

# North Carolina, First in Equity: Being Healthy Rather Than Seeming So

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To achieve a healthier North Carolina, first we must increase the racial and gender diversity of the state's scalable entrepreneurial pipeline, from both native and in-recruited firms, across all key industries. Then we must increase the scale and diversity of capital available to those racially and gender diverse entrepreneurs and businesses. Next, we must expand the place and space of the state's racial and gender diverse entrepreneurs and businesses—in both the physical and virtual marketplaces—to ensure that they are all taking advantage of our economically expanding state. Finally, we must remove as many barriers—natural and artificial—to success as we can for racial and gender diverse businesses and entrepreneurs. These proactive efforts are not *against* anyone, but instead are *for* a healthy and whole state becoming what it should: to be, rather than to seem.

## Introduction

The goal of “Healthy North Carolina 2030” (Healthy NC 2030), a report published by the North Carolina Institute of Medicine and the North Carolina Department of Health and Human Services in January 2020, is to improve the health of North Carolinians through the reorientation of public health to both medical and non-medical drivers of health [1]. This focus on health equity and the overall drivers of health outcomes, including health behaviors, clinical care, social and economic factors, and the physical environment, sets targets for improving 21 individual indicators in those categories in the next decade [1]. The expectation is that these indicators and targets will help drive state- and local-level policies and activities, provide a springboard for collaboration and innovation, and develop a new vision for public health in our state to improve the health and well-being of all people of North Carolina.

This issue of the *North Carolina Medical Journal* shines a spotlight on the drivers of health outcomes associated with social and economic factors. These drivers exist in areas such as education, employment, income, family and social support, and community safety. They look at North Carolina through the lens of the number of individuals under the federal poverty level, the rate and types of adverse childhood experiences (ACEs), short-term suspensions, unemployment, third-grade reading level, and incarceration rates.

As of the publication of the Healthy NC 2030 report, the

percentage of North Carolinians living below 200% of the federal poverty level was 37%; North Carolina's unemployment rate was 7.2%, with a disparity ratio of 2.1 between Black and White residents; North Carolina students experienced 1.39 short-term suspensions per 10 students; 341 per 100,000 people in North Carolina were incarcerated; 23.6% of North Carolina children had two or more ACEs; and third-grade reading proficiency was at 56.8% [1]. The corresponding Healthy NC 2030 targets are: 27% of North Carolinians living below 200% of the poverty level; a Black-White unemployment disparity of 1.7 or lower; 0.80 per 10 students experiencing short-term suspension; 150 per 100,000 people incarcerated; 18.0% of children with two or more ACEs; and 80% third-grade reading proficiency [1].

## Context and Background for Social and Economic Factors as Healthy NC 2030 Indicators

As a state, there are numerous actions that we can take to address the health of our residents. However, without adequately addressing the social and economic influences that contribute to health outcomes, efforts to improve health will fail. Health behaviors are often directly affected by an individual's socioeconomic status. The food that is consumed as part of a healthy diet and the exercise regimen undertaken at a gym or fitness center are products of having enough money, time, and access to these activities. Access to and quality of health care are also factors related to an individual's socioeconomic status. Living near high-quality hospitals improves the kind of care given and received, as does health insurance, which is often related to job status. An individual's physical environment is likewise driven by their socioeconomic characteristics. Quality housing, ample transportation, and clean air and water all reflect socioeconomic standing.

Deleterious socioeconomic circumstances would be significant for an individual resident. They are, however, elevated in consequence and complexity when they impact

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whole populations and communities, particularly when some are affected differently than others. Populations of color and women in particular experience disparate health outcomes. This is likely, at least in part, because they experience different socioeconomic circumstances. Even as our society proclaims a desire to face a racial reckoning that is long overdue, the enormous societal disparities driven by race remain stark.

