

**Wake County Human Services Board**  
**Meeting Minutes**  
**April 28<sup>th</sup>, 2022**

**Board Members Present:**

Edward Buchan  
Lily Chen  
DaQuanta Copeland  
Dr. Ojinga Harrison  
Christine Kushner  
Deborah Lawson  
Tonya Minggia  
Dr. Jananne O'Connell  
Ann Rollins  
Dr. John Perry  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler

**Guests Present:**

John Myhre

**Staff Members Present:**

Commissioner Vickie Adamson  
Nannette Bowler  
Rex Brenes  
Commissioner Maria Cervania  
C.J. Harper  
Duane Holder  
Brittany Hunt  
Annemarie Maiorano  
Meghan Malka  
Yolanda McInnis  
Heather Miranda  
Kenneth Murphy  
Dr. Nicole Mushonga  
Shanta Nowell  
Dr. John Perry  
Morgan Poole  
Nicole Singletary  
Dr. Joseph Threadcraft

**Call to Order**

Ms. Ann Rollins called the meeting to order at 7:31 A.M.

**Next Board Meeting – May 26<sup>th</sup>, 2022**

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve the March 24<sup>th</sup> meeting minutes. There was a motion by Ms. DaQuanta Copeland and Ms. Christine Kushner seconded to accept the minutes. The minutes were unanimously approved.

**Treasurer's Report**

(Presented by Dr. Jananne O'Connell)

Treasurer Dr. Jananne O'Connell reported that there no change previous reported balance of \$5,980.92.

**Health and Human Services Goals**

(Presented by Mr. Duane Holder)

Mr. Duane Holder, Deputy County Manager, presented the Wake County Board of Commissioners (BOC) goals and priorities with a focus on Health and Human Services (HHS). Goal development for 2022 began with a two-day planning retreat in February. During the following weeks, there were conversations with the subcommittees of the BOC as well as a prioritization exercise leading up to an April 11<sup>th</sup> work session. Finally, the BOC moved to approve and adopt their goals on April 18<sup>th</sup>. While Mr. Holder would be focusing on the goals impacting HHS for this presentation, a full list was available

at the following webpage: <https://www.wakegov.com/transparency-portal/board-goals-key-strategic-actions>

Six major focus areas developed from the BOC's work, listed below.

- Community Health and Vitality (CHV)
- Economic Strength (ES)
- Education (E)
- Great Government (GG)
- Growth and Sustainability (GS)
- Public Safety (PS)

Mr. Holder also reviewed the seven subcommittees of the BOC, found below.

- Health and Human Services\*
- Housing
- Economic Strength
- Education
- Great Government
- Growth and Sustainability
- Public Safety

\* This is the Health and Human Services Committee – not to be confused with the Health and Human Services Board, which is also overseen by the BOC

With the exception of Health and Human Services and Housing, each subcommittee directly aligns with a major focus area. CHV encompasses both Health and Human Services and Housing. Because much of HHS is held within CHV, many of the goals and priorities reviewed at today's meeting would be under this focus area. CHV has four goals related to Health and Human Services, which are listed below.

- CHV 1: Improve residents' health and well-being by promoting healthy behaviors and lifestyles.
- CHV 2: Improve access to affordable, high-quality care for all residents experiencing medical and/or behavioral health challenges.
- CHV 3: Support a higher quality of life for vulnerable residents and communities.
- CHV 4: All residents should have access to safe, nutritious, culturally appropriate and affordable food.

Mr. Holder pointed out that each of the four goals relate to quality of life and access to resources and services to vulnerable residents and communities within the county.

Within each of the goals, the BOC identified key strategic actions (KSAs, not to be confused with Knowledge, Skills, and Abilities – a common use of the acronym). In total, there are sixty-six KSAs between the six major focus areas. Each of the four CHV goals and their KSAs are outlined below with additional details provided as applicable.

- CHV 1: Improve residents' health and well-being by promoting healthy behaviors and lifestyles.
  - CHV 1.1: Implement and evaluate the action plan outlined in the Infant Mortality 2020 Workgroup Report, to enhance the health outcomes for babies and moms, reduce infant deaths, and reduce related disparities.

- CHV 1.2: Enhance the accessibility and diversification of substance abuse treatment options.
- CHV 1.3: Convene a Sexually Transmitted Disease (STD) Prevention Task Force to review County services and coordinate outreach efforts.
- CHV 2: Improve access to affordable, high-quality care for all residents experiencing medical and/or behavioral health challenges.
  - CHV 2.1: Participate in state-led Medicaid Transformation through partnerships with the community and the North Carolina Department of Health and Human Services (NCDHHS).
  - CHV 2.2: Evaluate performance and current metrics of crisis services to identify additional needs or service gaps.
  - CHV 2.3: Leverage governmental and non-governmental medical, health, and human services agencies and organizations to enhance behavioral health services data sharing.
  - CHV 2.4: Implement programs that support suicide prevention efforts, especially among military families and veterans.
  - CHV 2.5: Review the service offerings at Wake County Regional Centers to identify baseline services, gaps, and potential enhancements to serve the surrounding community better.

Mr. Holder noted that CHV 2.2 specifically speaks to crisis services for those experiencing behavioral health crises. With CHV 2.3, this referenced the “familiar faces” commonly referenced in Live Well Wake. In essence, this would be enhancing the ability to help those who frequent multiple centers, sectors, or services provided within county. Establishing a better data-sharing process throughout the different platforms of services will help to properly escalate services for those in need or experiencing several crises at a time. CHV 2.5 aligns with the Health and Human Services Board (HHSB) priorities established at the February 2022 retreat with increasing access to services offered through Regional Centers. There is a great deal of focus on how to better bring services to people where they are.

- CHV 3: Support a higher quality of life for vulnerable residents and communities.
  - CHV 3.1: Support a higher quality of life for residents in vulnerable communities through policy changes, partnerships, workforce development, and the community college.
  - CHV 3.2: Explore services and programs offered to our seniors and residents with disabilities. Explore options to strengthen and expand offerings.

The KSAs for CHV 3 largely look at policy changes to assist vulnerable communities. One resource to do this was the Blueprint for Dismantling Systemic Racism, an initiative of A Better Wake (<https://abetterwake.com/blueprint/>). This report details issues in economic and social mobility in communities historically marginalized. CHV 3.2 focused on seniors, the largest growing demographic nationwide as well as in Wake County. Expanding services for seniors may take place through partnerships with municipalities and/or community-based organizations offering such services.

- CHV 4: All residents should have access to safe, nutritious, culturally appropriate and affordable food.
  - CHV 4.1: Complete the update to and implement the comprehensive Wake County Food Security Plan and measure the impacts of county-resourced efforts.
  - CHV 4.2: Support and encourage local food systems that include the production, distribution, acquisition, consumption, and disposal of locally grown foods.

