

**Wake County Human Services Board  
Meeting Minutes  
July 25, 2019**

**Board Members Present:**

John Myhre  
Dr. James Smith, III  
Ann Rollins  
Margaret Raynor  
Deborah Lawson  
Commissioner Vicki Adamson  
Angie Welsh  
McKinley Wooten, Jr.  
Commissioner James West  
Edward Buchan  
Betsy Van Benthuisen  
Fiorella Horna  
Dr. John Perry  
Dr. Randy Marsh

**Guests Present:**

Mayor Frank Eagles

**Staff Members Present:**

Debra Baker  
Dr. Kim McDonald  
Paige Bennett  
Kenneth Murphy  
Dr. Joseph Threadcraft  
Crystal Farrow  
Craig Burrus  
Heather Miranda  
Ramsay Hoke  
Antonia Pedroza  
Elizabeth Scott  
Derwick Paige  
Anarosa Jones  
Andre Pierce  
Angela Bell  
Dauline Singletary  
Janny Meador  
Paige Bennett  
Ashley Whittington  
Erica Jennings  
John Hamlin  
Michael Williams  
Dr. Theresa Flynn

**Call to Order**

Chair Dr. James Smith called the meeting to order at 7:30am. Chair Dr. Smith then called for a motion for the meeting to go into a closed session in order to discuss and give feedback on the Human Services Directors performance review.

Dr. Smith then referenced Carolina General Statute Section 143-318.11(a)(6): So that the Board may consider the performance of an individual public officer. During the closed session, the Board expects to discuss feedback provided by Board members for their annual performance review of the Human Services Director, acting in her statutory capacity as local health director. This annual performance review satisfies Benchmark 37(b)(5) of the Local Health Department Accreditation Standards, as set forth in the North Carolina Administrative Code at 10A NCAC 48B.1304.

**Chair Dr. Smith then made a motion and it was seconded by Ms. Margaret Raynor. The meeting then moved into a closed session.**

**After extended discussion and Board member feedback on the Human Services Directors performance review, Chair Dr. Smith noted that this closed session and the feedback provided met Accreditation Benchmark #37(b)(5).**

**Chair Dr. Smith then asked for a motion to end the closed session and open the meeting. There was a motion by Mr. McKinley Wooten and it was seconded by Ms. Ann Rollins. The meeting was opened to all at 8:05am.**

### **Reflections**

(Presented by Vice Chair, Ms. Angie Welsh)

Ms. Welsh spoke about the success of the joint Committee meeting that had just taken place and the focus on growth and Child Welfare. She discussed the issue of elder care falling behind and the need to focus more on this topic. She spoke about the work she has done with community partners and the growing issues of foster children aging out of the system. She took a few minutes to read a letter from a foster child that was almost eighteen. The child speaks about his life before foster care and how his parents had left him home for long periods of time in his childhood. The child focused on sports to make it through his childhood. The child goes on to discuss his plans for the future and his eagerness to go to college and to get a driver's license. He spoke of hoping to stay with his foster parents after he turns eighteen and of the wonderful people, including his foster parents, that have supported him since he had been in the foster care system. Ms. Welsh then spoke about the incredible story of this child's life and that each of us can be one of these adults that these children can look up to.

### **Approval of Minutes**

Chair Dr. Smith asked for a motion to approve the May 23, 2019 meeting minutes. Mr. Myhre noted that two action items had not been completed. Ms. Debra Baker stated she is still working on resolving the action items from the May meeting and should have the requested information to all before the next meeting. Ms. Deborah Lawson motioned and Dr. John Perry seconded, the minutes were unanimously accepted.

**Next Board Meeting – August 22, 2019**

### **Treasurers Report**

(Presented by Ms. Margaret Raynor)

Treasurer Ms. Margaret Raynor reported that there was no change from the total last month. The current balance of the Board fund is \$3,480.92.

### **Exposure to Environmental Health Risks [Accreditation Benchmark #4.2]**

(Presented by Mr. Andre Pierce)

Mr. Pierce began by giving a brief description of the Environmental Services structure and his position as the Director of Environmental Health and Safety Division. He noted that the local

health department (LHD) shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.

