

**Wake County Human Services Board
Meeting Minutes
August 26th, 2021**

Board Members Present:

Ed Buchan
Dr. Ojinga Harrison
Tonya Minggia
Dr. Jananne O'Connell
Dr. John Perry
Dr. Kelcy Walker Pope
Ann Rollins
Commissioner James West
Dr. Mary Faye Whisler
McKinley Wooten

Guests Present:

None

Staff Members Present:

Commissioner Vickie Adamson
Stacy Beard
Paige Bennett
Nannette Bowler
Commissioner Maria Cervania
Eric Green
Richie Hayner
Caroline Harper
Duane Holder
Leah Holdren
Brittany Hunt
Dr. Caroline Loop
Annemarie Maiorano
Heather Miranda
Kenneth Murphy
Dr. Nicole Mushonga
Toni Pedroza
Tai Rochelle
Paige Rosemond
Dauline Singletary
Dr. Joseph Threadcraft
Eleanor Wade

Call to Order

Dr. John Perry called the meeting to order at 7:31 A.M.

Approval of Minutes

Dr. John Perry asked for a motion to approve the July 22nd meeting minutes. There was a motion by Ms. Ann Rollins and Mr. Ed Buchan seconded to accept the minutes. The minutes were unanimously approved.

Next Board Meeting – September 23rd, 2021

Treasurer's Report

(Presented by 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 \$3,655.92.

Improving Community Outcomes for Maternal and Child Health and Best Babies Zone Presentation

(Presented by Ms. Tai Bryant Rochelle and Ms. Dauline Singletary)

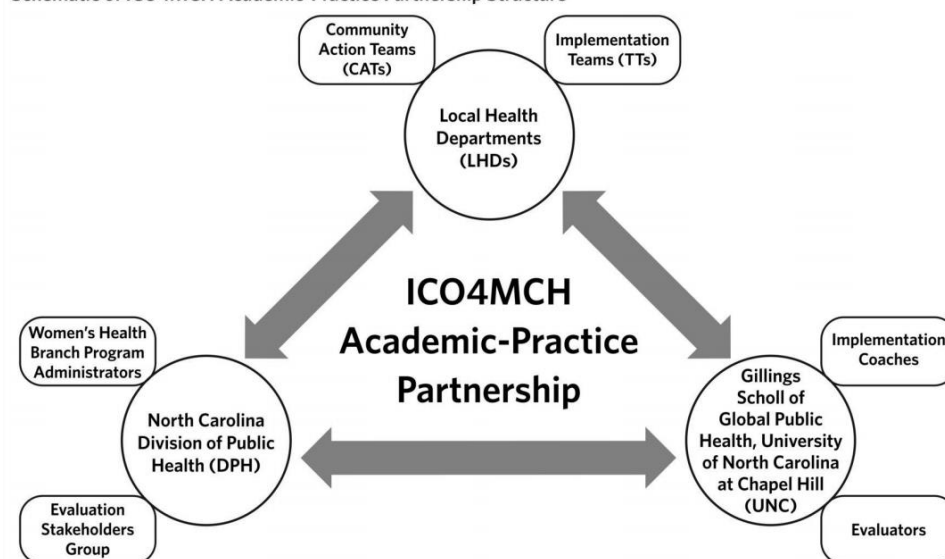
Ms. Tai Bryant Rochelle, Project Administrator, and Ms. Dauline Singletary, Maternal and Children's Health – Public Health Educator, presented the “Improving Community Outcomes for Maternal and Child Health and Best Babies Zone” slideshow to the Human Services Board. The presentation focused around the 2020 Infant Mortality Workgroup Report. The Infant Mortality Workgroup was convened by former Wake County Board of Commissioner Ms. Jessica Holmes to address infant mortality outcomes for African American babies in Wake County. The Workgroup was charged with uncovering the root cause of the infant mortality gap, identifying research-based practices, and developing specific actions to reduce the gap. The Workgroup identified six focus areas and needs – home visits, safe sleep/infant safety, access to prenatal care, racial equity/racial bias, fatherhood initiatives/involvement, and preconception health/women's health.

A Best Babies Zone (BBZ) is a place-based, multi-sector, community driven effort that applies the BBZ approach and Life Course Perspective. The BBZ vision is that all babies are born healthy in communities that enable them to thrive and reach their full potential. To achieve this vision, a BBZ focuses on the following four key strategies: zonal focus, multi-sector collaboration, community-driven action, and cultivating a social movement. The following outlines the four key strategies for Wake County.

- Zonal Focus: Southeast Raleigh (zip codes 27610 and 27601)
- Multi-sector Collaboration: The BBZ has partnered with over fifteen local partners that represent four of the key sectors
- Community-driven Action: Host a virtual kick-off event, launched virtual townhall meetings, participated in community engagement events (community baby showers, mask for moms, etc.), and distributed a community survey
- Cultivating a Social Movement: Participating and collaborating with key partners on racial equity and racial bias

Next, the schematic of the Improving Community Outcomes for Maternal and Child Health (ICO4MCH) academic-practice partnership structure was shared (below).

FIGURE 2.
Schematic of ICO4MCH Academic-Practice Partnership Structure



ICO4MCH statewide aims include improving birth outcomes, reducing infant mortality, and improving health outcomes for children from birth to five years of age. Evidence-based strategies for the Wake County ICO4MCH include the following:

- Reproductive Life Planning
 - Implementing the Upstream Contraceptive Care Model in all Wake County Human Services (WCHS) Public Health Clinics;
 - Includes increasing access to most effective methods of birth control, including same-day Long-Acting Reversible Contraception (LARC) placement (IUDs, implants, etc.)
- Ten Steps for Successful Breastfeeding
 - Establish lactation rooms in the health department and in 25% of other “covered public buildings”
 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center
- Family Connects Newborn Home Visiting
 - Provide at least one home visit to newborns two to twelve weeks old with a focus on those residing in the Best Baby Zone area

Ms. Rochelle shared the program partners for both Wake County Human Services and the County community (see below).

