

**Wake County Human Services Board  
Meeting Minutes  
April 22, 2021**

**Board Members Present:**

Ed Buchan  
DaQuanta Copeland  
Frank Eagles  
Dr. Ojinga Harrison  
Fiorella Horna  
Deborah Lawson  
Dr. John Perry  
Dr. Anita Sawhney  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler  
McKinley Wooten

**Guests Present:**

None

**Staff Members Present:**

Commissioner Vickie Adamson  
Nannette Bowler  
Commissioner Maria Cervania  
Dr. Dorothy Cilenti  
Leah Holdren  
Brittany Hunt  
Annemarie Maiorano  
Heather Miranda  
Ken Murphy  
Toni Pedroza  
Andre Pierce  
Morgan Poole  
Paige Rosemond  
Liz Scott  
Dr. Joseph Threadcraft

**Call to Order**

Dr. John Perry called the meeting to order at 7:32 A.M.

**Approval of Minutes**

Dr. Ojinga Harrison and Ms. DaQuanta Copeland suggested edits for the March minutes. Voting was postponed and the edits will be made and presented during the May 2021 Human Services Board meeting.

**Next Board Meeting** – May 27<sup>th</sup>, 2021

**Treasurer's Report**

(Presented by Treasurer, Mr. McKinley Wooten)

Treasurer Mr. McKinley Wooten reported that there was no change from the total last month. The current balance of the Board fund is \$4,655.92.

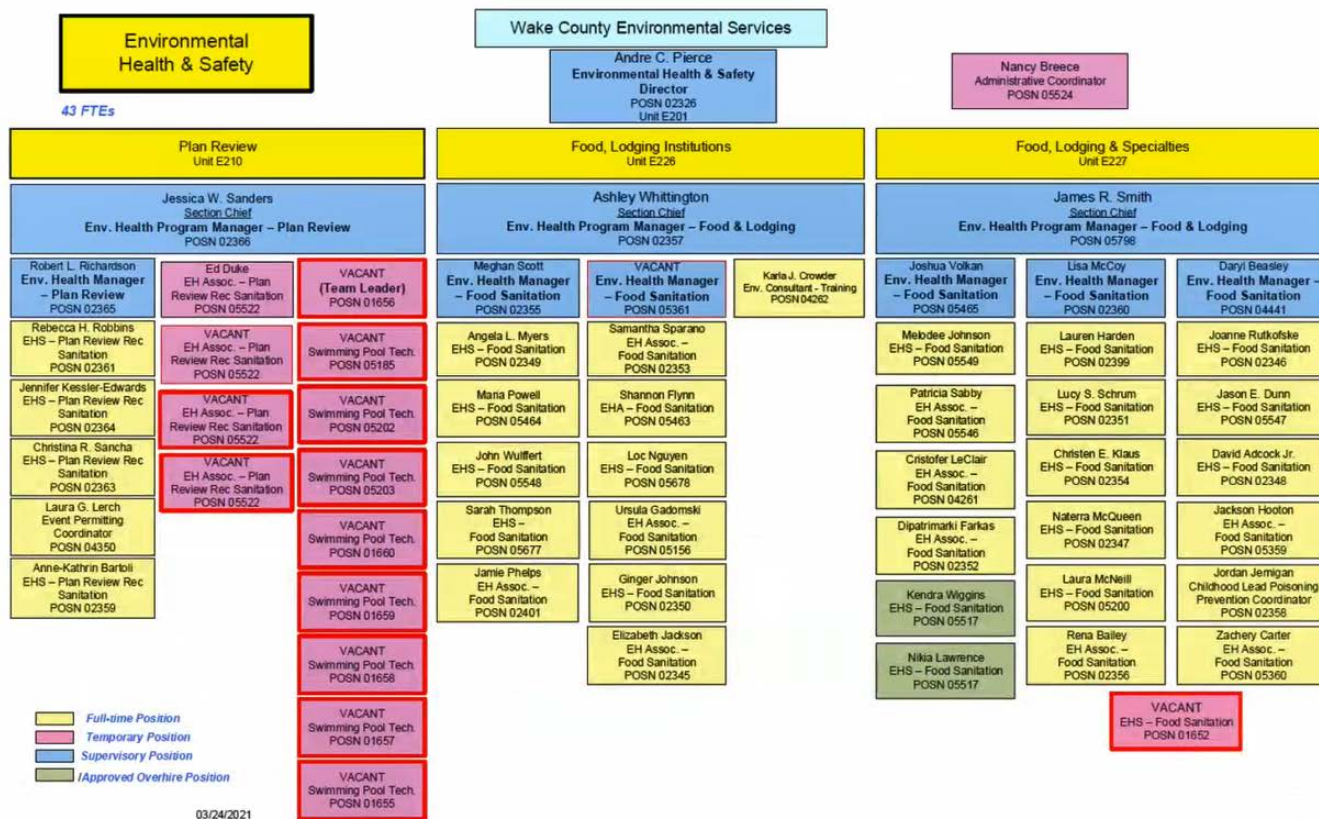
**Environmental Services Director's Update**