As food insecurity continues to be an issue, it is acknowledged that the considerable resources already invested need to be continued.

There were three additional KSAs not housed under CHV that were applicable to HHS. These are included below.

- Economic Support (ES) 1: Every resident has opportunities to succeed and thrive in Wake County's economic prosperity.
  - ES 1.4: Explore access to childcare subsidy programs and consider additional investments with county money.
- Education (E) 2: Partner with the Wake County Public School System (WCPSS) to improve all public-school students' educational outcomes.
  - E 2.1: Support WCPSS efforts to improve the educational outcomes for students with additional needs. Examples include those affected by homelessness, who lack home and family support, face discipline issues, need language access, have special needs, and benefit from individual educational plans (IEPs) or 504 plans.
  - E 2.2: Collaborate with WCPSS to determine school health needs and services, including school nurses, counselors, and other health supports.

For ES 1.4, the HHSB has recently brought up the benefits cliff – the reality that once people are gainfully employed and reach a certain income status, they become ineligible for critical services needed to continue to climb the economic ladder. One of the largest of these services is childcare. Thus, this KSA hopes to explore how to subsidize childcare programs to remove this obstacle for those seeking upward mobility. The second goal of Education focuses on educational outcomes, but includes KSAs on how to address additional needs beyond the classroom that can impact academic performance, such as health and homelessness, that Health and Human Services could have a direct hand in. Supporting these students in all aspects of life is critical to contributing to their educational success.

Mr. Holder then reviewed the prioritization of the sixty-six KSAs, again with most focus on HHS. The members of the BOC each prioritized their KSAs individually before reconvening to compare. This required identifying their top quartile KSAs in each focus area. The voting results are as follows with those related to HHS in bold:

- No items received 7 votes (complete consensus among seven BOC members)
- 1 KSA received 6 votes
  - GG 2.1: Support the “A Better Wake” partnership to address systemic racism and the impacts on communities of color.
- 5 KSAs received 5 votes
  - **CHV 1.1: Implement and evaluate the action plan outlined in the Infant Mortality 2020 Workgroup Report, to enhance the health outcomes for babies and moms, reduce infant deaths, and reduce related disparities.**
  - **CHV 2.5: Review the service offerings at Wake County Regional Centers to identify baseline services, gaps, and potential enhancements to serve the surrounding community better.**
  - GG 3.1: Strengthen employee recruitment and retention.
  - PS 1.1: Develop and implement an action plan to address Criminal Justice system disparities referenced in the “A Better Wake” report.
  - PS 2.1: Provide restorative discipline, to assist students and youth involved in the justice system.
- 5 KSAs received 4 votes
  - ES 2.1: Work with partners to enhance high-speed internet connectivity options for all residents. Explore methods to reduce barriers, leverage resources, and facilitate the

- buildout of high-speed internet that enables coverage, speed, and affordability for all residents.
  - **E 2.1: Support WCPSS efforts to improve the educational outcomes for students with additional needs. Examples include those affected by homelessness, who lack home and family support, face discipline issues, need language access, have special needs, and benefit from individual educational plans (IEPs) or 504 plans.**
  - GG 1.1: Develop strategies to improve community engagement.
  - GS 1.1: Identify and consider amendments to the Wake County Unified Development Ordinance to integrate with PLANWake (the update comprehensive land use plan).
  - GS 1.2: Create a vision and action plan for Wake County in partnership with municipalities.
- 9 KSAs received 3 votes
  - **CHV 2.2: Evaluate performance and current metrics of crisis services to identify additional needs or service gaps.**
  - CHV 5.3: Convene municipal elected officials to identify strategies for increasing county-wide affordable housing supply.
  - CHV 6.2: Support the United States Department of Housing and Urban Development (HUD) Continuum of Care to evaluate demand for temporary, emergency overnight shelter beds during inclement and life-threatening weather, referred to as “White Flag” nights.
  - ES 1.2: Increase opportunities for minority-owned businesses and historically underutilized companies seeking to do business with Wake County.
  - ES 1.3: Convene stakeholders to identify, explore, and implement local strategies to foster greater economic mobility. Tactics may include economic support/training, coaching, programs targeted toward adverse childhood experiences (ACEs), behavioral health, access to capital, and others.
  - E 1.1: Develop and implement an early learning program for three-year-olds to serve qualifying children.
  - GG 1.4: Expand strategic communications, constituent response, and board support functions.
  - GS 2.1: Create affordable housing along transit corridors by leveraging public land.
  - GS 2.2: Identify and recommend multi-model transportation opportunities supporting the Wake County Transit Plan.
- 18 KSAs received 2 votes
- 18 KSAs received 1 vote
- 10 KSAs received 0 votes

Ms. Christine Kushner commended the synergy and overlap of WCPSS and BOC goals. More partnerships throughout the County and its many organizations would only bode well for success of these similar goals. Commissioner James West spoke to the issue of poverty and how it could be defined in so many different aspects. Though recent data indicated that the poverty level is going down in Wake County, it is not an indication to slow down efforts to combat poverty. Commissioner West expressed interest in knowing where residents in poverty were – whether still in the county or those who had since moved to another location. Collaborations with key county organizations and programs – such as County Extension Director Ms. Katherine Williams’s Cooperative Extension projects – could help create a clearer picture of poverty in the county. Ms. Kushner agreed and shared that WCPSS was working with Cooperative Extension in the wake of a joint presentation with the school board and BOC. Cooperative Extension would be leading a joint project with wraparound services for behavioral and social emotional learning (SEL) issues. This would begin small as a pilot within a limited number of schools. This was a particularly exciting project as it would meet students where they are while supporting faculty.

Ms. DaQuanta Copeland revisited Commissioner West's point on poverty and the accuracy of the recently released data showing a decrease in the county. The ongoing housing crisis, by itself, had caused extreme strain on the community and needed to be evaluated. Mr. Holder spoke of the importance of differentiating between the poverty rate and the number of people in poverty. Migration is certainly a part of the discussion, but there is also the chance that the denominator of the poverty rate is being impacted by those who may be more affluent and have more economic means. The poverty rate is a figure determined on a federal level that applies to everyone no matter if they are living in California or Mississippi or North Carolina. The different and ever-increasing cost of living across the country makes the poverty level a moving target and it is critical to consider all of these factors when discussing how to address poverty.

Dr. Ojinga Harrison asked about goals and priorities surrounding housing. He noted that it was a common theme in the HHSB retreat and related to the health of residents. Mr. Holder stated that he had not included those particular KSAs in the presentation, but that the BOC had been very intentional about housing affordability and housing in general. The following goals and KSAs were established in response to housing.

