



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

Tuesday, May 4, 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 Tuesday, May 4, 2021 at 10:00 a.m. Eastern time via a virtual Microsoft Teams meeting.

Leadership Present

Secretary Pamela Cashwell (Chair)

Members Present

(Unless otherwise noted below, all members joined the videoconference at the opening of the meeting at approximately 10:00 a.m. and all members exited the videoconference by approximately 12:02 p.m. when the meeting was closed.)

Annette Taylor
Ben Money
Catherine Harvey Sevier
Charlene Green
Christy Clayton
Cornell Wright
Dionne Delli-Gatti
Gene Woods (Designee: Fernando Little)
Gregory Richardson
James Johnson Jr.
Johnathan Augustine
Juvencio Rocha Peralta

Kevin J. Price
Lenora Campbell
Margaret Weller-Stargell
Pat Martinez
Quinny Sanchez Lopez (joined at 10:15 a.m.)
Sonyia Richardson
Trey Rabon
T. Anthony Spearman
Viviana Martinez-Bianchi
Walter Baucom
Yvonne Holley

Members Absent

Adriana Chavela
Andres Henao
Carlos Rish
CC Lamberth
Cedric Bright
Dale Jenkins
Donny Lambeth

Giselle Corbie-Smith
John Lumpkin
Lynn Bottone
Rhett Brown
Stephanie McGarrah
Yazmin Garcia-Rico

Others Present

Dr. Faririai Nzvere, Researcher, Diversity in Diabetes
Immanuel Bryant, Program Coordinator, Pre-Professional Scholars Programs, NC A&T State University
Dr. C. Dinitra White, Director, Pre-Professional Scholars Programs, NC A&T State University
Erin Mallonee, Policy Implementation Plan Lead, RTI International

Camille Gourdet, Policy Assessment Lead, RTI International
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 Pamela Cashwell, Chair of the Task Force, called the meeting to order at approximately 10:00 a.m. Eastern time and welcomed all in attendance. Secretary Cashwell stated that she is currently in week 4 as Secretary of the Department of Administration and is excited to begin working with the Task Force.

Secretary Cashwell noted that she is originally from Fayetteville, NC, but worked with the Department of Justice, Civil Rights Division in Washington D.C. for about 10 years and spent some time with the U.S. Department of Agriculture in Administration. More recently, Secretary Cashwell worked at the North Carolina Department of Public Safety for the last 4 years as the Senior Policy Advisor and Chief Deputy Secretary for Professional Standards, Policy and Planning. Secretary Cashwell is the first Native American woman to be Secretary of a cabinet agency.

Secretary Cashwell noted that May is Asian-American/Pacific Islander Heritage month, and highlighted that Asian-Americans have had a difficult year with COVID and racial discrimination and harassment. Governor Cooper released a proclamation for this month that will be distributed to the Task Force to read.

Secretary Cashwell stated that May is also Mental Health Awareness Month, and noted that COVID-19 has highlighted mental health issues and in many ways exacerbated these issues, particularly in our young people. Governor Cooper also released a proclamation for Mental Health Awareness Month which will be distributed to the Task Force to read.

Roll Call; Vote by Roll Call

Secretary Cashwell 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.

Secretary Cashwell also noted that tomorrow is a day of awareness for missing and murdered indigenous women. Governor Cooper also signed a proclamation for this which will be distributed tomorrow.

Secretary Cashwell thanked everyone for serving on the Task Force, noting that she recognized the time commitment and work that has and is being done.

Diversity in Diabetes

Ms. Rivera introduced Dr. Farrie Nzvere, Researcher, Diversity in Diabetes, as the meeting's first speaker.

Dr. Nzvere noted that Diversity in Diabetes was founded in August 2020 after the People of Color Living with Diabetes Virtual Summit. The theme of the summit was Diversity, Inclusion and Community. From the summit, they found four focus areas, including, access to diabetes self-management education/support, diverse representation of diabetes educators and providers, awareness and knowledge of diabetes treatment options and utilization of diabetes technology in People of Color Living with Diabetes.