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Director of Environmental Services, made a presentation on Environmental Health and Safety, a division of Environmental Services. Despite the impact and response of the ongoing pandemic, Environmental Health and Safety staff have still had to work to keep the safety of facilities and the public at the forefront. One difference in 2021 compared to 2020 is that swimming pools will be open. Because of this, inspections are key to make sure that they are opened and maintained as safely as possible. Another change from COVID-19 is the expected funds for restaurants that will likely increase demand for staff and inspections. Federal funds are being made available to small businesses and the restaurant and entertainment business has been lobbying for an assistance package specifically for them. This would assist some of the more vulnerable locations that could not survive the quarantine. Those

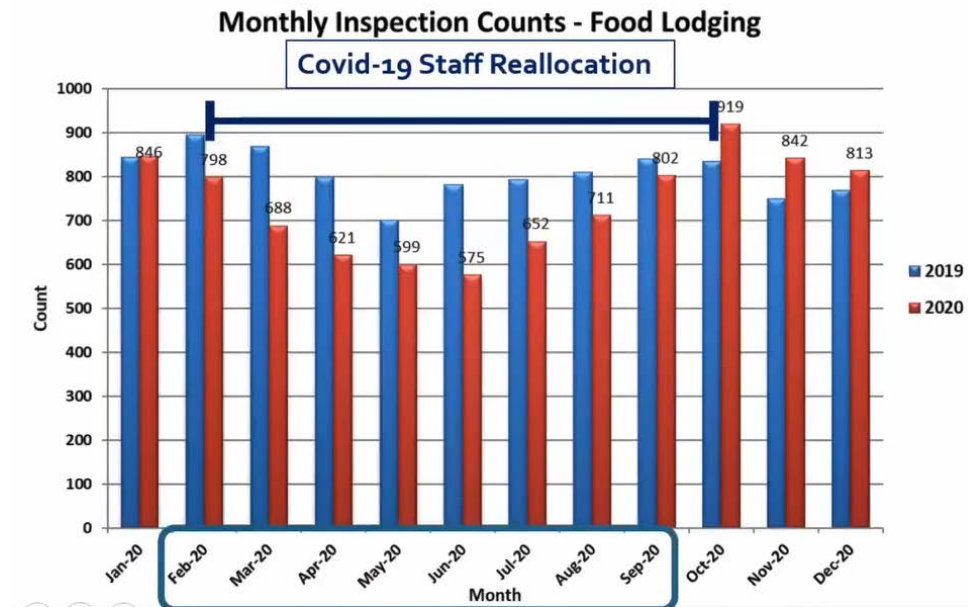
wanting to apply for such assistance can find direction from the Greater Raleigh Convention and Visitors Bureau. Bureau staff are working to make applications available as soon as possible and are working closely with local restaurants to provide support during the process. Daycare centers are also re-opening, which allows parents and daycare staff to return to work.

Dr. Threadcraft briefly reviewed positions in Environmental Health and Safety (included below).



The “vacant” positions are all temporary and most are utilized during the heavy hours of pool visitations during hotter months.

Next, Dr. Threadcraft explained the impacts of the pandemic on the division. A comparison of inspection counts from 2019 to 2020 are included below.



February 2020 to September 2020, many staff members were heavily involved in the COVID-19 pandemic response. Staff dedicated a total of 15,284 hours to the Emergency Operations Center (EOC) and to the COVID-19 response.

With pools re-opening, Dr. Threadcraft reviewed the statistics of pool maintenance in Wake County. There are currently 1,298 public pools that must be inspected by a total of 66 inspectors. These inspectors include staff under the guidance of Mr. Andre Pierce, Environmental Health and Safety Director, as well as trained staff from Water Quality. Retired staff also pitch in to help with the demand for inspections. Currently, 196 inspections have been completed.