- CHV 5: Create and preserve affordable housing.
  - CHV 5.1: Implement the Wake County Affordable Housing Plan to increase and preserve the County's legally binding affordable housing inventory.
  - CHV 5.2: Expand stable, permanent supportive housing opportunities.
  - CHV 5.3: Convene municipal elected officials to identify strategies for increasing countywide affordable housing supply.
  - CHV 5.4: Develop and communicate pathways to homeownership for low-income and special needs populations.
- CHV 6: Prevent homelessness and provide support to County residents experiencing homelessness.
  - CHV 6.1: Support the HUD Continuum of Care to explore best practices for populations experiencing homelessness, such as evaluating the feasibility of drop-in sheltering services.
  - CHV 6.2: Support the HUD Continuum of Care to evaluate the demand for temporary, emergency overnight shelter beds during inclement and life-threatening weather, referred to as "White Flag" nights.

CHV 5.1 addresses the Housing Plan first created three years ago with long-term goals of expanding permanent supportive housing for people with disabilities who required wraparound services to stay in their homes. Staff are convening with municipal officials throughout Wake County to look at expanding housing affordability as well as developing and communicating pathways to home ownership. Economic mobility would also need to be a part of the conversation to prepare residents for better and more housing. Commissioner Vickie Adamson stated that she was the Chair of the Affordable Housing Committee and that the County was proud to have around a hundred staff focusing on housing and housing affordability. Funding from both the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan Act (ARPA) had also been contributed to the community to help residents pay rent and utilities during the COVID-19 pandemic. Around 4,000 families had been helped through these funds. The Affordable Housing Committee meetings were advertised and published on the Wake County website and were virtual for anyone hoping to watch and gain a more thorough understanding of the County's response to the housing crisis. Commissioner Adamson also offered to forward a presentation commonly used on housing to the Board members so that they could be informed of the highlights. Though a lot is being done and the situation changes swiftly, Wake County is dedicated to addressing the crisis. Part of the issue may simply be with time as the crisis became so severe so swiftly and the response is ongoing to the overwhelming obstacles presented. Commissioner West added that the funds resulting

from the COVID-19 pandemic would not be permanent and that long-term solutions would be needed to ensure residents' economic and housing stability.

### **National Opioid Settlement Update**

(Presented by Mr. Duane Holder)

Mr. Duane Holder, Deputy County Manager, provided a brief update on the national opioid settlement. Nationwide settlements have been reached to resolve all opioid litigation brought by state and local jurisdictions against three of the largest pharmaceutical distributors and manufacturers. Nationwide, around \$26 billion worth of settlement funds would be committed to funding states, counties, and municipalities to abate the opioid epidemic. Wake County stands to receive \$35.2 million of these funds over an 18-year period. It will be front-loaded in that a larger portion will be paid out in the first couple years with more consistent appropriation during the remaining sixteen years. Funding must be committed to provision of services and/or programs to abate the opioid epidemic. Wake County could receive the funding as soon as May 2022.

The Wake County Manager's Office is looking to establish an implementation of the process and planning of utilization of this funding. A memorandum of understanding (MOU) was signed by all one hundred counties on North Carolina as well as several municipalities. This MOU detailed how the state of North Carolina would spend its funding. Mr. Holder and Ms. Nicole Singletary, Drug and Injury Prevention Unit Manager at Wake County Health and Human Services (WCHHS) have been heading up a planning team along with Ms. Denise Foreman, Assistant County Manager. Ms. Foreman oversees all behavioral health investments for Wake County and has been working directly on the process for utilizing funding. One action item will be to leverage and take advantage of several community-wide planning efforts that have already taken place. Wake County underwent the development of a very comprehensive behavioral health plan that identified several strategies and interventions that could be used to deal with the opioid epidemic. The Wake County Board of Commissioners (BOC) also prioritized certain goals that could apply to opioid interventions. There is also the Wake County Drug Overdose Prevention Initiative Action Plan (recently released and heavy with community input) and the North Carolina Opioid and Substance Abuse Action Plan (a statewide plan that looks at needs in various communities). As much as possible, staff want to collect such plans and work groups from the BOC to the Wake County Behavioral Health and Criminal Justice Team to determine how Wake County will use this funding over the next eighteen years.

As staff had been informed recently at the National Association of Counties (NACo) Healthy Counties Forum held in Raleigh from April 6<sup>th</sup> to April 8<sup>th</sup>, the opioid epidemic is one that continues to change. Even though opioids were the driving factor behind the settlement, researchers are now seeing synthetic opioids and drugs starting to become prevalent both in use and in overdoses. While spending of these funds must be tied to opioid addiction or misuse, staff do want to be cognizant of developing services and strategies that couple apply to any number of addictive substances.

With this in mind, a countywide community forum is being planned for mid-summer 2022 with in-person and virtual options to attend. One of the requirements of the signed MOU is that the forum be open to the community in order to solicit public input. The end goal is to come back to the BOC with strategies for implementation to be approved. Ideally, this entire process will be completed by September 2022. Mr. Holder stated that he would be sure to bring details back to the Health and Human Services Board at that time. He also provided a link to the state opioid dashboard (<https://ncopioidsettlement.org/data-dashboards/>) that includes payments for every county and municipality. The dashboard has a wealth of information about overdose indicators and is a great resource to be used by those wishing to know more about the epidemic.

Commissioner James West commended the NACo forum mentioned above and spoke of a participant at this forum who reminded attendees how those stricken by poverty are so often left out when attempting to make changes impacting quality of life when they are the ones that could benefit the most from such changes. Dr. Ojinga Harrison thanked Mr. Holder for the presentation and data and noted how he had been active in the opioid epidemic discussion for the past decade. It was such an ever-changing epidemic with efforts in the past changing the dynamic only to continue to persist in the form of new challenges. He cautioned that small organizations, oftentimes minority-owned, are overlooked when these discussions take place. This could be a life-changing and impactful opportunity for them to participate and expand their capacity to serve vulnerable populations. While there would be larger companies or obvious partners to invite to the conversation, these community voices should have a chance to speak as well to better represent all of the Wake County providers that would like to be engaged. Mr. Holder was appreciative for the feedback and expressed that this would definitely be included in planning efforts moving forward.

Ms. Singletary stated that COVID-19 had only reinforced the reality of individuals struggling with substance use and abuse. Connection, perhaps, and the return to face-to-face interactions might play a factor in addressing that abuse. Ms. Singletary shared information about the Wake County Drug Overdose Prevention Coalition (<https://www.wakegov.com/departments-government/health-human-services/public-health-and-medical-services/drug-use-and-overdose-prevention/wake-county-drug-overdose-prevention-coalition>) that is considering treatment, recovery, prevention, and harm reduction as part of the ongoing plan to address substance use and abuse. Coalition meetings will remain virtual through 2022 and are held on a quarterly basis.