Wake County Human Services Partners	Wake Community Partners and Supporters
Best Baby Zone Initiative	Breastfeeding Family Friendly Communities
Care Management for High-Risk Children	CityMatCH
Care Management for High-Risk Pregnancies	Hayes Place
Child Fatality Task Force	MAAME, Inc.
County Commission	NC Breastfeeding Coalition
Human Services Board	NC State University - Nutrition Sciences
Information Services	Nursing Mothers of Raleigh
Live Well Wake	SafeChild
Maternal and Child Health - Health Educators	Saint Saviour's Center
Maternal Health Home Visiting	Single Mothers With Children
Nurse-Family Partnership	Triangle Breastfeeding Alliance
Social and Economic Vitality Program	UNC Horizons
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Upstream USA
Women's Health and Maternal Health Clinics	Wake AHEC
	WakeMed Children's
	WakeMed Health and Hospitals

The second fiscal year for ICO4MCH began on June 1st, 2021. The project is funded through May 2022 by the General Assembly through the Division of Public Health and, in particular, the Women’s Health branch. On May 20th, 2021, the Community Advisory Team held a meeting with internal and external partners in attendance. The next meeting is scheduled for August 2021. Over fifty Sunnybrook Women’s Health and Family Planning Clinic providers and support staff completed Upstream’s Contraceptive Care training on June 23rd, 2020. Upstream provider-only training for Sunnybrook Family Planning and Prenatal clinics occurred on July 14th. Program leadership completed the North Carolina Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Breastfeeding Peer Counselor Training Program in June 2020. Staff are in the process of hiring two Community Health Workers and two Home Visiting Nurses.

Implementation team meetings for each evidence-based strategy will begin in August 2021 while a Family Connects contract is in progress with a goal of implementing in late Fall 2021. Staff will be expanding the Upstream Model to the Regional Centers. There will also be the first phase of Racial Equity Training during this grant year. Staff are working with Live Well Wake to create a Health Equity Impact Assessment with a proposed focus on breastfeeding peer support.

When asked about the racial equity training, Ms. Rochelle outlined the need to address implicit racial biases in the medical community. This could range for the provision of contraceptive care counseling to informing the decisions made in the labor and delivery room as well as prenatal visits. The patients' needs must be heard not only in maternal health but in overall healthcare as well. Training is currently available to County staff through the Wire and is also shared to internal health providers. The hope is to expand this education through a grant funded by Live Well Wake.

Commissioner Maria Cervania inquired about data and tracking trends in order to establish baselines and, from there, improvements. Ms. Singletary explained that the work with the BBZ will aim to provide more data. Staff are also collaborating with Epidemiologists at the County and State levels to gather annually collection data. Much of the data collected must be purposefully sought for and even prompted through events. Ms. Rochelle agreed and noted that, oftentimes, critical questions (such as what birth control method did a patient as for? What method did they receive, if any? How frequently was the patient screened?) go unanswered. There is a severe lack of data in regards to breastfeeding. The only option, at this point, to build data to evaluate is to do so on a local level while engaging other advocates and local healthcare providers.

Environmental Services Director's Update [Accreditation Benchmarks #14.3, 14.4, and 34.4]

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Director of Environmental Services, introduced Mr. Eric Green, Environmental Health Program Manager – Operations Analysis –to present revisions for local regulations for wastewater treatment and disbursement, otherwise known as septic systems. Mr. Green began by sharing a sewage disposal record from 1952 (see images below) in order to highlight the changes that have developed within wastewater management over time. In 1952, the process was simplistic. Staff handed a card to the owner of the property and were provided the card back with very little detail as to what system needed to be. There was no full design for the County to go by with this card. When the owner would hand the card to the installer who would install the system before staff from Wake County would visit to inspect it. Especially with larger properties, the lack of detail in the mock-up would mean that installers basically did what they saw fit in order to make the system work.

SEWAGE DISPOSAL RECORD

County Health Department

Name of Occupant Robert H. Harty Location of Building Rt 1 Cary

Name of Owner Robert H. Harty Date of Installation 9-9-52

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank Walker Date Inspected 9-9-52 Permit No. _____
 (concrete, metal, etc.) Capacity _____ F. H. A. Case Yes ☒ No ☐

Number of Users 3 Type Secondary Treatment Int.

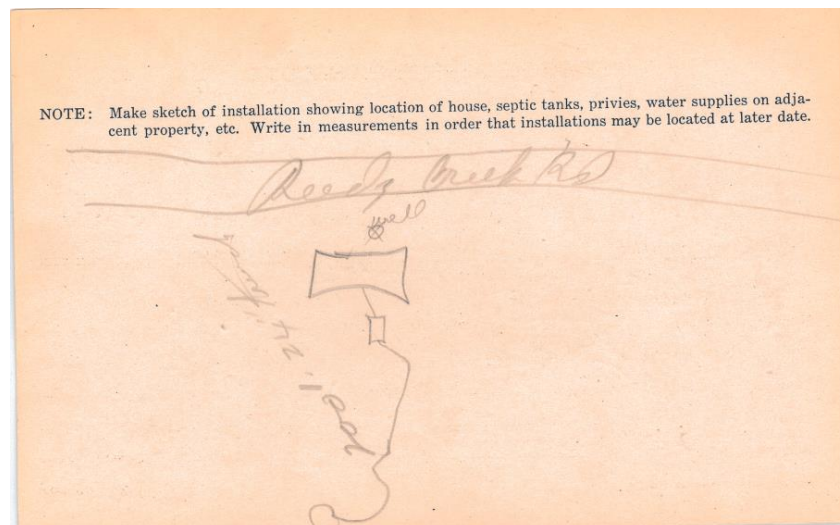
Source of Water Supply Deep well

Contractor or Plumber W. H. Williams Address _____

Approved by H. H. Harty

Remarks 200'-24' trench (Over) _____

N. C. STATE BOARD OF HEALTH FORM NO. 207



Today, the system is much, much more detailed (see image below).

- Product Manufacturers – Nationwide as well as individuals from Canada
- Builders
- Installers (who typically put in and repair the septic system)
- Public Health Committee Member Dr. Sharon Foster
- Regulators – Wake County and North Carolina Department of Health and Human Services (NCDHHS)

Mr. Green noted that Dr. Sharon Foster also assisted with the workgroup for the offsite easement rule. Both Dr. Foster and fellow Public Health Committee member Mr. John Myhre are part of the larger Wastewater Residential Permitting Subcommittee. Notably, the assistance of a member of the NCDHHS On-Site Water Protection branch helps with advice and word regulation to properly capture the intent of the regulations while aligning with new regulations by the State (18e) in verbiage.

The main revisions being proposed, during this first phase of revisions, include regulation repeals to address outdated regulations and supported usage of technology as well as general revisions to outdated regulations, typographical errors, and supported usage of technology. An increase in design flexibility will also be a part of the revisions.

If the proposal is approved by the Human Services Board, it will then be reviewed by the NCDHHS and the Wake County Attorney's Office before being presented to the Water Partnership/Growth & Sustainability. Finally, it will be review by the Wake County Board of Commissioners prior to being presented to the Public Health Committee and Human Services Board for adoption.

Commissioner James West asked if the proposed changes had taken affordable housing into consideration. If some of the rule changes could make housing more expensive, they might be hurting the most vulnerable of the county. Mr. Green stated that some changes, especially with technology, would actually allow for some cheaper options to be used in some circumstances that would previously have gone with a more expensive option. So opportunities would actually improve rather than become limited.