Dr. Nzvere stated that Diversity in Diabetes is dedicated to creating awareness and providing solutions to end health disparities and the lack of representation in the diabetes space. Diversity in Diabetes focuses on serving the underserved and underrepresented Black, Indigenous, and People of Color (BIPOC) living with diabetes (community members), community organizations, healthcare systems, and healthcare providers (Industry), healthcare professionals and diabetes educators.

Diversity in Diabetes provides the following services: (i) evaluating diversity and inclusion practices, (ii) providing technical assistance on marketing campaigns, educational materials, and other tools intended for the BIPOC community, (iii) providing guidance on culturally competent program implementation, and (iv) speaking and presenting at various virtual events. Dr. Nzvere noted that in the future, they intend to provide a variety of free diabetes education and support programs using a volunteer education model.

Dr. Nzvere stated that a few months ago they had a Volunteer Information Session, where they asked the volunteers who are the most vulnerable populations Diversity in Diabetes should be engaging with first. The volunteers came up with an additional list of communities that should be focused on, including men, older adults, Black+Queer+T1 or T2, LGBTQIA and Rural communities.

Dr. Catherine Harvey Sevier asked how Diversity in Diabetes intersects with the American Diabetes Association and JDRF. Dr. Nzvere stated that Diversity in Diabetes currently has a grant with the Association of Diabetes Care and Education Specialists where they provide subject matter expertise with regards to their diabetes prevention programs. Diversity in Diabetes meets up with the various partners that they have and help them with strategy for recruitment, engagement and retention of male and diverse groups in the diabetes space. Dr. Nzvere noted that with JDRF, there is no current partnership, but they have worked with them in the past, including last year's summit.

Dr. Charlene Green stated that she wanted to advocate for the community physicians in North Carolina and the country, noting that they do a great job with preventative care. Dr. Nzvere added that with the Diversity in Diabetes' program they are looking to work closely with community physicians to help in recruitment of community members and participation in virtual programs.

Pat Martinez stated that Diversity in Diabetes is doing great work and asked who interested parties should reach out to in order to note potential partners. Dr. Nzvere stated that interested parties should reach out to Quisha Umemba (quisha.umemba@diversityindiabetes.org) Dr. Farrie Nzvere (farrie.nzvere@diversityindiabetes.org) or Kacey Creel (kacey.creel@diversityindiabetes.org).

Dr. Sevier noted that she suspects that when we analyze the COVID data further we will find diabetes is a risk for greater morbidity.

Secretary Cashwell thanked the speakers for their presentation, noting that it was very informative.

HBCU Medical School Pipeline

Fernando Little introduced Immanuel Bryant, Program Coordinator, Pre-Professional Scholars Programs, NC A&T State University and Dr. C. Dinitra White, Director, Pre-Professional Scholars Programs, NC A&T State University, as the next speakers.

Dr. White provided an overview of the NC A&T State University Pathway to Medicine Program. The overarching goal of the Pathway Program is to remove barriers so that students are equipped for success. As background to the Pathway Program, out of 100 counties in North Carolina, 80 counties are designated as primary care shortage areas, 42 counties are designated as behavioral health shortage areas and 26 rural counties lack general surgeons and have half as many physicians as urban areas. Dr. White noted that studies have shown that minorities are more likely to practice in underserved areas and to care for disadvantaged patients.

Dr. White noted that in order to be successful, they needed to build an HBCU Pathway to Medical School that will address several layers of factors, including exposure, mathematics, reading comprehension, financial barriers, MCAT scores, overall & science GPAs, medical experience, equity, inclusion and access. The model is intended to bring in NC A&T students from high schools and community colleges, while also targeting rising sophomore college students. Most HBCU's in North Carolina are not connected with a medical school, but NC A&T is working with Atrium Health to get students clinical experiences.

Dr. White noted that NC A&T's goal is to expand this program across the other HBCUs in North Carolina. NC A&T is proposing a few models that combine years at an HBCU with years at a partner medical school to obtain a medical degree. Dr. White noted that they are also considering a loan forgiveness program that helps address the financial barriers to a medical degree.