### **Committee Chairs Update**

(Presented by Dr. Mary Faye Whisler, Dr. Jananne O’Connell, and Ms. Annemarie Maiorano)

Dr. Mary Faye Whisler, Chair of the Public Health Committee, stated that the April meeting had highlighted the Public Health Report: Chronic Disease that would be presented at the Board meeting that day. The Committee also received a follow-up from the Wake Tobacco Coalition. There was also a reminder of the student-led Wake County Tobacco Forum occurring that same day at 3:30 p.m. This forum would be virtual and recorded for future viewing.

Dr. Jananne O’Connell, Chair of the Social Services Committee, shared that the Health and Human Services Board would be receiving a presentation from Mr. Derrick Byrd, Executive Director of the Family Resource Center at South Atlantic and Chair of the Aging Out of Foster Care Workgroup under the Social Services Committee, in May. Mr. Byrd had been spearheading a collaboration with St. Augustine’s University to establish transitional housing for those aging out of foster care. The Social Services Committee would next meet on Friday, May 6<sup>th</sup>. A future meeting would focus on the 2019 Living Income Standards for 100 Counties (<https://www.ncjustice.org/wp-content/uploads/2019/04/Living-Income-Standard-2019.pdf>).

Ms. Annemarie Maiorano, Deputy Director of Operations, reminded the Board that the Regional Centers are still largely acting as COVID-19 testing and vaccination sites. However, there will be a meeting this coming Monday with Regional Center Directors and Division Directors to discuss plans to formally re-open the Centers to the public. This would include bringing more staff back to work in-person and would likely have some overlap as the sites continue to perform COVID-19 response operations. Virtual services have been a big success and will continue to exist, but many vulnerable populations could best be served in-person. An update on this planning process is expected in the May or June report.

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



- Millbrook/Departure Human Services Center: The prenatal clinic continues to offer services two days a week (Tuesdays and Fridays). Ninety patients were served in the month of March. Mental Health Services received thirty referrals. North Central Community Advocacy Committee (CAC) met on March 11<sup>th</sup>, 2022. Ms. Sharon Peterson with the Wake County Planning Department shared information from the 2020 Census Data and the Social Determinants of Health with CAC members. With the determinants of health in particular, Ms. Peterson shared resiliency risk factors. Resiliency is the capacity of individuals and households to absorb, endure, and recover from the health, social, and economic impacts from life, such as disasters or emergency events. This included a look at resiliency by census tracts and vulnerability indexes (living below poverty levels). CAC members are working on the Neighbor to Neighbor (N2N) Mentoring Program for the Latino Outreach group and continue to seek volunteers.
- Crosby Garfield/Social and Economic Vitality (SEV): The March 15<sup>th</sup> Crosby Advocacy Group (CAG) featured presentations from Ms. Laniesha Merritt, non-profit founder, and Mr. Jacob Frey, Board Director of Own Your Dream (<https://www.ownyourdreamnc.org/>). The Wake County Government Tax Administration team also presented on tax relief options (<https://www.wakegov.com/departments-government/tax-administration/tax-bill-help/need-help-paying-your-property-tax-bill#:~:text=North%20Carolina%20state%20law%20allows%20property%20tax%20relief,Assembly%2C%20with%20requirements%20that%20Wake%20County%20must%20follow.>). Thirty-six residents, partners, and staff participated in the meeting. Most of March for SEV was administrative. Both Mindset Life Coaching and Empowering Entrepreneurs and Seeding Innovation cohorts continued. Recruitment for the vacant Program Assistant positions was initiated and the new Eastern Region SEV VISTA Strategist, Ms. Zoe Holden, was onboarded. There was a collaboration with Health Lit for Wake to support upcoming capacity building. This helped to establish foundational plans for SEV's annual Community Day Celebration as well as collaborative planning with the Southeast Raleigh YMCA for a Southeast Raleigh Juneteenth Celebration.
- Western Health and Human Services Center (WHHSC): With over thirty partners, the Western Regional Community Advocacy Committee (CAC) Food Security Action Group continues the emergency distribution at fourteen neighborhood sites. They provided 1,450 produce boxes this month which served 1,405 families. Recruitment of partners and mapping of neighborhood sites have begun to expand food distribution to more neighborhoods for the Summer Food Program starting June 2022. The Western Regional CAC Affordable Housing Action Group is working with Wake County Housing staff to collect regional data to assist in the development of a regional dashboard to establish performance measures for moving the needle in developing more affordable housing in the Western Region. Each town is represented on this action group. With over twelve partners, the Western Regional CAC Workforce Development Action Group continues asset mapping to learn about existing services and gaps and barriers in service delivery in the region. Staff serving seniors in each town (Senior Center Directors and Police Officer) were recruited to join the Western Region CAC's Seniors Aging Well in Place Action Group. WHHSC staff worked with Child Welfare to plan events to increase awareness of protective factors to prevent child abuse. Four community pinwheel plantings have been planned for April 2022. The Western Region CAC Executive Committee is surveying local stakeholders to map existing services in the region to advance their vision of a network of care, an integrative regional services system. The survey was created with the assistance of WHHSC's Voice of the Community staff. In alignment with Advance Design Planning of the new Western Regional Center, strategic planning for integrating WHHSC has begun with planning and designing of a Service Mapping process. In response to COVID-19, the WHHSC distributed 3,500 hand sanitizers to the public, seventy-two bottles of disinfectants to partners, and 1,000 masks to the community this month. In collaboration with Aloft (a Raleigh hotel), linens were distributed to organizations serving the homeless. Planning for Child Abuse Prevent started in coordination

with Child Welfare and community partners. Planning also began for the Wrenn Drive Neighborhood Block Party in coordination with the Cary Police Project PHOENIX. The event, scheduled for June 4<sup>th</sup>, 2022, is expected to have upwards of 10,000 attendees. The WHSC remains closed to the public.