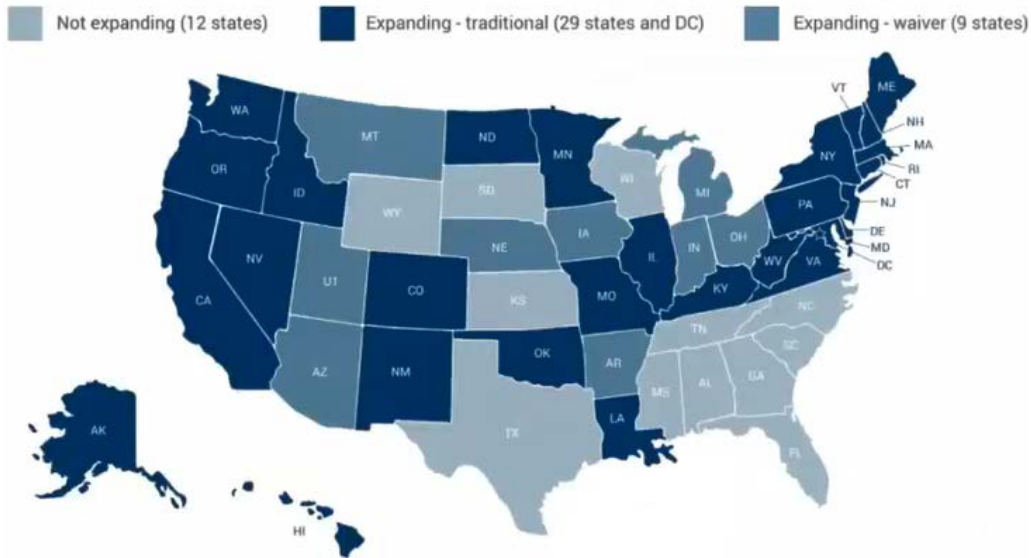
Dr. John Perry inquired about additional steps needed to combat COVID-19 at pools. Dr. Threadcraft stated that the inspection criteria had not changed. The amount of people allowed in public pools would not be regulated by Wake County staff. With the quickly changing landscape of the pandemic, it is not currently known if capacities will be altered due to COVID-19. However, if they are altered, it will be on a state level.

### **Human Services Director's Update**

(Presented by Ms. Nannette Bowler)

Ms. Nannette Bowler, Human Services Director, met with Board Chair Dr. John Perry, Board Vice Chair Ms. Ann Rollins, County Manager David Ellis, and Mr. Chris Dillon (Assistant County Manager – Intergovernmental Relations) to discuss advocacy options for Medicaid expansion. The Patient Protection and Affordable Care Act (ACA) made several changes to Medicaid, including expansion of eligibility to adults with incomes up to 133% of the federal poverty line. A nationwide map of Medicaid expansion decisions by state as of January 2021 is included below. Twelve states (including North Carolina) are not planning to expand. Nine states will expand via waiver while the remaining 29 (as well as Washington D.C.) will go with traditional expansion.

## State Medicaid Expansion Decisions, January 2021



<https://www.macpac.gov/subtopic/medicaid-expansion/>

Benefits of the expansion are outlined below and provided by <https://www.macpac.gov/subtopic/medicaid-expansion/>.

- For the consumer:
  - Individuals enrolled as part of the new adult group receive an alternative benefit plan modeled on commercial insurance coverage.
  - These benefit packages must cover the ten essential health benefits specified in the ACA.
  - Essential health benefits are defined as ambulatory services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services, including oral and vision care.
  - Most states have chosen to align their alternative benefits plan with traditional Medicaid benefits.
- Incentives for Medicaid Expansion include:
  - The ACA also required the federal government to pay 90% of state Medicaid costs for certain newly eligible individuals in 2020 and thereafter.
  - Additionally, nearly 2% (1.5%) has been added due to Public Health Emergency and will continue until the emergency has ended.
  - For two years, an additional 5% increase in the federal share will be added for all Medicaid enrollees other than those eligible through expansion.

The American Rescue Plan Act gives states an additional financial incentive to expand Medicaid, strengthens coverage for current enrollees, and helps states weather the COVID-19 public health and economic crises. States can leverage the new funding and options to chart a course for a stronger and more equitable recovery.

Ms. Bowler then addressed the vulnerability of residents. Most people in the coverage gap live in the South, leading state decisions about Medicaid expansion to exacerbate geographic disparities in health

coverage. Several states that have not expanded Medicaid have large populations of people of color (POC). State decisions not to expand their programs disproportionately affect POC, particularly Black Americans. State decisions about Medicaid expansion have implications for efforts to address disparities in health coverage, access, and outcomes among POC.