Nationally, even as Black and Brown populations are becoming a larger share of the overall population, they are also becoming poorer [2]. This is happening, ironically, despite the simultaneous rise in these populations' shares of entrepreneurial activity—generally a foundation of both social and economic progress [3]. I call this phenomenon *povertearing*, a group's increase in overall population and business shares while simultaneously seeing corresponding declines in their overall shares of income and wealth [4]. Across the United States, even as African American and Latino communities are numerically increasing, their wealth is decreasing [5].

This same trend can be found in North Carolina. Our state is expected to become a majority-minority state around the year 2050 [6]. In 2010, North Carolina's White population comprised 68.5% of our residents, Blacks 21.5%, Hispanics 8.5%, Asians 2.2%, and American Indians 1.3% [7]. In 2020, North Carolina was 62.6% White, 22.2% Black, 9.8% Hispanic, 3.2% Asian, and 1.6% American Indians [8]. Each population, save Asians, is proportionally larger in North Carolina than the United States, making the state among the most diverse. Nearly every county in North Carolina increased its racial diversity over the last decade [8]. The sheer number of Black and Brown communities across our state, in absolute values, is expanding robustly. However, this robust growth is not translating into socioeconomic advancement for all. The North Carolina Justice Center reported that from 2000 to 2015 the highest-poverty neighborhoods in our state—those with greater than 40% poverty rate—tripled from 37 to 109 [9]. Neighborhoods with poverty rates between 20% and 40% increased even more dramatically, from 262 to 669 neighborhoods. Most of these are also majority Black and Brown, concentrating both poverty and race.

Blacks in poverty neighborhoods increased by 203% during this same time period, increasing their share of the population from 3.6% to 8.7% [9]. Blacks are 71% more likely than Latinos to live in concentrated poverty neighborhoods and 434% more likely than Whites [9]. Overall, in North Carolina 5.8% of Whites, 8.9% of Latinos, and 16.6% of Blacks live in concentrated poverty neighborhoods [9]. Residential segregation patterns are approaching pre-Civil Rights Era numbers. Traditionally, being poor did not mean that everyone around you would be equally poor. Blacks and Latinos are *povertearing* in North Carolina.

Among the fastest-growing populations in our state are persons who identify as two or more races. Soon, we are no

longer going to be able to look at each other from a disinterested distance, feeling that what happens “over there” does not affect us. The social and economic challenges, conditions, and problems highlighted in this edition of the *NCMJ* that disproportionately affect historically marginalized communities will inevitably show up at *all* of our front doors, dinner tables, and living rooms—and if not in our households, eventually at our family reunions.

## Equity (and Inequity) in North Carolina

Social and economic factors are key indicators of any economy's health, both literally and figuratively. High-poverty neighborhoods, where Black and Brown North Carolinians are overrepresented, tend to lack access to many social drivers of health, such as open spaces, greenways, recreational opportunities, and healthy food options, leaving these neighborhoods unduly influenced by and susceptible to negative health-related behaviors and outcomes. High-quality and accessible health care is also often lacking in communities that are economically deficient. Air quality, water quality, transportation, and housing are also factors influenced by the economics of the local neighborhood. In North Carolina, even as our population has grown by 9.5% during the last decade, housing has only expanded by 8.8%, generating additional pressure on the affordability of housing [8].

North Carolina's “minor” increase in the poverty rate since 2000—0.5% percent—actually translates to an increase of a half million more people living in poverty. In 2000, our state had just over 1 million people living in poverty; now we have nearly 50% more—many of them children, and most of them concentrated in high-poverty communities with little access to healthy opportunities [8].

Historically, the theory of achieving equity was that racial integration would create proximity, forcing equal access, equal opportunity, and equal outcomes. However, we know this has not been the case. Society has become deft at segregating, even within integrated environments.