- Northern Regional Center (NRC): The NRC Community Advocacy Committee (CAC) Food Security Network conducted a group exercise to identify opportunities to sustain initiatives after funding ends in June. The hope is to continue some variation of the model, though not to the extent that funding allowed. The NRC CAC also hosted their monthly Northern Living in Good Health Together (LIGHTS) simulcast in March featuring resources and services for the local senior population. In place of the May CAC meeting, members are planning a “windshield tour” of the Northern region. The NRC remains in a partial opening status.
- Southern Regional Center (SRC): After being closed for two years, the SRC Health Clinic opened during the month of March. The clinic will be open two days per week (Mondays and Fridays). The Health Clinic opened on the last Monday of the month and served seven patients that day. Services offered include Women’s Health, Prenatal Clinic, Immunizations and Vaccinations, and Communicable Disease/STD Testing and Prevention. Advance Community Health (ACH) continues to offer services at the SRC weekly on Thursdays. In the month of March, the ACH served 48 patients. The SRC remains in a partial opening status.
- Eastern Regional Center (ERC): A press conference was held at the ERC on March 28<sup>th</sup> to promote the launch of the new GoWake SmartRide NE ride-sharing transportation service. The service offers free, same-day rides within the service area of Zebulon, Wendell, Rolesville, and the surrounding unincorporated communities. User can schedule rides using the Uber app or by calling GoWake at 919-212-7005. The ERC will be partnering with the Zebulon Community Library again this year to offer free summer meals weekly (Tuesdays and Thursdays) from June 14<sup>th</sup> through August 25<sup>th</sup> from 11:30 a.m. to 12:30 p.m. The ERC remains in a partial opening status.

The Regional Network continues to be an active participant in the response to COVID-19 by offering tests 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 March.

<b>Region</b>	<b>COVID Tests Administered</b>	<b>COVID Vaccines Administered</b>
Departure Drive	NA	343
Eastern Region	2,291	149
Northern Region	4,709	233
Southern Region	5,105	289
Western Region	NA	NA
<b>TOTAL</b>	<b>12,105</b>	<b>1,014</b>

The Regional Network also continue to report on payments received and revenue collections along with birth, death, and marriage certificates issued at each applicable site (see below).

<b>Location</b>	<b>Payments Received</b>	<b>Revenue Collections</b>	<b>Birth Certificates Issued</b>	<b>Death Certificates Issued</b>	<b>Marriage Certificates Issued</b>
Eastern Region	109	\$40,082.74	99	NA	NA
Northern Region	59	54,406.44	114	NA	NA
Southern Region	108	47,614.36	168	87	11
<b>TOTAL</b>	<b>276</b>	<b>\$142,103.54</b>	<b>381</b>	<b>87</b>	<b>11</b>

### **Environmental Services Director's Update**

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, shared that Environmental Services is advancing two key strategic initiatives with work being done to align that work to Wake County Board of Commissioner (BOC) goals and objectives. In this vein, customer service has become critical as staff propose that it co-exist in a customer-centric business model.

Key changes in staff were also highlighted. With the retirement of Mr. Andre Pierce, Ms. Jennifer Brown had recently been hired into the Environmental Health and Safety Director position. Her first day will be May 2<sup>nd</sup>, 2022. On January 4<sup>th</sup>, 2022, the new Water Quality Director – Mr. James Hawhee – joined Wake County. Environmental Services was also welcoming two Environmental Health Program Managers for On-site Wastewater – Mr. Justin Milstein and Ms. Jill Perkins. Both Mr. Milstein and Ms. Perkins were hired internally as part of a succession planning strategy. There continues to be challenges in employment post-COVID-19 with skilled positions such as engineers, Registered Environmental Health Specialists (REHS), and licensed soil scientists being offered extremely lucrative careers in the private sector. The County Manager's Office is being extremely supportive, but the figures being offered by the private sector are eye-opening.

Staff continue process improvements with a focus on diversity and managing social, economic, and ethnic differences in the workplace. Because of the generational divide and differences in each generation's comfortability and adaptability with communication and motivation, Environmental Services is investigating how to best maximize the work environment to best support its employees.

Finally, Mr. Eric Green, Environmental Health Program Manager – Operations Analysis, is reaching to end of the process to advance local wastewater rules. These will hopefully be available to present for public comment and vote by the end of 2022. The Committee may also receive a user fee evaluation presentation if a subsequent vote is required by the full Health and Human Services Board.

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

(Presented by Ms. Nannette Bowler)

Dr. Nicole Mushonga, Interim Medical Director, Assistant Physician Director, and Epidemiology Program Director, provided a quick update on COVID-19. Nationwide and especially Northeast, there has been a recent rise in cases. While North Carolina is also seeing increases, the state and Wake County are not experiencing the surges that some other areas in the country are. This is being attributed to high vaccination rates in the community and residents already being hit by the Omicron variant in January and February of 2022. Dr. Mushonga explained that the January/February surge was likely the BA.1 variant of Omicron while the current dominant variant was BA.2. Wake County is doing well with minimal rises in hospitalizations and death rates, but staff will continue to monitor the situation.

Ms. Nannette Bowler, Health and Human Services Director, reviewed transitions and restructuring in Public Health. Ms. Heather Miranda, Clinical Operations Director, would be taking on an executive level

position at a Federally Qualified Health Center (FQHC). Her last day with Wake County would be May 3<sup>rd</sup>. Ms. Bowler recognized Ms. Miranda's work with the County and Ms. Miranda thanked the Board members for being so welcoming and wonderful to work with. Ms. Bowler then noted that Dr. Mushonga was currently filling in as the Interim Medical Director. Soon, Public Health would be seeking candidates to fill several key positions, such as the Population Health Director that will oversee Live Well Wake and a Community Outreach Program Manager that will work with partners in the community. Ms. Jane Tallis, Director of Nursing, would be retiring at the end of May 2022. Human Resources would be looking to fill the Director of Nursing position as well as a new Assistant Nursing Director position over clinics reporting to the Director of Nursing. Depending on pending budget expansions, an additional three positions may also be seeking applications. The new structure promises to be extremely supportive to staff and Ms. Bowler stated that she would be happy to review the full organizational chart in the future to better illustrate how the positions will be working together.

Ms. Toni Pedroza, Deputy Director of Social Services, reported that she was working with Ms. Annemarie Maiorano, Deputy Director of Operations, to implement the Wake 2.0 planning happening internally to bring more employees back to the office to work and serve clients. This will be an ongoing process to ensure that there are teams available to welcome visitors and provide services at each building. Staff have been excited about returning and resuming in-person services after the remote world brought on by the pandemic. In other staff news, April 6<sup>th</sup> marked graduation day for eighteen staff members who completed the Get Ready for Opportunities at Work (G.R.O.W.) Academy. The G.R.O.W. leadership program was designed to enhance skills for those interested in leadership roles in the organization. Participants receive an in-depth view of the department and engage in activities and simulations that focus on skill enrichment. Participants are self-selected with approval required by Economic and Social Services (ESS) management or are assigned by the division. The program has proved successful in that of the eighteen 2021 graduates, eight have already been promoted within the County. This initiative has been wonderful for staff retention and the positive feedback received ensures that the G.R.O.W. Academy will continue to flourish.