Mr. Bryant noted that NC A&T looked at New York and Texas workforce models to inform the steps it will take. New York has the College Science and Technology Enrichment Program and Texas has its Joint Admissions Medical Program.

Deputy Secretary Ben Money asked that they look at the disparity in access to AP courses, particularly in mathematics and chemistry. He noted that a lot of time 101 level chemistry courses weed students out of the medical school pipeline. Dr. White noted that she agrees that they have to reach the students early and highlighted that students that come in underperforming in algebra tend to also struggle with chemistry.

Representative Holley noted that particularly in middle school, when students are not directed toward STEM programs, it makes it more difficult for those students to take on careers in the medical field and asked if the NC A&T program was geared toward that at all. Dr. White noted that they would love to have a model for that in place, because it is so important, however, she highlighted the Area Health Education Career Centers, which are the experts at preparing students at the middle and high school levels. Dr. White noted that we need to support K-12 teachers so that they can prepare the students for the college level. Representative Holley also noted that a lack of Black doctors leads to less patients that trust their doctors and asked if there was support for those doctors once they start practicing to help them stay in practice. Dr. White stated that they have not discussed that, but thinks having an expanded pipeline is really important, and they have discussed providing support to students once they reach the medical school level.

Secretary Cashwell thanked Mr. Bryant and Dr. White for their time and presentation.

Vision for Task Force Moving Forward

Secretary Cashwell stated that she is analyzing the work of the Task Force and what can be done to keep moving towards achieving the Task Force's goals. Secretary Cashwell noted that Governor's budget includes over \$1 million allocated to items highlighted by the Task Force. Several North Carolina Departments have created new Diversity, Equity and Inclusion positions that will help drive the Task Force's goals, including the Department of Administration, who will have a new Deputy Secretary of Advocacy, Equity and Inclusion, and David Elliott will fill this position beginning on Monday.

Secretary Cashwell noted several other items that were gaining support, including Medicaid Expansion, Access to Care through Telehealth and Paid Family Leave Insurance. Secretary Cashwell has also asked all cabinet secretaries to assign a staff person to assist with the Task Force's work.

Secretary Cashwell noted that one huge achievement of the Task Force has been increased access to testing and vaccines for marginalized communities across North Carolina. Deputy Secretary Money noted that one of the priorities the Task Force had prior to establishing its goals was the establishment of a network of community health workers across North Carolina.

Secretary Cashwell said that as we approach the 1 year anniversary of the Task Force, she wants to focus on the low hanging fruit and the items that are urgent so that the Task Force can get more short-term and important achievements.

RTI International Updates

Secretary Cashwell introduced Erin Mallonee, Policy Implementation Plan Lead, RTI International and Camille Gourdet, Policy Assessment Lead, RTI International to provide an update on the Policy Implementation Plan.

Ms. Mallonee noted that there are 23 recommendations that have come out of the Task Force. RTI has proposed options to move forward over the next few months to achieve some of the identified goals and recommendations. The first option is to implement Topic-Based Policy Implementation Plans and the second option would be to implement Key Stakeholder-Based Policy Implementation Plans. Ms. Mallonee provided an opportunity for Task Force members to complete a survey regarding questions about the options for next steps and the Task Force's plans.

The Task Force members engaged in a discussion regarding the options for implementation plans, including discussing the inclusion of non-profits and other advocacy groups in the key stakeholder groups.

The results from the survey were split 50/50 between the 2 options. Ms. Mallonee noted that healthcare coverage seemed to rise to the top as a focus area for the topic-based policy implementation plan and what can my healthcare organization do rose to the top in the key stakeholder-based policy implementation plan. In addition, telehealth and support for digital and health literacy, as well as workforce development, were identified as focus areas. Ms. Mallonee stated that RTI will consider the results and recommend an implementation plan going forward.

Secretary Cashwell thanked Ms. Mallonee for her presentation and noted that it was helpful to identify the top priorities of the Task Force, but noted that the Task Force may also try to identify the top priorities within the subcommittees.