Commissioner Vickie Adamson asked if there was any feedback from home builders about the proposed changes. Mr. Green stated that home builders had been included at the start as a sort of sponsor to assist with the process. Their feedback was crucial in information the proposed changes. It was also important to remember that these changes were only a part of phase one. Homebuilder associations and designers thought that these revisions were needed in order to contend with the growth in the county as buildout is reached. This way, more flexible permitting is allowed. Staff are also constructing a common response matrix to outline all the feedback that was submitted – whether positive or negative. The changes are not simply being proposed – they are being informed by the stakeholders mentioned above to ensure as much collaboration is available as possible.

One question clarified that the proposals did have the endorsement of Environmental Services. The workgroup mentioned is branched off the Wastewater Residential Subcommittee.

Ms. Ann Rollins asked about the text detailing cover material for system installation stabilizing and preventing erosion. Mr. Green said that at-grade systems are installed at the soil surface. Six inches of cover material is placed on top of that to provide for the six inches of cover required in State rules for septic systems. Because the cover is new, it is very loose and subject to erosion with even a small amount of rainfall. As the slope is increased on the site, you can also increase the chance for erosion. Specific language about stabilizing that erosion needs to be avoided so that flexible resolutions and new technology can be utilized without conflicting with the industry standard outlined.

Dr. Ojinga Harrison inquired about the aging infrastructure in the county and how that age has impacted the status of the infrastructure itself. According to Mr. Green, Wake County has approximately 70,000 properties being served by septic systems. Of those, many are likely thirty years old and possibly older. Mr. Green estimated that around 75% of the properties were at least three decades old. However, septic systems always require a repair area on properties to repair malfunctions and some of the aspects of an aging system. In essence, staff can replace the existing system with a new system. Sometimes this is done through the utilization of updated technology to better treat the wastewater.

There was a motion by Ms. Ann Rollins to approve the proposed revisions to be reviewed by the North Carolina Department of Health and Human Services (NCDHHS). Mr. Ed Buchan seconded. The revisions were unanimously approved to forward for review.

Human Services Director's Update

(Presented by Ms. Nannette Bowler, Ms. Eleanor Wade, Dr. Nicole Mushonga)
Health and Human Services Director Ms. Nannette Bowler noted that Ms. Eleanor Wade and Dr. Nicole Mushonga would be providing updates for Human Services.

Ms. Eleanor Wade, Immunization Outreach Coordination Supervisor, provided an update on the 2021 flu season. Typically, three opportunities are available for employee flu shots. For 2021, September 15th, 22nd, and 29th have been selected for flu shots for staff. Hours will be 9:00 a.m. to 3:00 p.m. and shots will be administered in the G35 room of the Wake County Human Services Sunnybrook building. Staff will be targeted for the flu vaccine, but there will also be a COVID-19 strike team available on-site to administer the first dose of the COVID-19 vaccine to those interested.

Flu clinics for the general public will be held every Wednesday starting October 6th, 2021 and running through November 17th, 2021. Held in the same G35 room as mentioned above, the public will have from 1:00 p.m. to 5:00 p.m. to visit the clinic on the aforementioned dates. Planning is anticipated to be completed by the end of August 2021.

All dates mentioned are tentative until formally approved as the vaccinations must be received before planning can be completed.

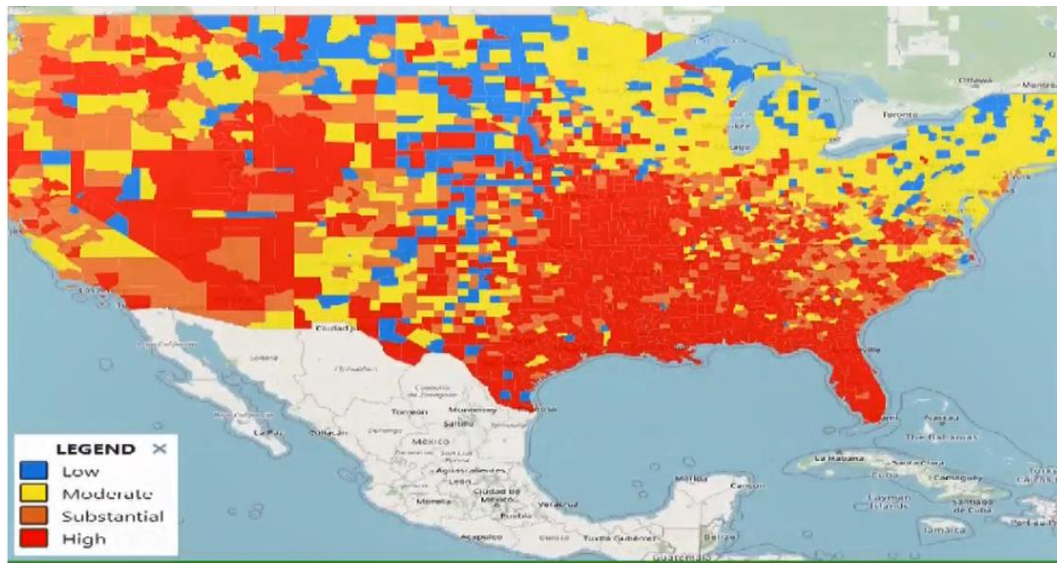
Ms. Fiorella Horna asked if later shifts would become available for the community flu clinics as the COVID-19 response has shown individuals are sometimes limited when hours are only available during the day. Staff said that they would consider this option and discuss further.

Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, provided an update on the ever-changing COVID-19 pandemic. Staff have increased testing operations and now are available from 7:00 a.m. to 7:00 p.m. six days a week. An important clarification made during the meeting was the language for "additional doses" and "booster doses."

- Additional COVID-19 Dose – Currently being provided. Intended for the moderate to severe immunocompromised who have received all doses of COVID-19. Must have been at least 28 days since completing the series of the original COVID-19 vaccination. There has been no recommendation for the general public or recipients of the Johnson & Johnson vaccine to receive the additional dose. While staff ask that clients attest that they are immunocompromised, no proof is required.
- Booster COVID-19 Dose/Shot – Currently in discussion and not approved or provided. Intended audience unknown. Recommended to be eight months after completing the series of the original COVID-19 vaccination. More information on the booster shot is anticipated in September 2021.

For the additional COVID-19 vaccination dose, these are produced by either Pfizer or Moderna. These doses have been offered at Wake County clinics and over three hundred individuals have received the additional vaccine shot. Staff are preparing for the potential of adding booster doses to their offerings, which may occur in or after September 2021. This will require capacity to be ramped up in order to meet the ever increasing need caused by the pandemic.