For more than half century, we have sought to drive and inspire intrinsic patterns of social integration that yield socially equitable results. Perhaps a greater issue in the 21st century is whether patterns of segregation will dictate the social and economic outcomes of demographic groups, and in the case of Healthy NC 2030, dictate the expected results. Increasingly racially and economically segregated neighborhoods have real consequences, especially if the goal is to create a healthy North Carolina for all residents over the next decade.

North Carolina's high-poverty neighborhoods are also opportunity, job, and income deserts. Absent in these oft-neglected communities is family-sustaining and livable-wage employment, or sometimes even lawful avenues that allow for such pursuits. Strong community economic ecosystems are anchored by a set of diverse businesses that supply a variety of beneficial endowments to the local

area, reducing costs for native individuals and families and providing internships, apprenticeships, jobs, long-term employment, careers, or just role models for the community. Neighborhood businesses also provide vital philanthropic dollars in support of much-needed human and social services.

The lack of anchoring and representative local businesses and employment in high-poverty neighborhoods also results in scarce tax and employment bases to support local school systems. This magnifies the education attainment gap already present between poor students and their higher-resourced peers and systematizes educational inequity, and ultimately inequitable socioeconomic outcomes.

When these factors operate in aggregate, in increasingly racially and economically segregated neighborhoods across North Carolina, they result in challenges and barriers related to family and social support. These factors, not singularly, but collectively—if left unaddressed—undermine any hope or ambition of creating a fully healthy state.

### Potential Levers for Change

Throughout this issue of the *North Carolina Medical Journal*, you will be exposed to an array of ideas pertaining to the social and economic factors that stand as influential determinants of health for individuals, communities, and populations. These analyses are wide ranging, pointing to everything from the impacts of poverty, incarceration, adverse childhood experiences, and employment, to how we treat women in the workplace and in our communities as we seek to achieve the healthy North Carolina envisioned by the year 2030. Policy recommendations include paid family leave, expanded Medicaid eligibility, alternatives to incarceration, and more. I will add here, in this issue brief, a commentary on a critical lever that connects to them all: *equitable entrepreneurial and business development*.

Our economy has been ravaged by the sweeping and surging COVID-19 pandemic, North Carolina has announced a litany of substantial economic development projects, surpassing \$100 billion in the pipeline for the first time in history [10]. North Carolina has been ranked the number 1 or number 2 best state for business 11 out of the last 15 years, returning to the top spot in both 2020 and 2021 [11]. As a result, the state is scrambling to provide the trained workforce to fill all the new jobs that are arriving. This past July, the North Carolina Department of Commerce released its strategic economic development plan for the state, titled “First in Talent: Goals, Strategies, and Tactics for the New Economic Landscape” [12]. First in Talent describes a new workforce that is more racially diverse than at any other time in state history. The hoped-for outcomes must be just as racially diverse, especially when it comes to entrepreneurial success.

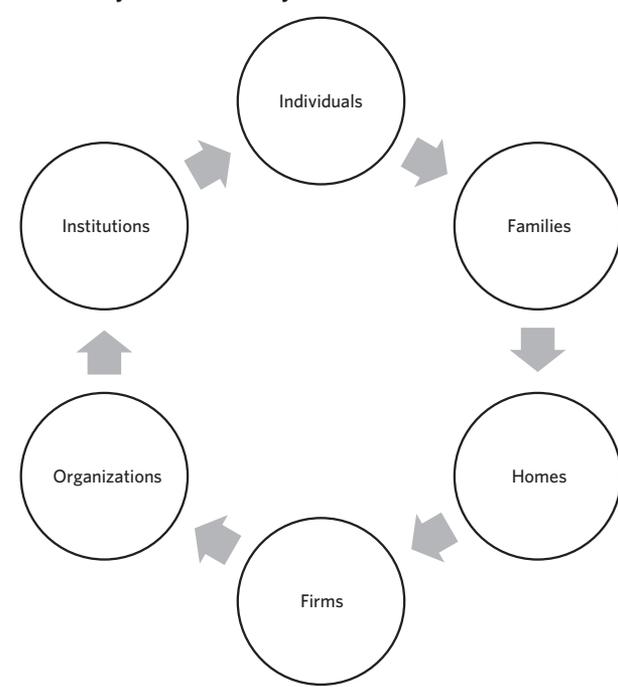
The “upbuilding” of racially equitable community economic ecosystems in every region and district in the state is the lever that, if activated, has the greatest potential to