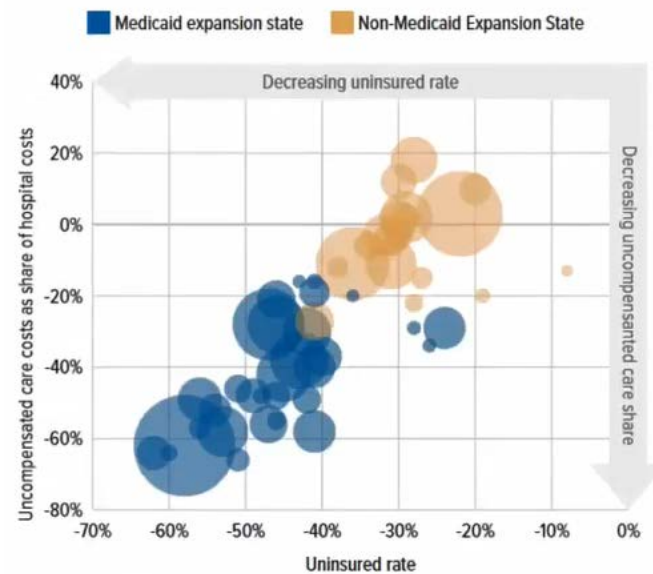
Research detailed the following advantages of ACA Medicaid expansion.

- Access to care: More low-income adults with a personal physician, getting check-ups and other preventative care, and getting care for chronic conditions. Increases in number of people getting medication-assisted treatment for opioid use disorders. Also grants greater access to mental health care.
- Health outcomes: Fewer premature deaths among older adults, with at least 19,000 lives saved. Improvements in overall self-reported health. Reductions in share of low-income adults screening positive for depression. Improved diabetes and hypertension control. Increases in early-stage cancer diagnoses. Decreases in share of patients receiving surgical care inconsistent with medical guidelines.
- Financial security: Reductions in share of low-income adults struggling to pay medical bills.
- Reduction of \$1,140 in medical debt per person gaining coverage through expansion. Reductions in evictions among low-income renters.
- Economic mobility: Better access to credit, including lower-interest mortgages, auto, and other loans, with annual interest savings amounting to \$280 per adult gaining coverage. Majorities of adults gaining coverage through expansion in Michigan and Ohio report coverage makes it easier for them to work or look for work.
- Reducing uncompensated care: Fifty-five percent drop in hospital uncompensated care costs (\$17.9 billion in 2016) in expansion states, compared to 18% in non-expansion states. Improvements in hospital budgets, especially rural hospitals.

Studies have shown that Medicaid coverage improves financial security. Medicaid expansion reduces total debt sent to third-party collection agencies by an estimated \$1,140 per enrollee. By reducing enrollees' unpaid medical bills, expansion improves their credit, leading to lower-interest mortgage, auto, and credit card loans that save them an estimated \$280 per year in interest. Low-income adults selected by lottery to enroll in Oregon's capped pre-ACA Medicaid expansion were 40% less likely to borrow money or skip paying bills to pay for health care and 25% less likely to have an unpaid medical bill sent to a collection agency compared to those not selected. Evictions of low-income renters fell sharply in expansion compared to non-expansion states after expansion occurred. Ms. Bowler also introduced data showing a correlation between decreased uninsured rates and uncompensated care costs (see below). This is particularly important to the hospitals.

## When Uninsured Rate Falls, So Do Uncompensated Care Costs

Percent Change, 2013 to 2017



The proposed impact to Wake County Human Services (WCHS) for expanding Medicaid is large. About 50% of patients who use services from WCHS are uninsured or underinsured. Expansion of Medicaid will increase reimbursement for healthcare services provided, which would reduce the use of County funds to cover these costs. This would also allow for the possible expansion of other health care services within the WCHS due to increased reimbursement. A total of 450,000 uninsured people in North Carolina would become eligible for Medicaid with an expansion.

Ms. Bowler closed by noting that the general terminology of “Medicaid expansion” was slowly being transitioned to “closing the gap.”

Dr. John Perry explained that there was a conversation about bringing this information forward to Wake delegation, but it is believed that they are aware of the situation. With the current discussion surrounding Medicaid expansion, Mr. Dillon had advised that the Board might wait things out a bit. Dr. Perry was hopeful, though, that the advocacy work already being laid out would give way to positive results. Due to this, there is no direct action being requested or advised at this time. There was a brief discussion surrounding the political reservations surrounding expanding Medicaid. Even though there has been change and support is growing, there may not be many short-term actions available.

Ms. Heather Miranda, Clinical Operations Director, provided a brief update on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and its remote extension through mid-August 2021. Staff are also beginning to discuss the re-opening of the WCHS Regional Centers across the County. In mid-May 2021, the Northern Regional Center will re-open.