Surveillance was the focus of the presentation. Proactive work was noted as assisting in prevention, but surveillance is required in order to address the mass amount of reports that actively endanger residents and the public at large. The cryptosporidium (“crypto” for short) outbreak in swimming pools was given as an example. While the Environmental Health and Safety Division reported crypto outbreaks as early as 2016, the Centers for Disease Control and Prevention (CDC) formally submitted a report in June of 2019 that crypto was “a rising concern.” In this way, surveillance allowed the County to be ahead and resolving the issue through analysis and active intervention in the form of closing and thoroughly cleaning confirmed contaminated sites. From there, recommendations were made to pools across the County for hydrochlorination every two weeks in order to eradicate the cryptosporidium parasite.

Environmental Health and Safety received public reports through e-mail, phone calls, and website complaints. Reported cases are also largely gathered through the communicable disease team.

Surveillance was then broken down step-by-step from the moment a report is received with the initial step of an offer to or a direct step toward investigating the report. Afterward, an assessment of the relative risk is made with two or more unassociated cases of the illness causing an immediate escalation. However, if the situation is with an illness, one case may constitute an outbreak dependent upon the risk and severity of the illness. Over the last year, there were at least 637 direct Environmental Health and Safety complaints (not including the complaints submitted through the communicable disease team) with eight identified and investigated as outbreaks. Two of these eight investigations were identified as foodborne illnesses (FBI).

Complaints are analyzed annually for factors ranging from number of outbreaks to illness commonalities. The origins of illnesses are also evaluated to ensure no complaints were caused with malicious intent. The Environmental Health and Safety Division collaborated with the United States Food and Drug Administration (FDA) in order to meet their Voluntary National Food Regulatory Program Standards of 2017. Standard #5 – Foodborne Illness and Food Defense Preparedness and Response – was a particular focus during evaluations. Internal evaluations included quarterly reports, epidemiology (epi) reports, and risk factor studies. The lattermost was conducted on a five-year basis with a third study beginning in 2020.

Compliance studies are an additional layer of analysis. An example provided in response to compliance data was the January mandate for holding temperatures to be at 41°F (as opposed to the previous 45°F mandate). Of observations made in 2019 alone, already half are compliant with this mandate. However, there was a push to ensure interventions educated and addressed issues in order to bring all observations into compliance.

#### Interventions:

- Developed signage with an emphasis on visuals and multilingual accessibility
- Putting signage in locations where they need to be, i.e. putting cold hold stickers near refrigeration units, hand washing signs where needed.

- Communications – there has been a comment section added to inspection sheets.

Ms. Ann Rollins noted that the blue coloring used on the signs make it easier for those with visual limitations to read. Ms. Rollins also asked if the HS Board could assist in getting the information out to the public. Mr. Pierce noted that any information the Board could share would be important and to continue to advocate for updating of the rules.

Ms. Horna spoke about the difficulty in the general public understanding the risks and asked about education that can be shared with the public. Mr. Pierce noted that there has been some publication in local papers. However, with state driven rules, it has not been widely publicized. It was noted that there is a website as well with more information and links to other sites.

**Dr. Smith then noted that the Human Services Board had reviewed and discussed the information and asked for a motion to accept the report. Mr. John Myhre motioned and Ms. Margaret Raynor seconded, the Board voted unanimously to accept the report.**

### **Energy Programs Outreach Plan**

(Presented by Ms. Janny Mealor)

Ms. Mealor began by introducing herself and stating that it is an annual requirement to present the Energy Programs Outreach Plan to the Human Services Board and the Board of Commissioners. She then began reviewing information in the plan and presentation. The distinction between what the program offers and what it does not was made. Energy Programs Outreach Plan aims to maintain the temperature in the home to avoid life threatening extreme temperatures. The point was made that this is not intended to address electricity needs for oxygen machines or medication. A household must prove eligibility – both in regards to crisis and income – in order to take advantage of the program.

The Low-Income Energy Assistance Program (LIEAP) provides a one-time annual energy provider payment to help eligible families pay their heating expense. Outreach for this program includes collaboration with key partners such as Resources for Seniors, Meals on Wheels, and Dorcas Ministries. Mental health providers also assist in identifying potential candidates.