address the socioeconomic factors that play such a decisive role in the socioeconomic determinants of health (Figure 1). The expanding racially and economically segregated high-poverty neighborhoods across our state necessitate a Marshall Plan-type investment. This plan must be driven by equitable transformation, not gentrification. A community economic ecosystem is comprised of individuals, families, homes, firms, organizations, and institutions that collectively serve as the foundation of a robust and equitable community.

With COVID, a flat curve is a better curve. The same can be said for a community economic ecosystem equity curve. The flatter, the better. In a perfectly equitable community economic ecosystem, the equity curve would be flat. Each population would receive an equal proportion of both the good (successful businesses, capital) and bad (failed businesses, poverty) based on its share of the population. Measuring a population’s under- and over- equity ratio provides a snapshot of that community’s relative parity. Looking at quantitative data points related to the community economic ecosystem of populations across North Carolina, it is clear the curve is not flat (Figure 2). Our state’s economic disparities associated with race are pronounced.

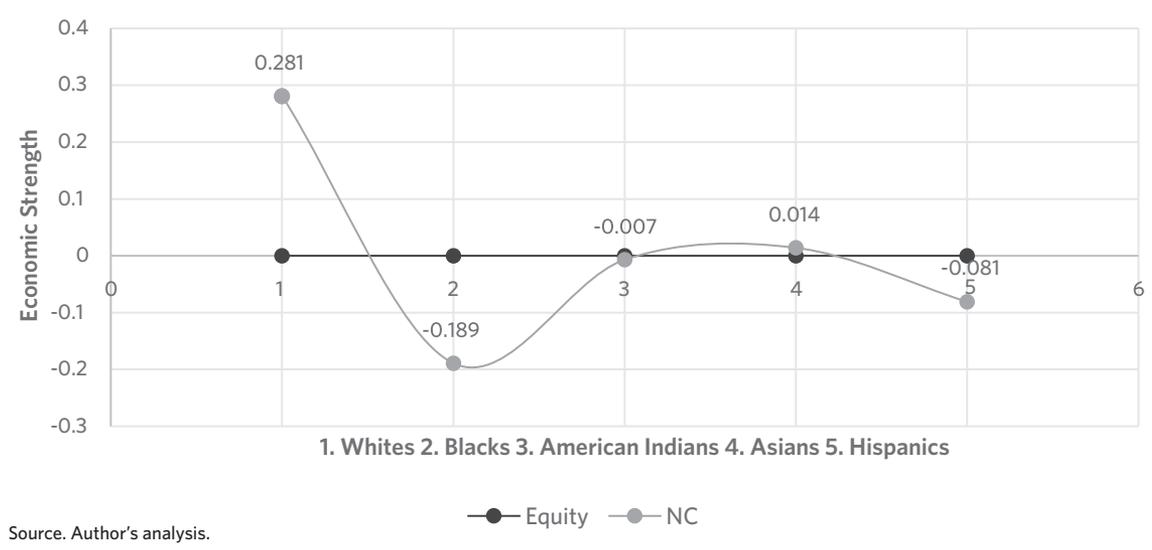
When aggregated and indexed into a composite score reflective of relative demographic economic strength, our state’s racial statistics are generally consistent with figures across the United States (Table 1). What is consistent both statewide and nationally is that Whites are considerably above economic equity, followed by Asians, American

**FIGURE 1.**  
Community Economic Ecosystem



Source: Author.

**FIGURE 2.**  
**North Carolina Community Economic Ecosystem Equity Curve**



Source. Author's analysis.