Ms. Dorothy Cilenti, Interim Public Health Director, shared that the WCHS accreditation had been extended through 2025 given the lasting impact of the pandemic. This gives staff an extra year in the



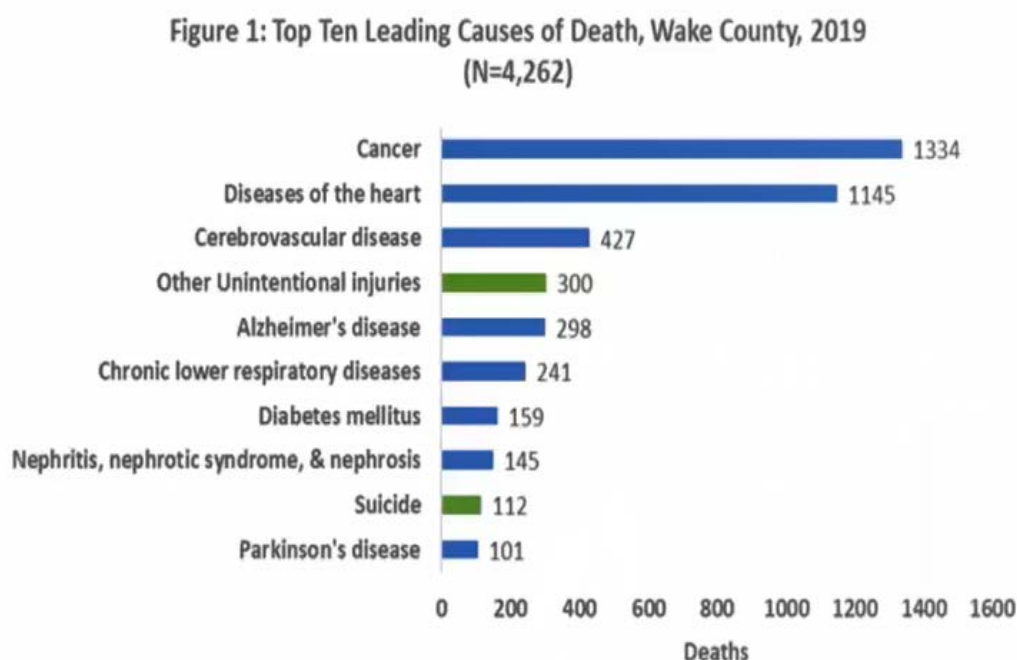
current accreditation cycle. Proposals addressing health disparities exacerbated by COVID-19 have had a central focus for staff. One proposal for \$4 million over the course of two years was submitted to the federal Office of Minority Health (OMH). This proposal addresses health literacy among historically marginalized populations. Staff are also preparing the work plan for Centers for Disease Control and Prevention (CDC) funding to address COVID-19 health disparities. The County is eligible for approximately \$3.4 million for two years to focus on various outreach strategies. This work plan will be submitted early May 2021. In other news, the vasectomy program has been restarted with WakeMed and is already accumulating a waitlist. The child safety seat program has also returned. This program accepts referrals and staff then schedule the appointments on a case-by-case basis. The opioid use campaign was also mentioned as billboards have been placed around the County to educate residents on the use of Narcan.

Commissioner Dr. James West asked Ms. Bowler to speak on their meeting with the Human Services Committee (a subcommittee of the Board of Commissioners). Ms. Bowler explained that the Committee was focusing on three key issues for advocacy. These include improving residents' health and well-being by promoting healthy behaviors (which consolidated the Community Health Needs Assessment (CHNA) and the Population Health Task Force (PHTF) recommendations), supporting higher quality of life of vulnerable residents and communities, and accessing safe, nutritious, culturally appropriate, and affordable food.

#### **Public Health Report: Chronic Disease (Accreditation Benchmark #2.4c)**

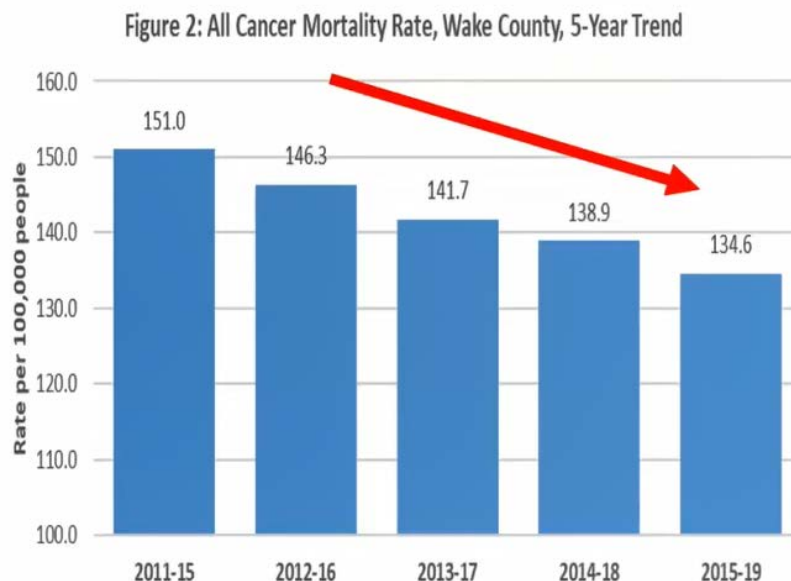
(Presented by Ms. Morgan Poole)

Ms. Morgan Poole, Epidemiology Program Manager, explained that chronic disease mortality rates have been declining overall with the exceptions of Alzheimer's Disease; nephritis, nephrotic syndrome and nephrosis (kidney disease); cerebrovascular disease (stroke); and cancer and heart disease (which increased in Hispanic and African American populations). The top ten leading causes of death in the County were reviewed (included below).