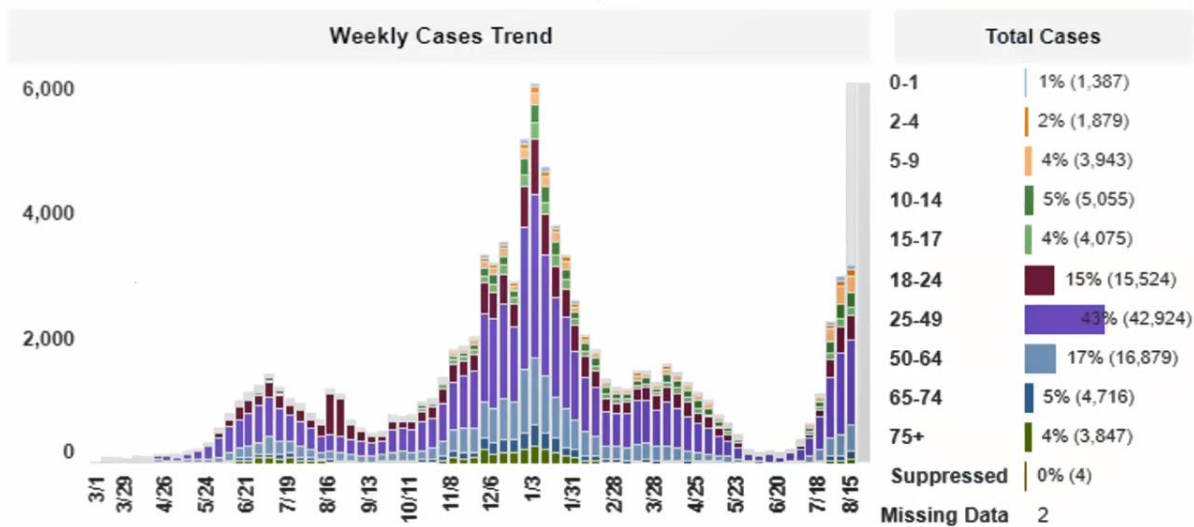
Next, Dr. Mushonga provided data from the Centers for Disease Control and Prevention (CDC), which can be located here: <https://covid.cdc.gov/covid-data-tracker/#county-view>. The presentation included a time lapse of all United States counties from July 17th, 2021 to August 16th, 2021. The image below includes the map as it was on August 16th. As seen, most counties are still in red (high spread of COVID-19).



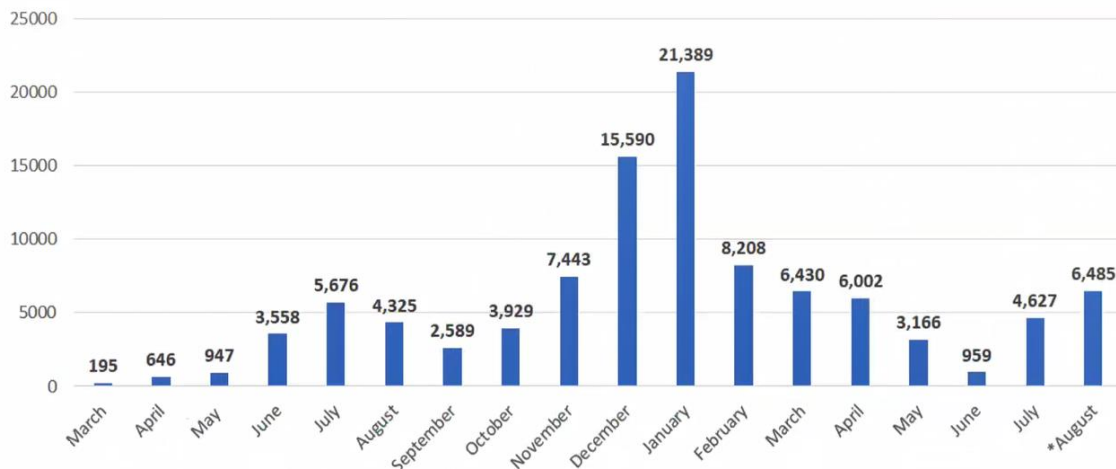
The Delta variant of COVID-19 is being identified as a large component of the drastic increase in cases. Dr. Mushonga reviewed the variant classification scheme, which ranks variants by “Variant of Interest,” “Variant of Concern,” and “Variant of High Consequence.” A “Variant of Interest” can increase and caseloads are seen to rise, but their ability to spread is limited. “Variant of Concern” has increased transmissibility and can increase severe disease. It can spread nationally as well as globally. Finally, a “Variant of High Consequence” has increased hospitalizations and a significant decrease of vaccine effectiveness. Delta is a “Variant of Concern.” So far, none of the COVID-19 variants have risen to “Variant of High Consequence.”

First identified in India, the Delta variant is more contagious than previous strains. The R_0 (R naught) was discussed, which is a value used in communicable diseases to identify how easily a disease spreads from one infected person to others. On the lower end of the spectrum, the R_0 for the original strain of COVID-19 was two while the R_0 for the Delta variant is five. Meaning that the Delta variant is over two times as spreadable as other strains of COVID-19. The unvaccinated are at the greatest risk and those who only have one of a two-dose series of the vaccine are also vulnerable. Current vaccines are believed to be effective against the Delta variant.

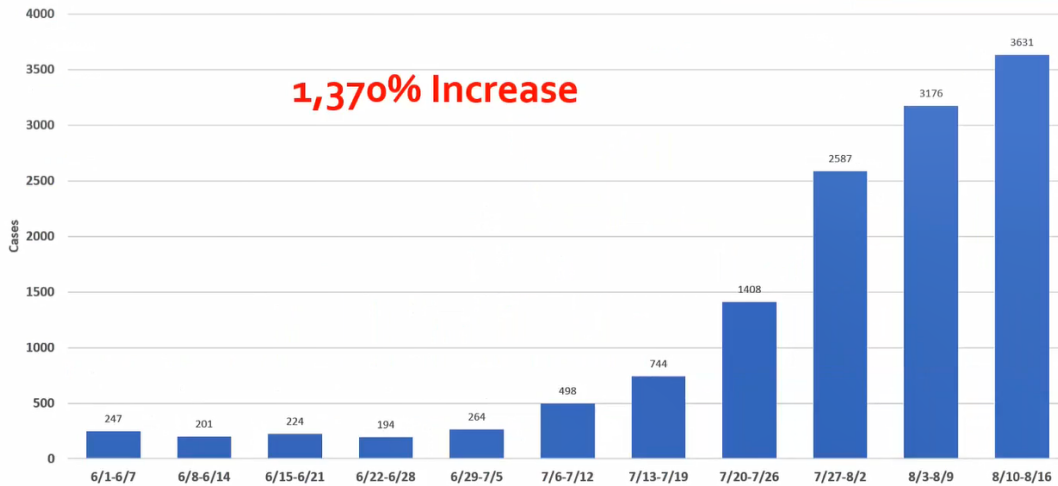
Dr. Mushonga provided a graph (included below) on Wake County COVID-19 cases by age. Notably, from the end of July to early to mid-August, the five to nine-year-old age group had over two hundred cases per week. This is particularly concerning as this age group is not eligible for the vaccine. Currently, vaccinations are only approved for those twelve years old or older.