The Crisis Intervention Program (CIP) provides assistance to eligible households that are in a heating or cooling related emergency. By helping families stay warm in the winter and cool in the summer, the program reduces the risk of health and safety problems such as illness, fire, or eviction.

Dr. Perry asked about the period of time for the maximum allowed income. Ms. Mealor noted that they only look at the past 30 days so individuals that do not qualify can come back the next month and may be able to qualify depending on their income.

Ms. Mealor discussed the time frames for the Crisis Intervention Program and the Low-Income Energy Assistance program and briefly described both. Dr. Smith asked Ms. Mealor to explain how the state reallocates funds. Ms. Mealor noted that if we have an excess of funds the state will reallocate that money to other counties and if we are out of funds they will give us more

funds. Ms. Mealor then showed a comparison chart of the total CIP and LIEAP applications for FY2019. The chart showed that Pitt county was the closest in usage to Wake County. In closing, Ms. Mealor took a few moments to speak about future ideas to promote the programs.

**Chair Dr. Smith noted that the Board members have reviewed the report and asked for a motion to accept the report. Mr. McKinley Wooten motioned and Ms. Margaret Raynor seconded. The Board members voted unanimously to accept this report.**

#### **Review of Environmental Services Fiscal Report [Accreditation Benchmark #39.2]**

(Presented by Ms. Anarosa Jones)

Ms. Anarosa Jones introduced herself and noted that this report fills an accreditation benchmark. Ms. Jones then noted the Environmental Services Strategy: Improve operational effectiveness by enhancing customer service, supporting growth, engaging in partnerships and using technology to leverage workforce. Ms. Jones then reviewed the annual operating budgets and services noting revenues and expenditures. She then noted the general fund sources and the uses of budgets and then discussed the general fund financial trends. She noted that after showing increases in the recent past that the revenues stayed flat this past year. She mentioned that in part this could be a result of Fuquay Varina now doing their own watershed management and Consolidated Service Agreement.

Next, two enterprise funds – one in recycling and one in landfill partnership – were reviewed. For the former, sources of funds largely constituted taxes from homeowners. For the landfill partnership, tonnage trends from the past three years and expenditures were discussed. The largest allocation of expenditures landed in operation of the landfills. In discussing these issues, Ms. Rollins noted that composting may allow for additional funding. Four composting sites currently exist in Raleigh and might be underutilized. Ms. Jones agreed that this was an area of revenue to be explored.

Ms. Jones also shared fiscal year 2020 budget expansions allowing for five full time equivalent (FTE) employees. These positions would be in the animal center; food, lodging, and institutions; water quality wastewater; water quality ground water; and administration. Dr. Perry inquired about the intent to build a new animal shelter. It was shared that the current fiscal year had secured funds for land acquisition and that in the next fiscal year, approval would be sought to secure funding for the animal shelter itself.

**Dr. Smith then noted that the Human Services Board had received, reviewed and discussed the information and asked for a motion to accept the report. Dr. John Perry motioned and Ms. Margaret Raynor seconded, the Board voted unanimously to accept the report.**

#### **Wake County Child Fatality Prevention Team/Community Child Protection Team**

(Presented by Dr. Theresa Flynn)

Dr. Flynn introduced herself and spoke to the reach of the teams with several Board members being active on the Wake County Child Fatality Prevention Team (CFPT) and Community Child Protection Team (CCPT). She also noted the intent of the teams being to identify system issues

in the local community in order to make the community safer for all children. The teams are composed of representatives of public and nonpublic agencies within the community with partners such as law enforcement, Guardian ad Litem, and health departments.

Dr. Flynn shared data on the 2017 infant and child deaths which were reviewed by the teams in 2018. She noted that the child death rate and infant death rate for Wake county was smaller than both comparably sized counties and the state as a whole. Members of the CFPT and CCPT, participated in the first State of the State Summit on Child Fatality Prevention. Partnership with the Wake County Drug Overdoses Prevention and Tobacco Use Initiative allowed members to become educated on a variety of areas influencing child and infant death rates. In addition to state required reports and data analysis, team members also shared drowning prevention messages through Grand Rounds, media, and community partners.