Secretary Cashwell took a moment to note that this is Deputy Secretary Money's last meeting. She noted that she appreciates all the work that Deputy Secretary Money has done, particularly during this pandemic. Deputy Secretary Money thanked everyone on the Task Force for their support.

Subcommittee Reports

The Task Force proceeded to provide subcommittee reports.

Access to Healthcare Subcommittee

Dr. Sevier, a member of the Access to Healthcare subcommittee, noted that the subcommittee has been focusing on Medicaid expansion and telehealth. Dr. Sevier also noted that she would like to make sure that all the Task Force members are working together to move their interrelated goals forward.

Economic Opportunity and Business Development Subcommittee

Representative Holley, the chair of the Economic Opportunity and Business Development subcommittee, stated that the subcommittee discussed the North Carolina Recovery Plan to identify low hanging fruit to help expand job opportunities and contracts for minority vendors and at the next meeting, they plan to meet with someone at the North Carolina Department of Commerce to focus more on the workforce development aspects of their goals.

Environmental Justice and Inclusion Subcommittee

Carolina Fonseca Jimenez, staff liaison to the Environmental Justice and Inclusion subcommittee, noted that the subcommittee 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 of the main goals during the prior meeting was to have a presentation on environmental justice legislation, which provided the subcommittee with a lot of valuable information and direction. The subcommittee is also working on the structure of proposed listening session and hopes to share more information on that at the next Task Force meeting.

Patient Engagement Subcommittee

Cornell Wright, the chair of the Patient Engagement subcommittee, stated that the subcommittee is focused on ensuring training is incorporated on culturally sensitive, aware and competent levels throughout medical and health professional training at all levels. The subcommittee is also focused on making sure expansion is actualized and is looking forward to working with other subcommittees to help achieve those goals. Finally, the subcommittee is aiming to include communication equity in the items it is proposing and in the things they are asking to be funded, including equity beyond language translation (e.g., communication to deaf and blind).

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, he spoke with Ms. Rivera regarding the potential for a coffee chat or virtual meeting that would discuss corporate best practices, potentially in a panel format. Ms. Rivera noted that thought that the Business Engagement Group could try to work with the Commission on Inclusion, the HUB Office or the Department of Commerce, depending on how the goals and efforts align. Mr. Truesdale welcomed any thoughts or recommendations from the Task Force.

Educational Opportunity Subcommittee

Pat Martinez, the chair of the Educational Opportunity subcommittee, noted that the subcommittee is continuing to hold conversations with the DNCR and is helping to expand services to underserved communities. Ms. Martinez noted that the State Library of North Carolina has identified several locations where it plans to implement digital literacy programs, including the following: Alamance, Bladen, Caswell, Hoke, Moore, Iredell, Boone, Buncombe, Duplin, Pitt and Hyde.

Ms. Martinez noted that the subcommittee reviewed the following statistics: (i) libraries of interest and their locations, (ii) COVID positivity rates are not total positivity rates (they are the most recent rolling average positivity rate in the given county/city), (iii) COVID deaths are total deaths over the course of the entire pandemic, (iv) COVID data is from NC DHHS dashboard website, and (v) Median household income and educational attainment is from US Census Data and Data USA. Based on those statistics, the subcommittee reviewed the list of libraries and evaluated social determinants of health in the respective cities and counties and identified five libraries where the digital literacy program was most needed. Those locations were as follows: Bladen County Public Library, Hoke County Public Library, Farmville Public Library, Warsaw-Kornegay and Harmony Branch Library.

Closing Remarks

Secretary Cashwell noted that we have a report due to the Governor on June 1, and she would like to include an update on accomplishments in that report.

Secretary Cashwell also stated that she would like to provide each subcommittee with 15 minutes to present at the next meeting.

Ms. Rivera noted that the next subcommittee meeting is May 26 and the next full Task Force meeting is June 2, 2021.

Pat Martinez moved to approve the adjournment of the meeting and the motion was seconded by Margaret Weller-Stargell. The motion was approved.

There being no further business, the meeting adjourned at approximately 12:02 p.m. Eastern time.