Indians, Hispanics, and Blacks. These disparate demographic positions relative to the economic equity line in our state are predominantly driven by the disparate representation of shares that these groups have in business ownership—specifically businesses with paid employees who have the resources to make healthier choices.

### Where Do We Go From Here?

To achieve the outcome of a more equitable economy, leading to a healthier populace, we must assess both the specific barriers to those goals and those barriers' histories. In other words, to gauge where we need to go, it is important to first candidly gauge where we are now and how we got here.

There is much work to be done, now and in the decades hence. On the question of how we got here: it was no one thing, and it will not be one thing that gets us out of it. None of these gaps were created overnight, and they will not be closed overnight. For decades and centuries, our state has been investing differently in different community economic ecosystems based on a number of factors, including race, gender, and geography, among others, individually and at their intersections.

### The Four Strategic Areas of Community Economic Ecosystem Upbuilding

There are four strategic areas related to business and economics, and specifically entrepreneurship, that we must focus on if we are to see the foundational and cultural shift that is needed to make a difference in this pursuit of a healthy North Carolina for all residents. First, we must increase the racial and gender diversity of the state's scalable entrepreneurial pipeline, from both native (i.e., homegrown) and in-recruited firms, across all key industries. Second, we must increase the scale and diversity of capital available to those

racially and gender diverse entrepreneurs and businesses. Next, we must expand the place and space of the state's racial and gender diverse entrepreneurs and businesses—in both the physical and virtual marketplaces—to ensure that they are all taking advantage of our economically expanding state. Fourth, we must remove as many barriers—natural and artificial—to success as we can for racial and gender diverse businesses and entrepreneurs. These proactive efforts are not against anyone, but instead are for a healthy and whole state becoming what it should: to be, rather than to seem.

Ultimately, as the old axiom goes, what gets measured gets done. The state needs to rethink how we conduct economic development and recruitment to ensure more equity. This includes how we invest and who we invest in. We must measure the number and share of racial and gender diverse businesses with paid employees in our state (Measurement 1). We must also measure the amount and share of revenue those businesses account for (Measurement 2). Next, we must measure the amount and share of both public and private investment dollars that our state's racial and gender diverse businesses are receiving (Measurements 3 and 4). In addition, we must measure the geographic dispersion of those racial and gender diverse businesses across our state's zip codes (Measurement 5). Most crucially, we

**TABLE 1.**  
**NC, SC, VA, and USA Entrepreneurial Wealth Strength Score by Race**

Race/Ethnicity	NC Score	SC Score	VA Score	USA Score
White	112.27	98.25	61.47	91.77
Black	-75.80	-104.09	-69.65	-47.67
American Indian	-2.85	0.15	0.47	-2.00
Asian	5.62	8.60	13.13	7.70
Hispanic	-32.52	-16.67	-19.89	-54.21

Source. Author's analysis of data from the SBO (2012, 2017) and ACS (2010, 2020).

must measure the number of racial and gender diverse children and populations being introduced to innovative environments in elementary, middle, high school, college, and beyond (Measurement 6).

Returning to the notion of knowing where we have been, where we are, and where we might go, we must be resilient in our focus on achieving a healthy status for all of our businesses if we want to see a healthy status for all of our residents. We must capture each of those measurements straightway, set ambitious goals for where we want to go and what we want to achieve, and honestly assess the policies and practices that got us here to ensure that we have learned from our past shortcomings and mistakes, and that we do not repeat them.

## Overview of This Issue

This issue of the *North Carolina Medical Journal* contains articles that speak to both the challenges and opportunities related to the social and economic factors that influence and drive health.

Carl Rist begins this issue with an innovative analysis of a growing body of literature aimed at expanding how we measure household financial poverty to focus on wealth versus income. His article asks the question, “What if we were to explore household financial security in North Carolina by looking at what households ‘own,’ as opposed to what they ‘earn’?” [13].

