 vaccine and community outreach. Secretary Sanders also took a moment to congratulate Secretary Michael Regan on his appointment as the head of the Environmental Protection Agency by the Biden administration.

### **Roll Call; Vote by Roll Call**

Secretary Sanders asked for a motion to approve the minutes from the previous meeting. Cornell Wright so moved, and the motion was seconded by Jonathan Augustine.

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.

### **Presentation Regarding Pfizer COVID-19 Vaccine**

Secretary Sanders introduced Melissa Bishop-Murphy, Senior Director, National Government Relations & Multicultural Affairs, Pfizer, Inc. to introduce the Task Force's first speaker. Ms. Bishop-Murphy thanked the Task Force for allowing Pfizer to come speak to them and expressed their willingness to partner with the Task Force as they deem appropriate. Ms. Bishop-Murphy then introduced Dr. Tim Mullenix, Vaccine Medical Director, Pfizer Global Vaccines.

Dr. Mullenix greeted the Task Force and thanked them for the opportunity to brief them on Pfizer's COVID-19 vaccine. He reiterated that the vaccine is not approved by the FDA at this time but is under the Emergency Use Authorization under Section 564 of the Food, Drug, and Cosmetic Act due to the pandemic. The vaccine is still in Phase 3 of its evaluation and they anticipate submission for full approval by the FDA by April of this year.

Dr. Mullenix began by orientating everyone on the COVID-19 virus. The key for any vaccine is to identify the right antigen in order to stimulate the response that will neutralize the virus. What they identified was the spike protein, which was used to create the vaccine. He covered briefly the vaccine platforms which are being used to create immune response. The approach to the Pfizer vaccine is a non-traditional method in which instead of the antigen being injected into the arm, the "software" is being injected that goes into the cells and tells the cells to produce the only the protein in order for the body to develop an immune response.

Dr. Mullenix then explained the Phase 3 trial and went over portions of it to give a better understanding of the trial. The trial consisted of 43,000 individuals with varying demographics. The doses were two 30µg doses 21 days apart with a 0.3 ml injection. The trial expanded down to 12 years of age though they only submitted to the FDA for 16 and above. They expanded also to chronic stable HIV individuals and those with Hepatitis B as well. The primary endpoint of this study was to prove the prevention of COVID-19 disease in those who had not been previously infected by SARS-CoV-2. The second endpoint was to prove the prevention of COVID-19 regardless of whether participants have previously been infected by SARS-CoV-2.

Dr. Mullenix talked about the safety of the vaccine. The trial has an independent data monitoring committee (DMC) which consists of 4 infectious disease experts and one statistician with expertise in assessing vaccine safety, immune response, and efficacy. If at any point they deemed the trial unsafe, they could end the trial. As of November 14<sup>th</sup>, 2020, the DMC had identified no safety concerns during the clinical trial.

Local events or side effects that were seen during the vaccine's first dose were primarily pain at injection site in both dose 1 and dose 2. Redness and swelling were relatively minor. Systemic effects were primarily fatigue and headaches with chills, diarrhea, and muscle pain being significantly lower. The second dose had a higher reactogenicity, with higher rates of fever, fatigue, headache, chills, and muscle pain. A key factor of this is due to the duration, with side effects being significantly reduced by day 4. Efficacy for subjects without evidence of infection prior to 7 days after Dose 2 was 95%. The vaccine efficacy was consistent across age groups, sex, comorbidity, and race.

Dr. Mullenix ended his presentation by pointing out that while we have a vaccine, but until it is in people's arms and people are comfortable and confident in the vaccine, it isn't going to have a chance to protect individuals from COVID-19. Pfizer is doing everything they can to provide data so that people feel comfortable and confident in the vaccine. Secretary Sanders thanked Dr. Mullenix for his presentation and then opened the floor for Task Force members to ask questions.

Dr. Cedric Bright asked about the vaccine and women who are pregnant. Dr. Mullenix answered that pregnancy was an exclusion criteria when it came to the trial, as it is with all trials. However, during the trial 23 women did become pregnant and they are currently being monitored. At this point in time, there isn't data from the trial to support vaccination in pregnant women. He referred Dr. Bright to CDC guidelines and the American College of Obstetricians and Gynecologists.

Dr. Charlene Greene asked if it was public knowledge the names of the DMC members and pointed out that messaging should be more transparent on what might happen when you get the vaccine for 1a workers. Ms. Bishop-Murphy answered that a number of organizations asked for the DMC members names but it was not publicly available. What is available is what their positions are and offered to give Dr. Greene the information.

Dr. Sonya Richardson asked if there was demographic data available on who was getting the vaccine. Dr. Mullenix had not seen that information, but has seen reasonings on why people are hesitant to take the vaccine based. Ben Money shared that demographic information on vaccine recipients is information that NCDHHS will be collecting.

Dr. Catherine Sevier asked what do the adverse events look like in the population at large versus in the clinical trial. Dr. Mullenix referred her to the CDC website where they are keeping a tally of adverse events. So far nothing untoward has been seen other than those noted in the trials.