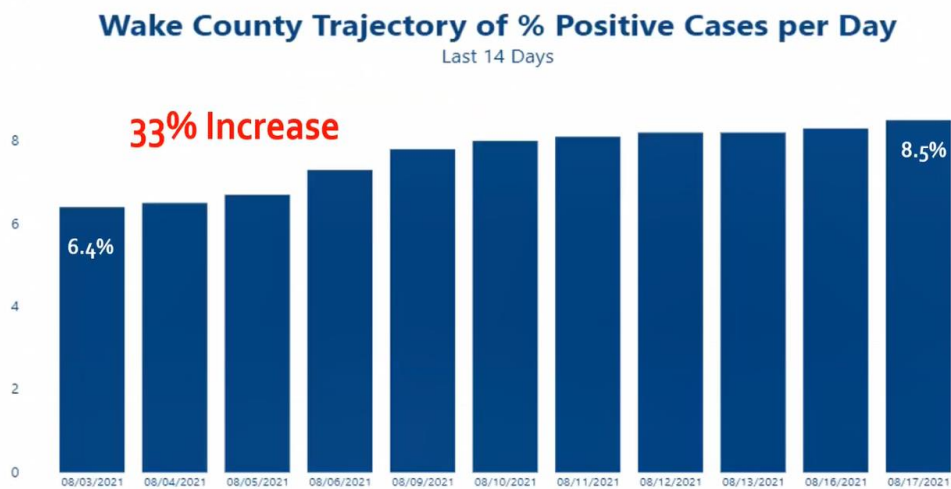
An overall look at COVID-19 cases in Wake County by month was provided (included below). July of 2021 had a total of 4,627 cases while the first fifteen days of August have had 6,485 so far. This is indicative of a large resurgence after the case numbers had been lowering from January to June.



Wake County COVID-19 cases by week are displayed below. From June 1st, 2021 to August 10th, 2021, there has been a 1,370% increase in cases. The number of cases have been so extreme as to demand prioritization in the areas of tracking and case investigation. This means that outbreaks, clusters, and sightings in childcare and schools must take priority over other cases. This does include individuals who may not be receiving or have access to digital notifications.



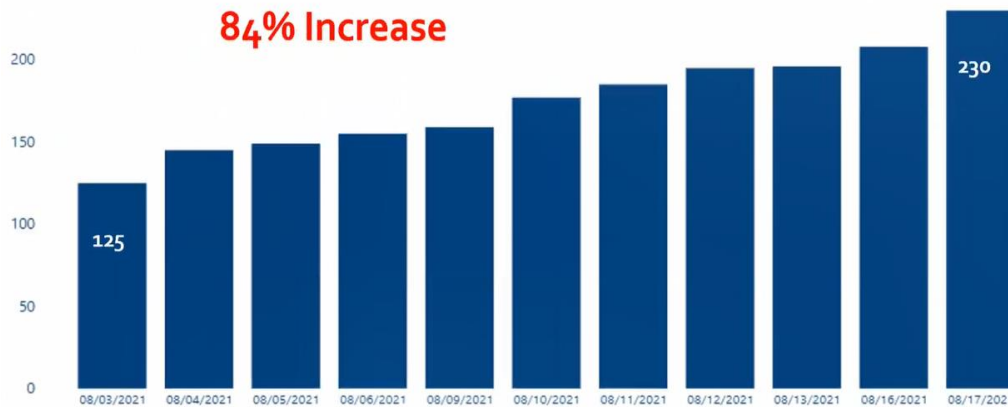
Next, Dr. Mushonga provided the Wake County percent positivity rate from August 3rd, 2021 to August 17th, 2021 (included below).



Wake County hospitalizations rates from August 3rd to August 17th show an 84% increase (see below).

Wake County Trajectory of Hospitalizations

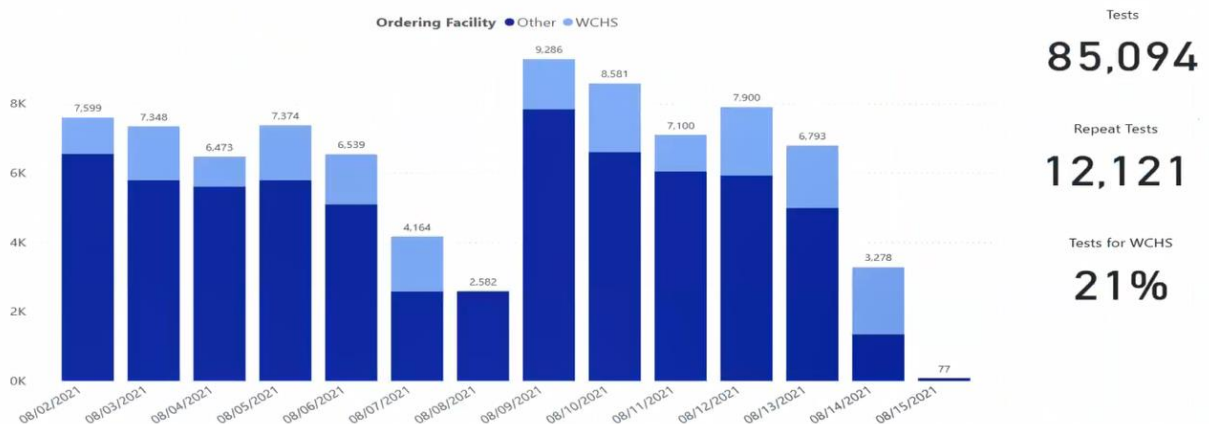
Daily Bed Census of COVID-19 Patients
Last 14 Days



For testing in Wake County, there has been over a 30% increase over the past two-week period. The County has gone from testing 71,000 individuals on average per week to 85,000 per week. Wake County Human Services conducts about 21% of these COVID-19 tests. More data is provided in the graph below.