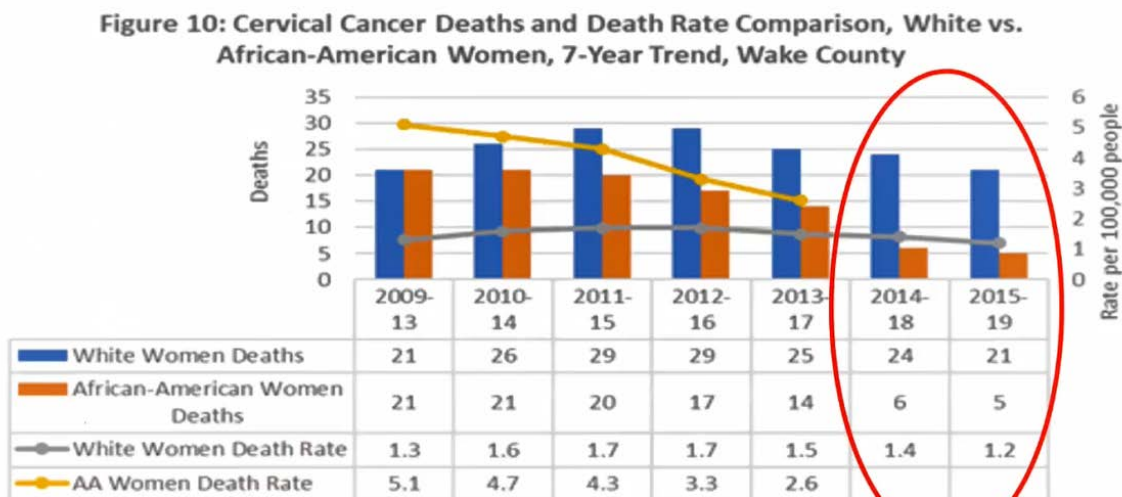


In the figure above, blue indicates chronic diseases while the green symbolizes injuries. These figures are pre-COVID and so are likely to change within the next year or so to include deaths due to the ongoing pandemic.

Cancer is the number one cause of death in Wake County despite all cancer mortality rates continuing to decrease (see five-year trended data below). There is a racial disparity between African American men and all other ethnic and/or racial groups. Another grave concern is the cancer death rate for Hispanic women rising by 50%.



For context, there are approximately 1.2 million residents currently living in Wake County. Top cancer deaths include trachea/bronchus/lung cancer, breast cancer, prostate cancer, pancreatic cancer, and colon/rectum/anal cancer. Ms. Poole reviewed cervical cancer deaths and death rates in detail (see below).

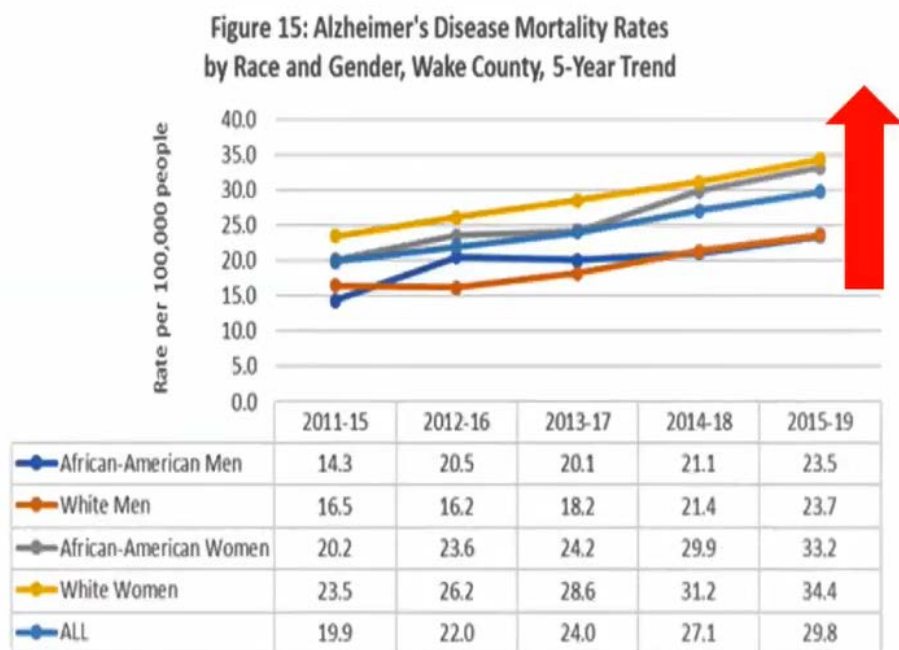




For the second year in a row, the amount of deaths in African American women was so low that a death rate could not be calculated for cervical cancer.