Juencio Rocha Peralta asked what are they seeing on the grounds in regards to getting the Latino community to be more open about the vaccine and what actions are they taking. Ms. Bishop-Murphy answered that Pfizer is partnering with the National Hispanic Nurse's Association around the issue of vaccine hesitancy in addition to working with Dia de la Mujer Latina on a vaccine education campaign. They are also working on some public service announcements that will be aired. It is an ongoing effort and she will welcome any suggestions.

Greg Richardson asked if Pfizer has data that can be drilled down to see on smaller populations, in this case smaller populations being Native American and Southeast Asian populations. Dr. Mullenix

answered that as populations got smaller, this study was not powered for individual groups. They were looking at overall trends to make sure nothing stood out in particular groups. Going forward that data is available and as they submit for FDA approval data for every individual who received the vaccine will be looked at.

Dr. Cedric Bright asked how do the side effects compare to the typical flu vaccine side effects. Dr. Mullenix answered that if he had to compare the COVID-19 vaccine to another vaccine he would say it was more similar to the Shingrix shot versus an influenza shot.

Ben Money asked if Pfizer had the racial and demographic information of the independent DMC members. Ms. Bishop-Murphy did not have the answer to that information but offered to follow-up with that info.

Quinny Sanchez Lopez asked about the rumors that the Pfizer CEO does not plan to take the COVID-19 vaccine until it is his turn. Due to some individuals taking this to mean that he does not trust the vaccine, she asked if there were any updates on the CEO's decision and if his vaccination will be publicly share. Ms. Bishop-Murphy shared that it is true that the CEO will not take the vaccine until it is his turn but does have full confidence in the vaccine and other employees are planning to get it. She welcomes any thoughts on the matter as the CEO did not want to appear as if he was jumping the line.

### **Presentation on North Carolina COVID-19 Vaccination Plan**

Secretary Sanders thanked Dr. Mullenix and Ms. Bishop-Murphy for their presentation and introduced Ben Money, NC DHHS Deputy Secretary of Health Services, and Cornell Wright, NC DHHS, Director of Minority Health and Health Disparities to give their presentation on North Carolina's COVID-19 vaccination plan.

Deputy Secretary Money reminded the Task Force that North Carolina is at the highest part of the pandemic right now, with over 600,000 total cases and about 7,600 deaths. The daily percent positive was 14.7%. There is widespread transmission of COVID-19 with 84 counties in the red (critical rate) and 12 in orange (substantial). The previous week, Secretary Cohen issued a secretarial directive that has the strongest prevention guidance yet.

NC DHHS has begun the distribution of the COVID vaccine, which is free to everyone in the state regardless of immigration status. Deputy Secretary Money pointed out that Dr. Kizzmekia Corbett, a viral immunologist at the National Institute of Allergy and Infectious Diseases who was critical in the development of the Moderna vaccine, is from Hurdle Mills, NC.

Deputy Secretary Money reiterated that the COVID-19 vaccine is tested, safe, and effective. Scientists had a head start from past vaccination research and thousands of volunteers helped with the clinical trials. There have been intentional efforts to recruit volunteers from historically marginalized populations. One cannot get COVID-19 from the vaccine. Supplies are currently limited, but everyone will have a spot to take their shot.

The Pfizer-BioNTech and Moderna vaccines require two shots to build up strong immunity against COVID-19. The second shot will come 3-4 weeks after the first. It is important to get both doses of the same vaccine, so DHHS build the COVID-19 Vaccine Management System to help make sure people are safe and get the second dose at the right time.

Deputy Secretary Money then provided an overview of the COVID-19 vaccine groups for North Carolina. Group 1a, which the state is currently in, consists of health care workers fighting COVID-19 and long-term care staff and residents. This group includes those who are cleaning rooms, doing dietary services, etc. Group 1b consists of adults 75 years or older and frontline essential workers. Group 2 is adults at high risk for exposure and at increased risk of severe illness, group 3 is students, and Group 4 is everyone else who wants the vaccine. North Carolina receives shipments of COVID-19 vaccinations each week. The number of vaccines received is determined by the state's population.

Deputy Secretary Money introduced Cornell Wright, Executive Director, Office of Minority Health and Health Disparities, NC Department of Health and Human Services to give a presentation on equity with vaccine rollout. Mr. Wright shared with the Task Force that when looking at the vaccine process, DHHS is trying to look at the rollout with lens of equity and fairness.

Racism runs throughout social, economic, and health care systems, causing unequal access to care, maltreatment, and neglect for historically marginalized communities. These longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines.

When we think about the conversation of trust and historical trauma and triggers, we can't shy away from the events that happened in this country. It isn't just Tuskegee that is a trauma trigger, especially in the history of North Carolina. There has been a history of eugenics in this state. There are also events outside of North Carolina such as Henrietta Lacks and Dr. James Marion Sims. These traumatic triggers are not lost when it comes to the conversation with vaccine trust or getting adherence to guidance. The biggest point in the work DHHS is doing especially with historically marginalized populations is making sure that they are having these candid conversations, building trust and capacity, but also making sure that people are informed and can make informed decisions.