Wake County Testing

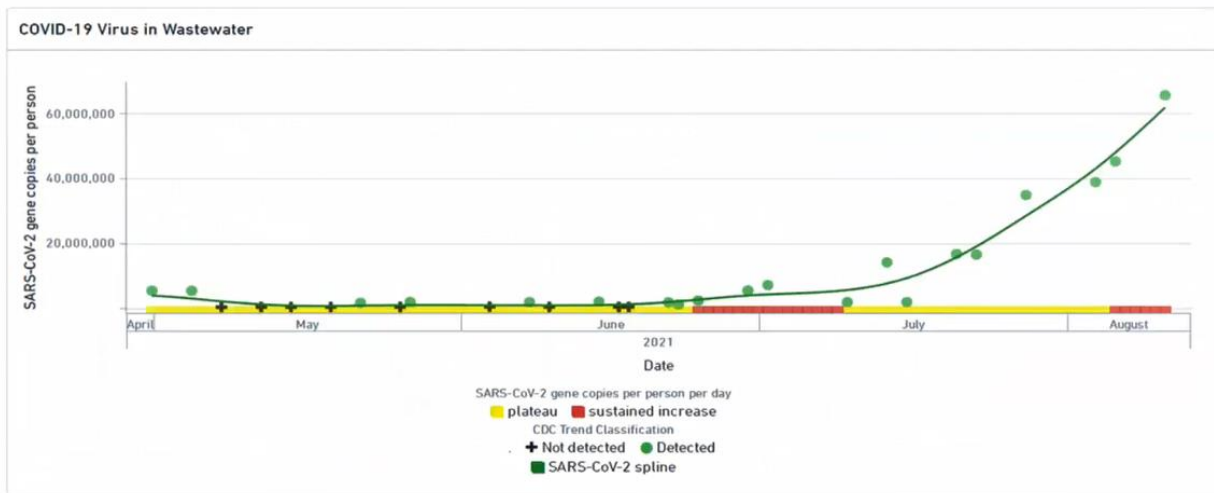
Last 14 Days



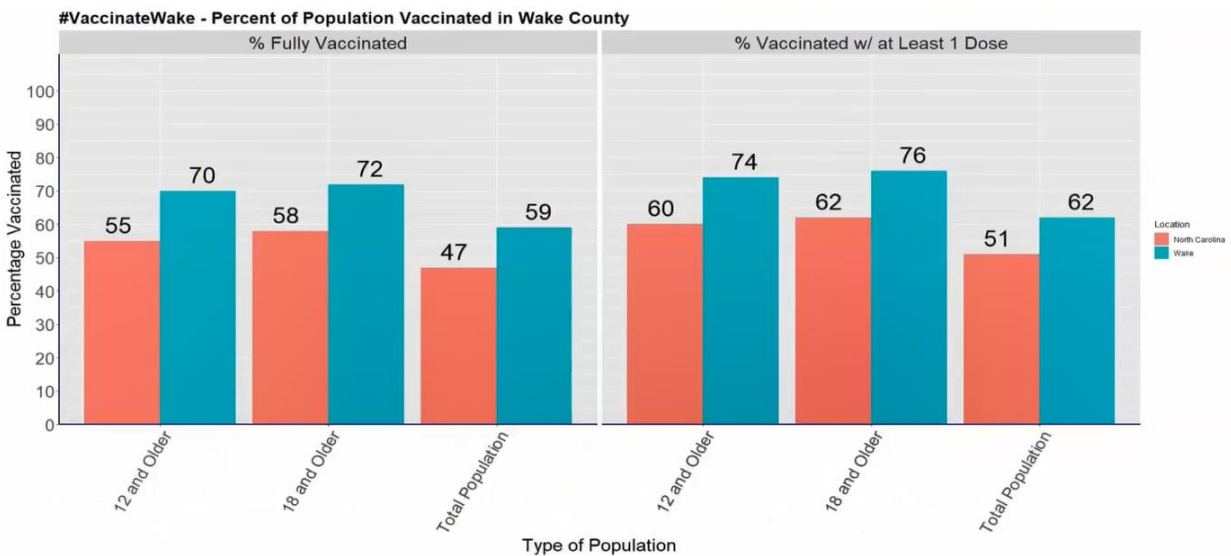
There has also been a 115% increase in COVID-19 detections in wastewater (see image below). This is a visible and notably sustained increase.

Raleigh Summary:

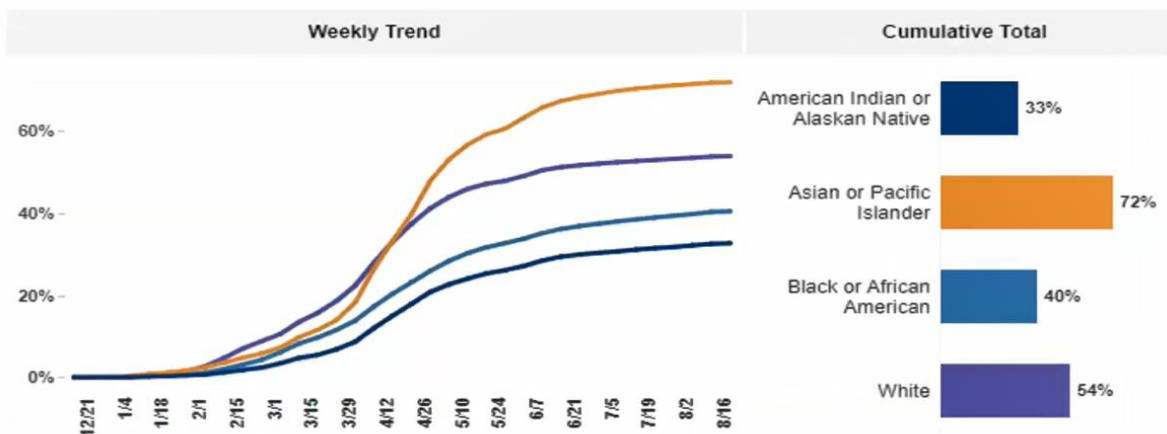
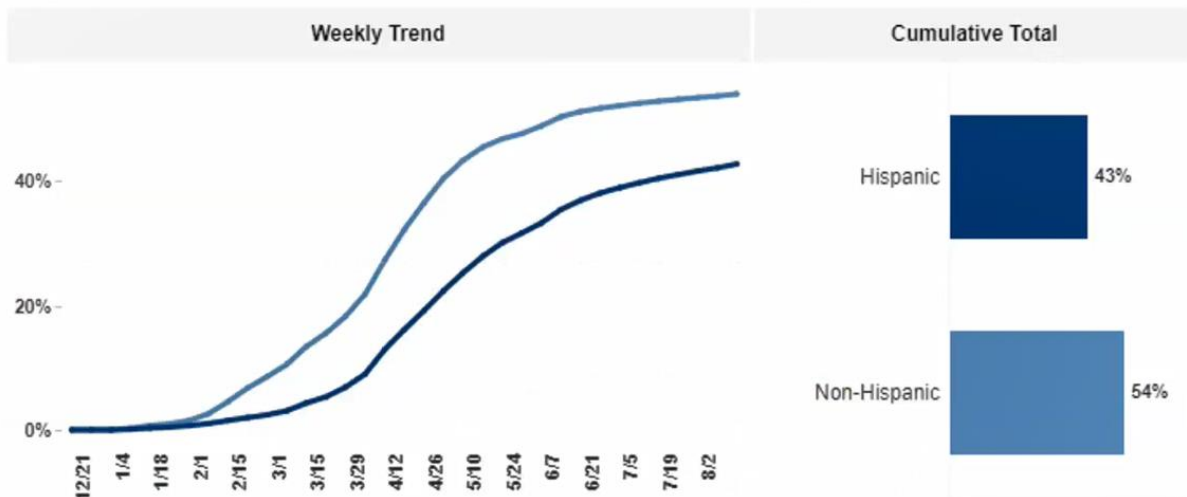
Date: 8/16/2021 (data as current as of 8/10/ 2021)