Dr. Flynn then reviewed a summary of the 2018 findings from the 2017 death rates. While the mortality rate has remained steady over the past five years, racial disparity in the mortality rate was discussed with the Black, non-Hispanic infant mortality rate being twice the total infant mortality rate. Both the total infant mortality rate and the Black, non-Hispanic infant mortality rate for Wake County were both lower than the state's numbers. The majority of deaths continue to occur in infancy across all race and ethnicity groups. Ms. Rollins asked about undocumented women seeking medical care during pregnancies. Ms. Horna spoke about the recent executive order encouraging undocumented workers to not seek care but instead have home births to stay out of the system. Commissioner Adamson noted that the Board of Commissioners had made the racial disparity of the infant mortality rate one of their top five goals to address during the current budget period. Ms. Raynor spoke about the age of women getting pregnant with women being older due to establishing themselves in the workforce. She asked if this might play a role in the numbers. Dr. Flynn noted that having children at an older age can certainly affect the health of the child during pregnancy.

**Dr. Smith then noted that the Human Services Board had reviewed and received the report and asked for a motion to accept the report and move it forward to the Board of Commissioners. Mr. John Myhre motioned and Mr. McKinley Wooten seconded. The Board voted unanimously to accept the report and recommend it to moved forward to the Board of Commissioners.**

#### **Public Health Report: Communicable Disease [PH Accreditation Benchmark #2.4]**

(Presented by Mr. Ramsay Hoke)

Mr. Hoke began by introducing himself and speaking of this past flu season. He noted that the vaccine was estimated by the Centers for Disease Control (CDC) as 44% effective. This is compared to 25% effective for the 2017-2018 flu season. Because of this improvement, flu fatalities decreased with 9 deaths in Wake County in the most recent flu season, which was down from 20 from the previous season. The state also saw a drop from 391 deaths in 2017-2018 to 280 deaths in 2018-2019. There were 8,600 flu vaccine doses administered to the community this past season from Wake County Human Services. One thousand and seventy-two of those went to county employees.

For Hepatitis A, the CDC released a health advisory in the summer of 2018 for outbreaks in Southeastern states. While North Carolina was not a state listed, the high number of cases (18 in 2018 – more than four previous years combined) alerted the communicable disease team to action. High risk groups for Hepatitis A, which include the incarcerated, the homeless, and men who have sex with men, were targeted audiences for vaccinations and education. This was cited as an ongoing effort with the Raleigh Love Wins Community Engagement Center added as a site for vaccinations in April of 2019.

For vector-borne diseases, a new and alarming case of disease from the Asian longhorned tick was cited. This tick is new to the western hemisphere with the first confirmed sighting only dating back to August of 2017. As of May 2019, the Asian longhorned tick has spread to eleven states, including North Carolina. This rapid growth is attributed to several factors. The Asian longhorned tick is currently the smallest tick in the United States with females capable of asexual reproduction. With the ability to have between 1,000 and 2,000 eggs, these ticks are commonly found in the hundreds to thousands when spotted on animals, people, or locations. In addition, these ticks are commonly found in areas exposed to sunlight, like cut grass. This was noted to be in contrast to ticks common to the area that thrive on wooded, shaded areas. Mr. Hoke explained that this will likely lead to a change in public messaging to raise awareness of the Asian longhorned tick.

Next, Mr. Hoke reviewed sexually transmitted diseases.

- Of the four reportable diseases, HIV and Aids reports have remained the most stable. There was only a slight decrease in reports from 2016 to 2018. Treatment and prevention were still noted as the best course of action for both HIV and Aids. With individuals who were HIV positive with a undetectable strain of the virus, they would remain unable to transfer the disease with continued care and regular medication. This was noted as a potential factor to further lower numbers in the future.
- While syphilis cases are not rising, the plateau is equally concerning. In the early 2000s, syphilis cases were close to elimination with only 30 to 40 reports. During the current decade, there are approximately 250 new cases per year.
- Chlamydia cases have grown to unprecedented numbers with 6,000 confirmed cases over the last two years. This was oftentimes cited in the younger population from ages 15 to 24. The large amount of cases constitutes a huge staff burden with the need for treatment to be verified and information turned over to state. Gonorrhea cases were comparable in high case amounts and population to chlamydia.
- With Tuberculosis cases, these have seen a decrease from the past couple of years. Of the 26 cases in 2018, the majority were found in middle-aged and older adults. Males were more common than females in these cases. Approximately two-thirds of all cases were for individuals born outside of the United States, most commonly in Asian countries. In addition, almost two-thirds of the 2018 tuberculosis cases were pulmonary. While still important to diagnose and treat, extra-pulmonary tuberculosis is not infectious. As a result, it is not as dangerous to the public's health as pulmonary tuberculosis.