DHHS is working with a multitude of community organizations to help do presentations, educate the community, and engage populations. They have several online resources for vaccine communications including FAQs, flyers, infographics, presentation slides, and PSA videos. Deputy Director Money charged the Task Force to help direct people to "their spot" for reliable information about the vaccine at [www.YourSpotYourShot.nc.gov](http://www.YourSpotYourShot.nc.gov). Communication materials can also be found at this website. They also encouraged them to show people that they trust the safety and effectiveness of the vaccine by sharing their positive experiences when they get their vaccine. The floor was then opened for questions from Task Force members.

Representative Yvonne Holley is there any effort being done to give vaccines to the families of caregivers and essential workers. Deputy Director Money said that they are taking this into consideration but there is a limited amount of vaccines. At the moment they are prioritizing the essential workers themselves.

Pat Martinez asked what is being done to hold companies accountable to allow their workers to get vaccinated if they need time off? Deputy Director Money said they have an occupational group within public health that is working with food manufacturers, Department of Agriculture, and Department of Labor. They are seeing good cooperation in that. He also emphasized that this is the largest vaccination effort in the world.

Dale Jenkins asked how many doses are being received this week versus how much are being given. He also asked if professionals from the logistics community have been involved in helping develop the process to distribute the vaccine. DHHS is using an all-state approach, so all departments of state government are supporting this effort. The NC National Guard is also supporting logistics. Deputy Director Money mentioned that there are probably more doses that have been given than reported, so they are also working to give support in order for that data to be accurate. NC's day over day count of vaccines continues to exceed what it was in prior days.

## **Subcommittee Reports**

Secretary Sanders thanked Deputy Director Money and Mr. Wright on their presentation. She asked for subcommittees to answer two questions: (1) What is your subcommittee's main objective for the next subcommittee meeting? (2) How can the Task Force support any ongoing or existing efforts of your subcommittee?

### Access to Healthcare Subcommittee

Ms. Emily Roach, staff liaison to the Access to Healthcare subcommittee, gave the report. She shared that many of the subcommittee's action items remain the same. They are prioritizing the recommendation for the increase of telehealth services and the expansion of broadband. Their objective for the January subcommittee meeting is to continue the conversation that the Task Force had today as one of the goals for the subcommittee is around vaccine messaging.

### Economic Opportunity and Business Development Subcommittee

Rep. Yvonne Holley, the chair of the Economic Opportunity and Business Development subcommittee, noted that the subcommittee is continuing to work on and do the research to see what they can do for the low hanging group with difficult policy change or any of their other goals. They are waiting on the Disparity Study from the Office of Historically Underutilized Business so that they can see how it can be incorporated with their goals and recommendations.

### Educational Opportunity Subcommittee

Pat Martinez, chair of the Educational Opportunity subcommittee, wished the Task Force a happy New Year. The subcommittee has decided to move forward with their digital literacy recommendation and will be partnering with the NC Department of Public Instruction. They have also received info from the Department of Natural and Cultural Resources which is working on a similar goal.

### Environmental Justice and Inclusion Subcommittee

Carolina Fonseca Jimenez, staff liaison to the Environmental Justice and Inclusion subcommittee, noted that the subcommittee's focus is on Short Term Goal #2 which is to "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." Because this was the main focus of the December meeting, the next step is to determine appropriate points of contact which can be helpful for the subcommittee. They have since identified some points of contact but hope to find a few more. Their main focus for their next subcommittee building will be Long Term Goal #1, "A legislative strategy for additions/changes to statutes and rules incorporate environmental justice criteria into regulatory actions." They hope to begin creating a framework for this goal.

### Patient Engagement Subcommittee

Cornell Wright, the chair of the Patient Engagement subcommittee, noted that the subcommittee has been working with subcommittee member Fernando Little to synergize the efforts being put forth to put together a culturally competent data gathering toolkit. There are no big push items at this time but as vaccine conversations are being ramped up, they are hearing the call for other organizations and individuals to take part in this work. The subcommittee will be taking on this call as well.

### Closing Remarks

Secretary Sanders asked the Task Force to feel free to give any suggestions for the Task Force moving forward. She asked Emily Roach to give an update on the implementation plan for the 2020 Task Force policy recommendations.

Ms. Roach shared that the proposals for the policy implementation coordinator are currently being evaluated at this time. Once that contract is awarded the firm will be introduced to the Task Force. The firm will have a point of contact with each subcommittee. The firm will provide support for the Task Force and work alongside them. They will also most likely work with the Task Force on the second report due in June.

Secretary Sanders shared that she has a meeting with the Governor that afternoon along with Mr. Gene Woods of Atrium Health. Secretary Cohen will also be attending that meeting. They will be bringing forward the AHTF recommendations for the Governor.

There being no further business, the meeting adjourned at approximately 12:31 p.m. Eastern time.