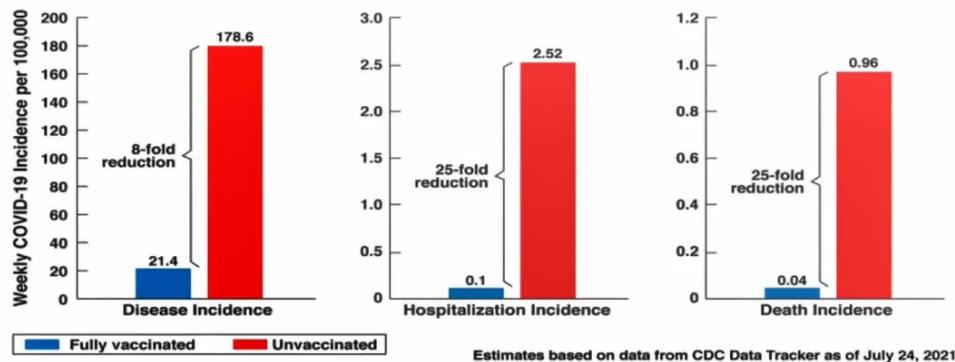
Dr. Mushonga also reviewed the percent of the population vaccinated in Wake County as well as how the vaccine reduces risk of symptomatic COVID-19 infection, hospitalization, and death (see images below).



Dr. Mushonga briefly reviewed some in-depth vaccination data by ethnicity and race (see below).



United States: Reduced Risk of Symptomatic COVID-19 Infection, Hospitalization and Death in Vaccinated versus Unvaccinated People



Data from COVID Tracker as of July 24, 2021. Average incidence 300 cases per 100,000 persons per week. Vaccine effectiveness against symptomatic illness = 88% (Lopez Bernal et al. NEJM 2021), where risk is $(1 - VE)$ or 12%. Vaccine effectiveness hospitalization (or death) = 96% (Stowe et al. PHE preprint), where risk is $(1 - VE)$ or 4%. Rate in unvaccinated = Community rate $[(1 - \text{fully vaccinated coverage}) \times (1 - VE)]$ / Rate in fully vaccinated. Fully vaccinated coverage proportions were from COVID Data Tracker as of July 24, 2021 (50% for U.S.).

Dr. Mushonga also provided a look at the COVID-19 operations strategy. As stated above, the testing program has been temporarily expanded. In addition, there is an option to request at-home testing kits via the North Carolina Department of Health and Human Services (NC DHHS). This kit can be submitted via

FedEx dropbox or by a scheduled pickup process. Staff are in the process of finalizing the wastewater program to take data currently limited to one site and spread that data availability across sites and municipalities to better evaluate what is in the wastewater.

There has been a 20% increase in walk-in volume for vaccinations. Staff have commented on how many individuals are arriving for their first dosage. It is believed that the awareness of the Delta variant is encouraging residents to receive their vaccine. Wake County Human Services' vaccine program has been noted as being number one in the county and supports community partners as well as other counties. Staff are looking to increase those community partners as the potential for the booster doses to be introduced in the fall is discussed more and more. Because of this, staff and community partners are continually attempting to determine capacity for these booster doses that will likely see a great increase in visitors. Booster doses will likely be introduced by September 20th or shortly after. The intended audience is still being determined, but is expected to be the general population who are eight months out from completing both vaccine doses. For the timeline of September, this would mean individuals who had completed their vaccination series by January 2021. The base vaccines themselves are becoming easier to access and community events mean capacity increases are even more critical.

There was a brief discussion surrounding the Wake County Public School System (WCPSS) and the possibility of having vaccinations at school sites. However, this would be a difficult territory to explore with the political issues arising around vaccinations and the mask mandate in general.

Dr. John Perry asked if the Delta variant's exposure on an international level gave any indication about what the United States might anticipate. Dr. Mushonga stated that this could be a sign for optimism. In the United Kingdom, the Delta variant reached its peak after fifty days. After this, cases significantly declined. It is a little harder to determine with data in America as schools have so recently opened up – both preK-12th grade and universities. The many factors in play make the Delta variant a concern.

Committee Chairs Update

(Presented by Ms. Ann Rollins and Ms. Fiorella Horna)

Ms. Ann Rollins, Vice Chair of the Human Services Board and Chair of the Public Health Committee, stated that the Public Health Committee had also received the updates of today's meetings in regards to the wastewater rules revision, flu update, COVID-19 update, and Best Babies Zone (BBZ) update. The Public Health Committee also heard from Mr. Paul Koh, Assistant Superintendent of Student Support Services in the Wake County Public School System (WCPSS) about how staff are handling the start of the school year. Mr. Koh also detailed a new policy surrounding mental and behavioral health. The Committee continues to work on the subject of tobacco use and vaping in the county.

Ms. Fiorella Horna, Co-chair of the Social Services Committee, noted that while the full Committee had not met since July 2021, there had been a meeting to discuss the upcoming September 10th Committee meeting. The Committee is anticipating a presentation on foster care housing initiatives from Director Nannette Bowler. The Aged Out of Foster Care Youth Workgroup will also provide an update as they have made strong headway with obtaining additional housing vouchers and possibly securing housing with a collaboration with St. Augustine's University.

The Regional Networks Committee provided updates center by center. These are provided below.

- Millbrook/Departure Human Services Center: Departure Drive North Central Community Advocacy Committee (NC CAC) members continued supporting the COVID-19 vaccination strike team in July. The NC CAC is also supporting the opening of the Center with a few services such as Mental Health, Prenatal Clinic, and Revenue Services. The Center is getting ready to

open the Mental Health Services on August 2nd. These will be available Monday through Friday from 8:30 a.m. to 5:00 p.m. The Prenatal Clinic opened on August 17th. Hours of operation are 8:30 a.m. to 5:15 p.m. The Clinic will initially open for service on Tuesdays and Fridays. The plan is to increase the days a week with an increase in access demand. Prenatal services will be available initially with other services (Family Planning, Child Health, STD) added over time. The Revenue Office will be open in September 2021.