#### **Public Health Report: Chronic Disease [Accreditation Benchmark #2.4c]**

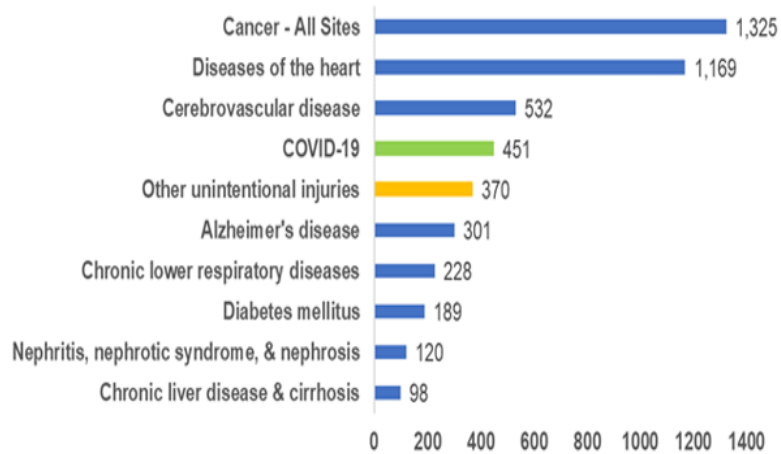
(Presented by Ms. Morgan Poole and Ms. Meghan Malka)

Ms. Morgan Poole, Epidemiology Program Manager, and Ms. Meghan Malka, Nutritionist, Ms. Morgan Poole, Epidemiology Program Manager, and Ms. Meghan Malka, Nutritionist, provided an overview of the Public Health Report: Chronic Disease.

Staff continue to see all cancer and heart disease mortality rates decline in Wake County. Over a five-year trend, cancer mortality rate decreased by 11.1% while the heart disease mortality rate decreased by 4.5%. However, these overall rates are only a small part of the picture when regarding these mortality rates in Wake County. Certain populations in the county have actually been experiencing an increased mortality rate – some steadily over the five-year trend. One example provided was the significant disparities persisting in death rates between African American residents as compared to White residents. Cancer and heart disease cases continue to rise in Hispanic populations while women of all races and ethnicities are drastically and disproportionately impacted by Alzheimer's Disease. There are some encouraging findings, however. Cervical cancer in African American women remains low and is a point of pride and celebration for the county.

Ms. Poole briefly reviewed the top ten leading causes of death in Wake County during 2020 (see figure 1 below).

Figure 1: Ten Leading Causes of Death, Wake County, 2020  
(N=4,783)

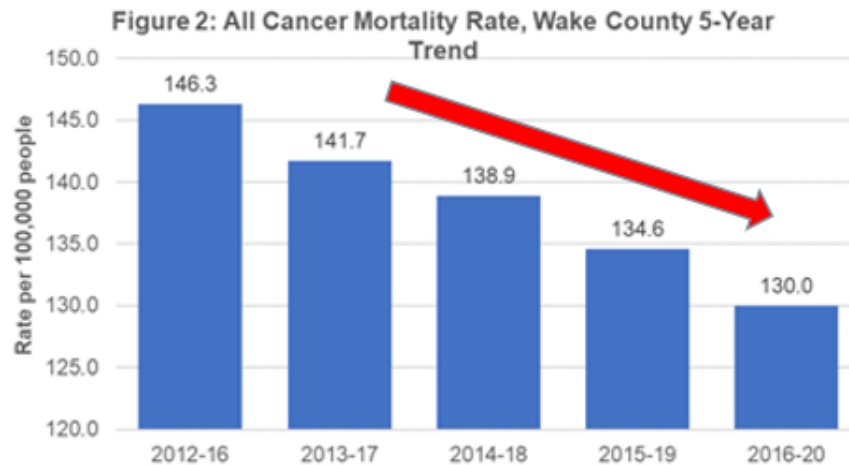


Notably, the fourth leading cause of death in Wake County in 2020 was COVID-19. More details about the impact of the pandemic will be included on the Public Health Report: Communicable Disease later in 2022. In total, there were 6,714 deaths in Wake County in 2020 with 4,783 of them represented in the top ten causes of death (71%).

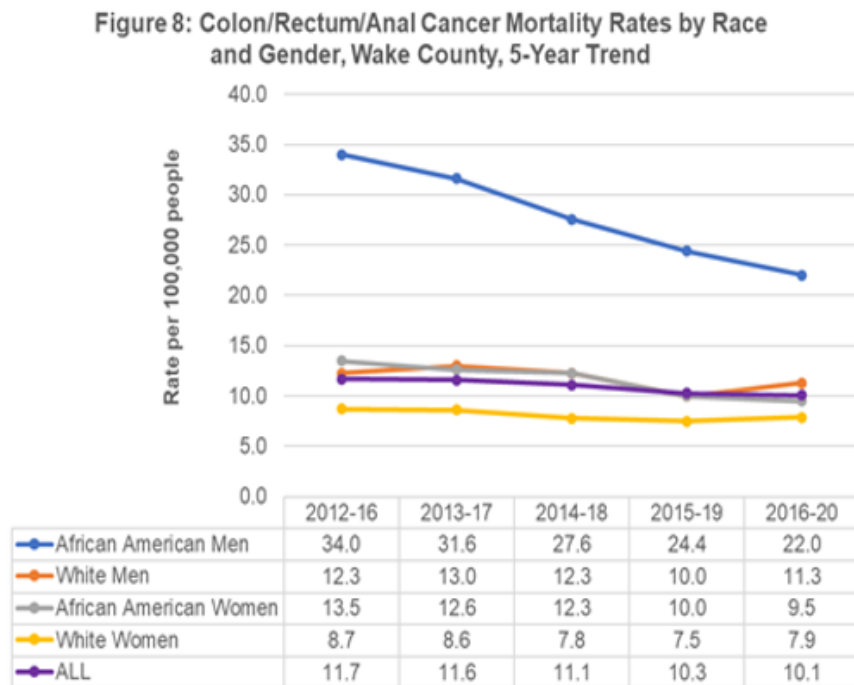
As stated previously, while cancer remains the number one cause of death in Wake County, its overall mortality rate has decreased. African American men had the largest decrease in cancer death rates from 2012-2016 to 2016-2020. Hispanic women had the largest increase in cancer death rates from 2012-2016 to 2016-2020. Knowing these figures – acknowledging the disparities between populations – is so important to acknowledge and remember when providing services to the community. Ms. Poole included two figures below to highlight the changes of cancer mortality rates over time in Wake County.