Heart disease data was presented next as the second leading cause of death in Wake County. The death rate did decrease by 1.6% from 2014 to 2019. Men of all racial and/or ethnic groups are dying at higher rates of death than women. Rates have remained steady for the four largest population groups over the last five years. However, the death rate for Hispanic men continues to rise – their death rate doubled from 2011-2015 (49.2%) to 2015-2019 (99.7%).

Alzheimer’s Disease is currently the fourth leading cause of death in Wake County. While the death rate is higher for women than it is for men, the overall death rate for Alzheimer’s Disease is 49.8%. Mortality rates by race and gender are included below for the past five years.



The mortality rate only includes those who died because of the disease and does not currently include data on the severity or phase of the disease that the individual passed in.

Ms. Poole also provided information on select diseases. For kidney disease, mortality rates have increased slightly in all groups. One area staff are eager to highlight is the Drug Overdose Prevention and Tobacco Use Initiative. This Initiative is composed of community partnerships with Wake County EMS, Certified Peer Support Specialists (CPSS), and the North Carolina Harm Reduction Coalition (NCHRC). This is a coordinated effort to reduce opioid overdoses and encourage individuals who use substances toward harm reduction. Four hundred and thirty-one drug overdose referrals were directed to the Peer Support Specialists with 680 recovery service referrals provided. Over two hundred uninsured Wake County residents were provided with free Nicotine Replacement Therapy through a partnership with QuitlineNC.

In summary, overall chronic disease mortality rates are decreasing. The all-cancer death rate increased significantly for Hispanic women. Stroke, diabetes, and kidney disease have persistent racial disparity in death rates. And Alzheimer's Disease was the one condition with a significant overall increase in the mortality rate.

Dr. Ojinga Harrison inquired about the increase of cancer death rates in Hispanic women as well as how the connections were made for the Drug Overdose Prevention and Tobacco Use Initiative. Ms. Poole stated that for the cancer death rates, programming and preventive efforts were key. Some programs may be tailored to better address the needs of vulnerable populations. Ms. Poole shared that morbidity rates do tend to rise for those moving into the United States. For the community partnerships born around the Drug Overdose Prevention and Tobacco Use Initiative, these seem to be working together extremely well to help educate on and combat overdose in the County.

Dr. Kelcy Walker Pope expressed surprise at the increase of heart disease among Hispanic men. This showed a staggering jump and was another disease (along with cervical cancer) that was impacting the Hispanic community. She asked if conversations were addressing outreach and education to the community. While this is currently unknown, Ms. Poole encouraged such conversations and suggested that similar attempts to the COVID-19 outreach may be used (as these have specifically targeted the Hispanic communities, among others). Ms. Fiorella Horna noted that El Centro Hispano had been collaborating with the American Heart Association for the past two years. They will also be launching a program together shortly addressing these very issues.

Board members also briefly discussed the suggestion of a men's health clinic. Dr. Harrison appreciated this suggestion and commented that mental health issues in men were often underreported. Such a clinic could help begin to break down stereotypes and be expanded to assist with many health issues.

**There was a motion by Mr. Frank Eagles to approve the Public Health Report: Chronic Disease and Mr. McKinley Wooten seconded. The report was unanimously approved.**

### **Committee Chairs Update**

(Presented by Mr. Frank Eagles)

Mr. Frank Eagles provided a detailed report on the Regional Networks Committee. From center to center:

1. Millbrook/Departure Human Services Center: Departure Drive processed 13,333 COVID-19 tests in March. The Center will become the first regional vaccination clinic in April 2021. Radeas Lab drive-thru testing will move directly across the street to the parking lot of Vision Church RDU. Departure Drive remains closed to the public.
2. Crosby Garfield/Social and Economic Vitality (SEV): To date, Crosby Garfield/SEV has mobilized the distribution of 180,972 face masks countywide with concentration on families in the Southeast Raleigh area as well as the Eastern region of the County. SEV has completed its first cohort under the rebranded life coaching program formerly known as Middle Class Express (MCE), which is now called MINDSET. This is a ten-week, trauma-informed human capital development group coaching program designed to aid participants in creating a life plan. This plan will navigate the social determinants of health leading to self-sufficiency. Fifty-three