Mr. Hoke closed by noting that as of July 2018, the North Carolina Division of Public Health had introduced a single webpage housing statewide and county case counts and incidence rates as far back as 2005 that allows for trended data. This is the North Carolina Disease Data

Dashboard (NCD3). The link for this web page is as follows:

<https://public.tableau.com/profile/nc.cdb#!/vizhome/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>

Mr. Wooten inquired about the trends of chlamydia and gonorrhea statewide. Mr. Hoke stated that other counties similar in size are experiencing the same increase. Mr. Hoke noted that there are approximately 8,000 cases of chlamydia statewide per year with gonorrhea having comparable numbers.

Commissioner Adamson stated that because of the demographics of the chlamydia outbreak, most pediatric practices in Raleigh are testing all children 16 and up. Ms. Rollins asked if this trend may be related to the reduction in prenatal care. She asked Dr. Perry and he noted that he did not have any information. Ms. Rollins asked if there was a particular demographic impacted. Mr. Hoke noted that he could pull information from our database to show statistics and that the clinics are beginning to record demographics. He also noted a lot of this information comes from community providers as well and that advocacy was critical.

**Dr. Smith then stated that the Board members had reviewed the information in the report and asked for a motion to accept. Ms. Margaret Raynor motioned and Ms. Ann Rollins seconded. The report was unanimously accepted.**

#### **Human Services Directors Report**

(Presented by Ms. Crystal Farrow)

Ms. Farrow thanked the board for their interest in continued advocacy for Human Services and then introduced Ms. Paige Bennett to review more in-depth information about the infant mortality rate and Live Well Wake. Ms. Bennett noted that one of the Board of Commissioners goals is to reduce disparities in Wake County infant mortality. She spoke about a workgroup that is in the process of being developed. The goal is to have a 3-year plan at the end of these meetings. In addition, an opportunity to join the Best Babies Zone (BBZ) initiative has allowed Wake County to be one of only two locations selected in the South to be a part of a multi-sector approach to reducing disparities in infant and child mortality rates. Because of this, a team will be trained through BBZ resources with a planned trip in August. The intention is to build the capacity of the teams and attract additional funding.

For the new Live Well Wake program, Ms. Bennett shared that six candidates had been identified with interviews beginning Friday and Monday. A second phase in early August would narrow down the candidates with a final candidate identified as early as September. A "Design Day" with reviews of the full Live Well Wake program is also planned with hopes for a firm description and date by the next Board meeting.

#### **Environmental Services Director's Report**

(Presented by Dr. Joseph Threadcraft)

Dr. Threadcraft spoke to the highly collaborative nature of Environmental Services work. The Human Services Board and Human Services Division collaborate with Environmental Services

to such a degree to the point that complaints and the public at large are unaware of the differences between Environmental Services and Human Services. Due to this, Dr. Threadcraft thanked the Board for their collaborative efforts and informed them of upcoming strategic plans that would be crafted by Environmental Services with these collaborative ventures in mind. To this end, Environmental Services issues would be identified that would assist with the goals of the HS Board and Board of Commissioners.

#### **Public Comments**

- None

#### **Participation in Community Events**

- Dr. Smith - Saturday, July 27<sup>th</sup>, Farmer's Bank on Rock Quarry - community health event, 12:00pm-4:00pm on prostate cancer.

#### **ACTION ITEMS:**

- Ms. Baker will send the Environmental Services organizational chart to the Board members once it has been received from Dr. Threadcraft.
- Ms. Baker will ask Commissioner Adamson to forward information on the Republican Position paper as during the May 2019 Human Services Board meeting.

#### **Adjournment**

The meeting was adjourned at 9:49am.

**Board Chair's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

8/22/19

Respectfully submitted by Ms. Debra Baker