Crystal Cené and Randi Towns propose that local health systems should adopt anchor missions to address health inequities by leveraging the full power of their organizations to develop and implement strategies to address systemic issues tied to poverty and structural inequities in their communities [14].

James Johnson, Jeanne Milliken Bonds, and Allan Parnell argue that if North Carolina is to ever achieve its health-related goals, the state must offer policy prescriptions and strategies taking into account the remarkable demographic changes the state has gone through in recent decades and will continue to experience [15].

Kimberly Montez and Beth Messersmith encourage state leaders to adopt family-friendly policies that increase women’s labor force participation rates, thereby reducing poverty and bolstering gender and economic equity and future family success [16].

Next, Muffy Grant discusses our state’s history of innovative partnerships and bold leadership—and its need to continue in this vein—in youth-focused policies, with particular attention paid to grade-level-reading initiatives [17].

Velma V. Taormina, Megan Canady, and A. Kerianne Crockett offer readers a front row seat to the process that led to the passage of HB608, Dignity for Women Who are Incarcerated [18]. This legislation eliminates the disparities in the care and treatment of incarcerated pregnant people in North Carolina jails and prisons.

Reuben Blackwell, Shelayna Parker, and Cooper Blackwell

speak directly to our state’s intersectional challenges of race, class, and geography in achieving healthy outcomes through an Eastern North Carolina perspective. They write of the imperative to reverse generations of inequity by fostering a society where equity is the cornerstone—a creative burden that we all bear [19].

Next, *NCMJ*’s managing editor Kaitlin Ugolik Phillips sits down for a captivating and informative interview with George (Tripp) Ake and Lisa Amaya-Jackson on the meaning of ACEs and their impact on both physical and mental health, even into adulthood [20]. They offer insights into evidence-based treatments as a means of positive intervention.

North Carolina Public Safety Deputy General Counsel LaToya B. Powell leverages her 16 years of experience, primarily as a juvenile attorney, in an article analyzing how ACEs impact future encounters with the justice system. She believes the statistics underestimate the problem and offers insights into how the court system can better adapt to serve these children and families [21].

Finally, Annette Taylor, chairwoman of the North Carolina Council for Women Board, implores us to listen to the voices of North Carolina’s most precious resources—women—to understand their, and our, state of crisis. Taylor argues that the state will never achieve its Healthy NC 2030 goals if it underinvests in over half of its population [22].

## Concluding Remarks

On balance, the articles constituting this issue reveal a robust field of thought that seeks to enhance our understanding of the nature and prospects for addressing the social and economic factors that could stymie a healthier North Carolina by 2030. These articles collectively push the boundaries of how we as a state, and ultimately society, think and execute on the tasks ahead to create a more equitable North Carolina.

The state’s business ecosystem for communities of color—specifically among Black and Brown populations—has been hollowed out from decades of fiscal exclusion and economic discrimination. Now, if left unattended, the economic exclusion could have a fatal impact on the future of not only those populations, but North Carolina as a whole. If underrepresented businesses of color in North Carolina become functionally extinct and no longer play significant roles in the overall economy, there will be grave and negative consequences for the entire state. Furthermore, the recent unrest during the COVID-19 summer of 2020 might prove a mild preview of what is to come if these swelling economic disparities are left unaddressed and further deteriorate.

We, as a state, need a minimum of three things to adequately respond to the challenge of Healthy NC 2030. First, we need visionary and bold leadership. Second, we need innovative partnerships. Finally, we need reparative justice for past, present, and future generations.

The articles that follow speak to each of those three factors. Let us take heed to ensure that we move from a state

that is seemingly healthy, to a state of being healthy. Most importantly, let us move from a state touted for being first in flight, being first in talent, or even being first in industry relocation, to one praised for being first in social and economic equity. If we do that, the physical health of all of North Carolina's residents will surely follow. **NCMJ**

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