residents participated in the orientation with approximately twenty-nine participating weekly. Additional outcome data is forthcoming. On March 9<sup>th</sup>, forty-three residents, partners, and staff participated in the SEV Training for Upward Mobility Action Teams panel discussion titled “Addressing Policy Issues and Practices that Stifle Economic Success.” The Raleigh Housing Authority, Capital Area Workforce Development Board, and Health and Human Services were among the panel members. SEV continues to have a robust participation in the Crosby Advocacy Group with forty-nine residents, partners, and staff participating in the March 16<sup>th</sup> meeting. This meeting featured a presentation from Assistant County Manager Ms. Denise Foreman on the importance of the Behavioral Health Summit.

3. Western Human Services Center (WHSC): The Western Region Community Advocacy Committee (CAC) is recruiting members and establishing a Workforce Development and Network of Care Committee. They are also hosting informational meetings with content experts to study established CAC priorities. The Western Region CAC Food Security Action Group, composed of over twenty partners, is spending the second round of the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. In addition, a \$72,000 grant from the Town of Cary is being spent to maintain current distributions at seventeen of the most vulnerable neighborhoods in Apex, Cary, Morrisville, and Holly Springs. A grant from the Holly Springs Town Council is being pursued. An additional partner – Hatcher Grove Baptist Church of Cary – joined the Western Region CAC Food Security Committee and serves every Saturday. To increase access to testing and vaccinations, WHSC staff are partnering with the County’s COVID-19 Community Engagement Management team. The Western Region partners are hosting testing and vaccination sites in Apex, Cary, and Morrisville. There will also be two testing sites reaching out to African American and Hispanic communities. Staff at WHSC is helping to coordinate Community Resource Outreach events at the testing sites to increase awareness. The Center celebrated hiring Community Services Specialist Ms. Aneta Edgerton. Western Region CAC Affordable Housing Action Group (WRCAC AHAG) continues efforts to increase access to safe and affordable housing by supporting Apex’s new housing plan and advocating for the development of 84 units of senior living. WRCAC AHAG is currently advocating for the Wake County Board of Commissioners (BOC) to contribute funding for building these units. Apex Town Council unanimously approved rezoning. WHSC remains closed to the public.
4. Northern Regional Center (NRC): The Wake County Public School System (WCPSS) authorized the NRC to start the Summer Food program early this year on April 5<sup>th</sup>. They will serve on Mondays, Wednesdays, and Fridays from 11:00 a.m. to 1:00 p.m. The NRC is also working closely with the Town of Wake Forest which has agreed to pick up the food from the school and deliver it to the NRC facility. The NRC has held preliminary conversations around resuming clinic operations mid-May 2021. It is likely to open with a partial schedule before slowly returning to the pre-pandemic Monday through Friday offerings. The Wake County COVID-19 Operations identified the NRC as the first regionally based site to administer the vaccine effective April 2021. Administrative staff will be directly involved in the operation. NRC remains in a partial opening status.
5. Southern Regional Center (SRC): The SRC continues to partner with Advance Community Health (ACH) to administer COVID-19 testing. ACH will continue testing on two dates at the SRC in April 2021. In collaboration with the Crosby-Garfield Center, the SRC received a large supply of hand sanitizer. Two food distribution sites in the Southern region were provided four boxes of hand sanitizers each. This was a total of 700 bottles. These supplies were distributed alongside the food boxes. SRC remains in a partial opening status.
6. Eastern Regional Center (ERC): The ERC is working with the Social and Economic Vitality (SEV) team and the new County Community Engagement Advisory Committee to strengthen area partnerships and promote developing resources and initiatives. Eastern Region clinic services has expanded with three hundred patients served in March 2021. Over 460 residents were assisted

in March via the distribution of resources at the Resource Table. The Eastern Region's Zebulon Community Park continues to serve as a permanent COVID-19 testing site and operates Monday through Sunday from 8:30 a.m. to 5:00 p.m. Area food distribution hubs remain operational through June 30<sup>th</sup>, 2021. The Zebulon United Methodist Church hosted a Family Resource Event on March 27<sup>th</sup> in partnership with Wake County and Alliance Health. The ERC provided 500 flyer that included resources for financial, employment, healthcare, food, and transportation assistance in the East. The ERC will be the new temporary home to several Wake County Emergency Medical Services (EMS) staff. One emergency response vehicle will be parked on site. ERC remains in a partial opening status.

**Public Comments**

- None

**Adjournment**

The meeting was adjourned at 8:48 A.M.

**Board Chair's Signature:**



**Date:** 5/27/2021 \_\_\_\_\_

Respectfully submitted by Ms. Brittany Hunt