- Crosby Garfield/Social and Economic Vitality (SEV): To date, Crosby Garfield/SEV has mobilized distribution of 244,486 face masks countywide with a concentration on families in the Southeast Raleigh and Eastern regions of the county. SEV celebrated the graduation of its first two cohorts, which consisted of 48 participants. These individuals completed the life-coaching program formerly known as the Middle Class Express (MCE) that is now called MINDSET. This is a 10-week, trauma-informed human capital development group coaching program designed to aid participants in creating a life plan that navigates the social determinants of health leading to self-sufficiency. In addition to the participants, County leadership officials along with twelve resource providers, staff, and numerous supporters attended the July 13th outdoor event held at the Crosby Garfield Center. SEV staff are serving on a planning team with City of Raleigh official, North Carolina State University (NCSU) staff, and community residents to explore converting the Top Greene Community Center in Southeast Raleigh into an African American Cultural Center. The Crosby Garfield Center continues to have robust participation in the Crosby Advocacy Group with 36 residents, partners, and staff participating in the July 2021 meeting.
- Western Human Services Center (WHSC): The Western Regional Community Advocacy Committee (CAC) is expanding its regional services delivery. The “new” Western Regional CAC Workforce Development Action Group has been established to collectively approach workforce development to transform conditions that perpetuate poverty. Composed of over thirty partners, the Western Regional CAC Food Security Action Group continues the emergency distribution of 1,595 produce boxes, 40,000 pounds of corn and potatoes, more than 2,000 bags and boxes of shelf-stable food, and more than 2,000 hot meals with books. Distribution occurs at seventeen sites across the region in some of the most vulnerable neighborhoods in Apex, Cary, and Morrisville. The Western Regional CAC Affordable Housing Action Group develops an advocacy team led by residents for each town to monitor the town’s housing plans’ progression. They also advocate for more affordable single family and senior housing across the region. The Affordable Housing Action Team is supporting OneWake’s advocacy to increase funding in the town’s budget in Cary. The Western Regional CAC Seniors’ Support Action Group was developed to coordinate services through senior centers across the region and to ensure access to services for marginalized seniors. The UNC Nursing School Mobile Unit has been expanded from Dorcas Ministry to White Oak Foundation to provide primary care services. The WHSC remains closed to the public. Most staff telework, but there is a small contingency of staff that access the buildings. Prevent Wake staff continues services from the Center three days a week. The Western Regional Director reached out to Public Health leadership to explore establishing testing and vaccination sites in partnership with local clinics.
- Northern Regional Center (NRC): The Northern Regional Center Community Advocacy Committee (CAC) continued its work in operating the Northern Regional Food Hub. For this Food Hub, an additional \$44,196 was funded through the end of the calendar year and 60% of available funding will be allocated to fresh produce boxes. This leaves 40% for shelf-stable items. In addition, the Wake County Public School System (WCPSS) Summer Nutrition Program Lunches served 650 children. The NRC Clinic served 68 people. They are open Monday and Wednesday from 8:30 a.m. to 5:15 p.m. and provide prenatal, family planning, child health, and immunization services. The NRC partnered with GlaxoSmithKline to offer Science in the Summer. Several adjustments were made for space, allowing for COVID-19 protocols to be abided and to ensure proper safety measures. Sixty-four students participated in one of the four program weeks in July. The Northern Region CAC continued its monthly live Northern Living in

Good Health Together (L.I.G.H.Ts) series on Facebook and YouTube. In July, the program focused on resources for veterans. The August episode will be on housing and homelessness. The NRC remains in a Partial Opening status.

- Southern Regional Center (SRC): The SRC remains in a Partial Opening status.
- Eastern Regional Center (ERC): The ERC partnered with the Food Bank of Central and Eastern North Carolina to feed 285 children during the month of July through the Summer Feeding program. The Zebulon Community Library has promoted the program and provided activity packs for children. The ERC Clinic served 239 patients in June. Six hundred and sixty-five residents were assisted via the distribution of resources. The ERC remains in a Partial Opening status.

The Regional Network continues to be an active participant in the COVID-19 response, including offering COVID-19 testing and vaccinations on site. Vaccinations and testing are currently offered throughout the week, including weekends. The following table shows vaccines administered in the month of July 2021.

Region	COVID Tests Administered	COVID Vaccines Administered
Departure Drive	NA	1,072
Eastern Region	2,918	479
Northern Region	8,338	*228
Southern Region	3,030	205
TOTAL	14,286	1,984

* One hundred twenty-two of the 228 vaccines were first doses

Advance Community Health (ACH) held two drive-thru testing events at the Southern Regional Center (SRC) in the month of July. ACH will continue testing at the SRC on two dates in the month of August.

In July 2021, the ERC, NRC, and SRC collected a combined 182 tax payments. This represents \$175,232.80 in Tax Revenue. The three centers also issued a combined 392 birth certificates. Since the partial opening in August 2020, a total of 1,232 birth certificates have been issued.

Revenue Collections	
Eastern	\$26,432.94
Northern	\$86,444.77
Southern	\$62,354.09
TOTAL	\$175,231.80

Birth Certificates Issued	
Eastern	100
Northern	134
Southern	158
TOTAL	392

Commissioner Vickie Adamson provided a brief update around affordable housing. Requests for affordable housing units are submitted in April of each year for review. On August 25th, the Board of Commissioners (BOC) received notification that approval had been granted for 1,328 units to be built. This is a historical number for the county. In 2020, 780 units were approved, which was also a new record at the time. One hundred and fifty-five of the 2021 approved units will be permanent supportive housing. These units are typically inhabited by homeless individuals who will likely need a more comprehensive support system. Because of the lifelong wrap-around services required for this support, these units are the most expensive. The locations of all the approved units are listed below.

- Broadstone Walk in Apex – 164 family units

- Sportsmanship Crossing in Holly Springs – 124 family units
- The Carrington in Zebulon – 72 senior units
- Chandler Ridge Apartments in Raleigh – 228 family units
- Departure Lofts in Raleigh – 170 family units
- Milner Commons in Raleigh – 156 senior units
- New Bern Crossings in Raleigh – 192 family units
- The Terrace at Rock Quarry Road – 132 senior units
- Thrive at Renaissance in Raleigh – 90 family units

The units will hopefully be built within the next three to five years.

Public Comments

- None

Adjournment

The meeting was adjourned at 9:13 A.M.

Board Chair's Signature:



Date: 9/23/2021

Respectfully submitted by Ms. Brittany Hunt