Figure 3: All Cancer Mortality Rates by Race/Ethnicity and Gender, Wake County, 5-Year Trend



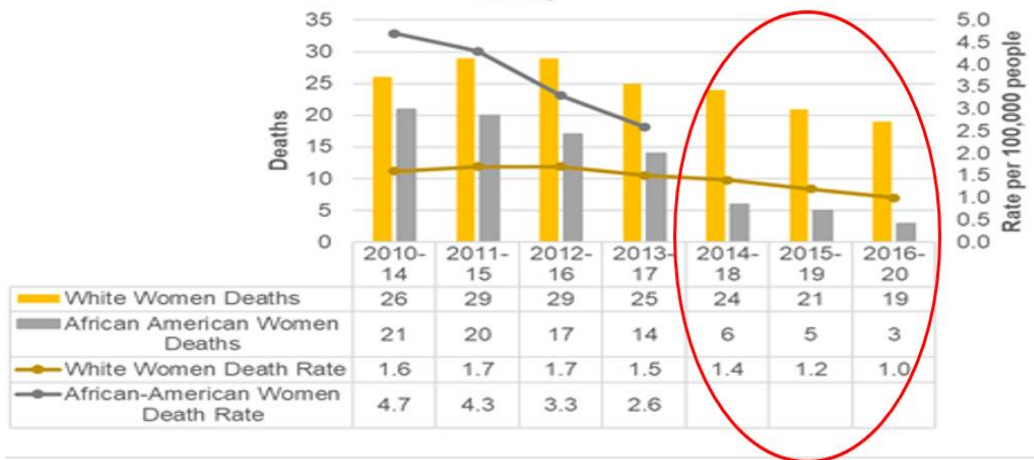


Top cancer death rates in 2020, in order, were trachea/bronchus/lung cancer, prostate cancer, breast cancer, pancreatic cancer, and colon/rectum/anal cancer. Prostate cancer replaced breast cancer as the second deadliest form of cancer in the county. As mentioned above, different populations were impacted by cancer death rates. African American men and White men had higher death rates than other gender and race and ethnicity groups. In trachea/bronchus/lung cancer, African American women and White women had higher death rates than other groups. Finally, as represented so clearly in the figure below, African American men were disproportionately impacted by colon/rectum/anal cancer as compared to other groups.



Cervical cancer was reviewed in detail next with the below figure provided for data.

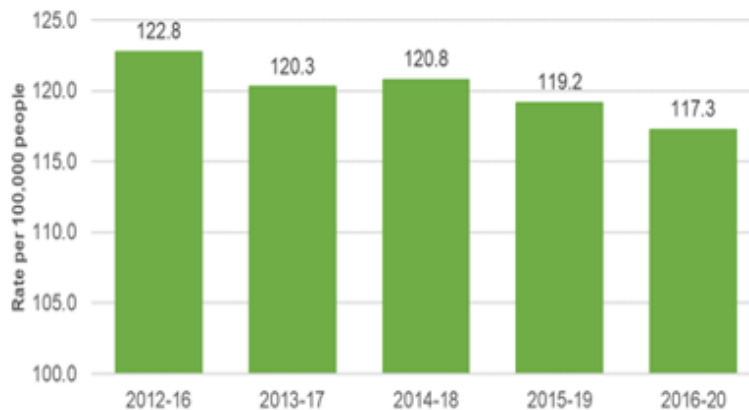
**Figure 9: Cervical Cancer Deaths and Death Rate Comparison, White vs. African American, 7-Year Trend, Wake County**



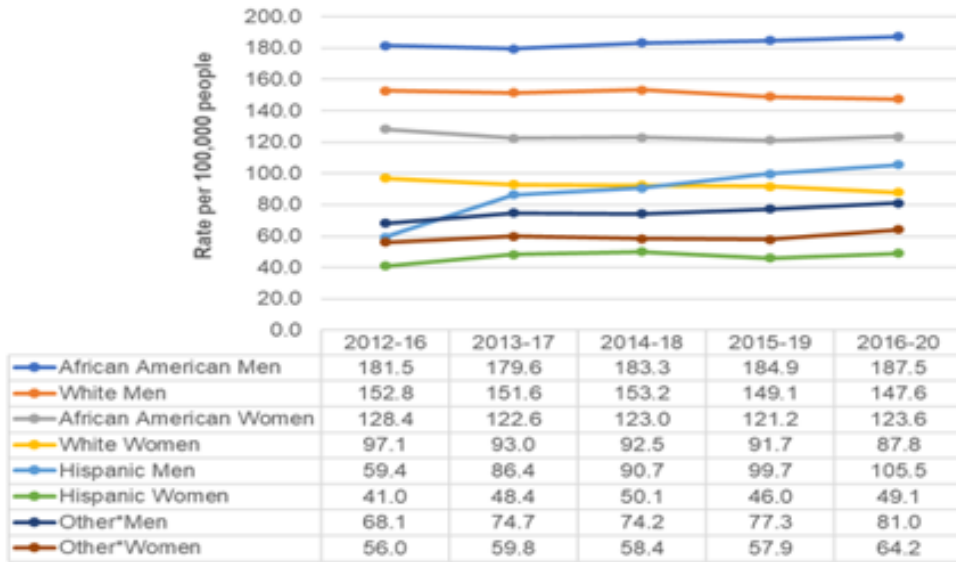
For the third year in a row, the African American death rate for cervical cancer is so low that a stable death rate cannot be calculated. This is in the wake of a consistent seven-year decline. White women are now seeing decreasing rates as well. These declines are attributed to factors like screenings, vaccines, awareness, and education in the community. Advertisements and commercials for the human papillomavirus (HPV) vaccine have become commonplace. In 2019, the Centers for Disease Control and Prevention (CDC) reported evidence that the HPV vaccine was effectively reducing the numbers of cervical pre-cancers.

The second leading cause of death in Wake County was heart disease. As with cancer, all heart disease mortality rates continue to decline year after year. It should be noted, however, that men of all racial and ethnic groups are dying at a higher rate than women. The death rate for Hispanic men alone has doubled over the five-year period studied. Though additional data is needed, it is believed a difference in medication may be the difference between the death rates by gender. In heart attack death rates, African American women saw the largest decrease at 33%. Overall, heart attack death rates declined by 23.7% over the five-year trend. Meanwhile, overall stroke death rates were rather stable over the same time period. More detailed data for heart disease mortality rates are available in the figures below.

**Figure 10: Heart Disease Mortality Rate, Wake County, 5-Year Trend**

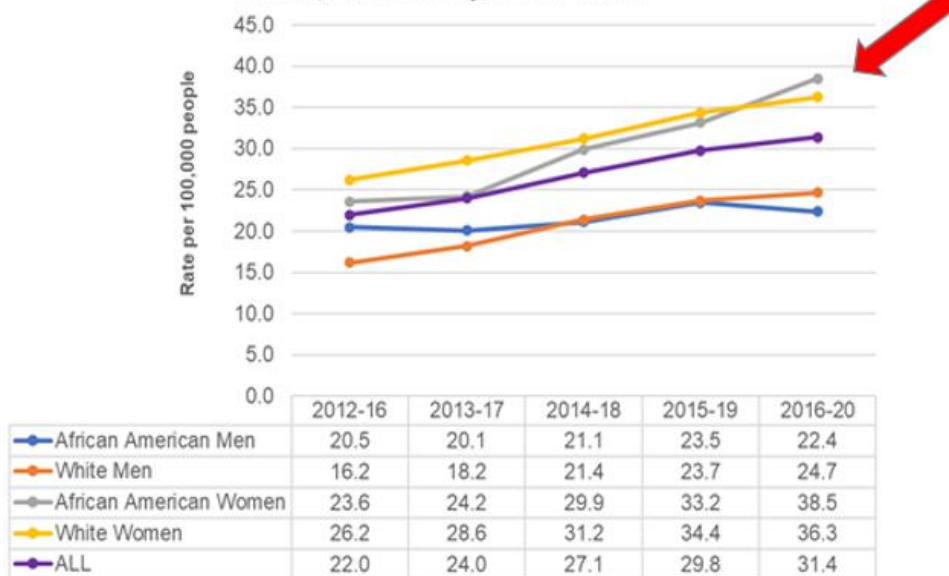


**Figure 11: Heart Disease Mortality Rates by Race/Ethnicity and Gender, Wake County, 5-Year Trend**



Alzheimer's Disease was the fourth leading cause of death in Wake County with mortality rates that experienced an overall increase. Women of all ethnic and racial groups experienced the most dramatic impacts of these increases. It is believed that this may be tied to age – the greatest risk factor for Alzheimer's Disease – due to the fact that women, on average, live longer than men. However, the overall death rate for the disease rose 42.7%, which proves the disease a high concern for women and men alike. The figure below outlines Alzheimer's Disease mortality rates by race and gender in Wake County over the past five years.

**Figure 14: Alzheimer's Disease Mortality Rates by Race and Gender, Wake County, 5-Year Trend**





Ms. Poole then handed the presentation to Ms. Malka to discuss the programs that the County has to impact these diseases and assist the public. In partnership with the community, the Wake County Health Promotion Chronic Disease Prevention team provides a set of Chronic Disease and Injury Prevention and Management services to populations and communities experiencing disparities. The team has a variety of different programming addressing several chronic diseases, such as breast and cervical cancer, tobacco use, injury prevention, cardiovascular disease, obesity, diabetes, and substance use disorder. Today, Ms. Malka would be highlighting the programs addressing conditions listed in the reports.

In cancer prevention and early detection, clinical services offers the Breast and Cervical Cancer Control Program (BCCCP). The BCCCP provides free or low-cost breast and cervical cancer screenings and follow-up services to eligible women in Wake County. To be eligible, residents must fall within a certain income level and age range. For Fiscal Year (FY) 2020/2021, the BCCCP served 435 women and provided 501 mammography services. Twenty-one breast cancers were detected and referred for treatment. Twenty-eight cervical screenings were also provided, but no cervical cancers were detected.

A review was given of policy and systems change in tobacco prevention and control. Staff facilitated the Wake County Tobacco-Free Forum with 122 participants. This resulted in efforts to create the Wake County Tobacco-Free Coalition to move smoke-free and tobacco-free policies forward in Wake County. Presentations were made to advance policy creation to the Wake County Board of County Commissioner (WC BOC) initiative and Public Health Committee on the progress of vaping efforts. This resulted in moving forward with stronger written regulations in Wake County. Ms. Michelle Mulvihill, Health Promotion and Chronic Disease Prevention – Public Health Educator and Region 7 Tobacco Control Manager, presented the results of the 2019 North Carolina Youth Tobacco Survey (YTS) to the Wake County School Health Advisory Council to reinforce strategies to combat youth tobacco use and support the 100% tobacco-free school compliance. There is also a call-in program called QuitlineNC which received 662 registered callers and allowed 127 uninsured Wake County residents to receive free nicotine replacement therapy (NRT).

Finally, Ms. Malka review cardiovascular disease clinical services named Wake County WISEWOMAN. This program provides free cardiovascular health screenings to the women enrolled in the BCCCP. Participants receive counseling on physical activity and nutrition. Women with abnormal lab values are referred to a medical provider for treatment. In FY 2020/2021, thirty-seven women received services, including screenings, health coaching, and referrals to a medical provider for follow-up care. Ms. Malka noted that many of the WISEWOMAN staff worked heavily with the COVID-19 response and that, due to the recent decline in COVID-19, the program was growing more robust.

Ms. Poole provided a brief summary of the highlights of the report, listed below.

- Overall, all cancer and heart disease mortality rates are decreasing.
- Significant disparities persist.
- Alzheimer's Disease was the one condition with a significant overall increase in the mortality rate, and women were drastically affected.
- Health Promotion Chronic Disease Prevention Programming and Services continues to serve the Wake County communities experiencing disparities.
- Services and programming made differences and policy changes took place despite the COVID-19 pandemic.

Ms. Lily Chen asked if mental health components were being incorporated in each area as it was a crisis impacting many vulnerable populations, including those with chronic illness and seniors. The link to racism impacting communities of color and their mental health was also noteworthy. Ms. Malka agreed

that mental health was a critical factor, especially in relation to the Social Determinants of Health. While the Health Promotion team does not provide mental health services, staff are trained in various counseling skills that could be beneficial when working with clients. Having said this, they are not social workers or mental health providers. These services are offered elsewhere in Health and Human Services, though an exploration of how they could be better entwined with Health Promotion would be welcomed.

Dr. Nicole Mushonga, Interim Medical Director, Assistant Physician Director, and Epidemiology Program Director, shared that the upcoming Community Health Needs Assessment (CHNA) had identified mental health as being a top priority for Wake County. She recognized Ms. Nicole Singletary, Drug and Injury Prevention Unit Manager, and her comments of the rise in substance abuse being tied to the mental health crisis. Ms. Nannette Bowler, Health and Human Services Director, expanded upon this and shared that the top three priorities of the CHNA were mental health/substance use, housing, and access to healthcare. These have been recurring priorities and themes within work from Live Well Wake to Wake County Board of Commissioners (BOC) annual goals to the Health and Human Services Board retreat priorities. Now that such clear needs had been identified, it was critical to coordinate efforts and attach those efforts to concrete work with measurable outcomes. Without coordination, the work desperately needed to be done in these three areas would not be possible.

**Ms. Ann Rollins asked for a motion to approve the Public Health Report: Chronic Disease. There was a motion by Ms. Christine Kushner and Dr. Ojinga Harrison seconded to accept the report. The report was unanimously approved.**

#### **Public Comments**

- None

#### **Adjournment**

The meeting was adjourned at 9:18 A.M.

**Board Chair's Signature:**



**Date:** 05/26/2022

Respectfully submitted by Ms. Brittany Hunt