

**Wake County Health and Human Services Board  
Meeting Minutes  
March 23, 2023**

**Board Members Present:**

Lily Chen  
DaQuanta Copeland  
Dr. Ojinga Harrison  
Wanda Hunter  
Christine Kushner  
Tonya Minggia  
Ann Rollins  
Dr. Anita Sawhney  
Tanyetta Sutton  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler  
Tamara Wilson

**Guests Present:**

Ed Johnson  
Jim Martin  
John Myhre

**Staff Members Present:**

Commissioner Vickie Adamson  
Nannette Bowler  
Sheila Donaldson  
Eric Green  
Caroline Harper  
Kevin Harrell  
Duane Holder  
Brittany Hunt  
Tony Johnston  
Rebecca Kaufman  
Annemarie Maiorano  
Paarth Mehta  
Michelle Mulvihill  
Kenneth Murphy  
Shanta Nowell  
Toni Pedroza  
Sarah Plentl  
Dr. Joseph Threadcraft  
Lechelle Wardell  
Ross Yeager

**Call to Order**

Chair Ms. Ann Rollins called the meeting to order at 7:36 A.M.

**Next Board Meeting – April 27<sup>th</sup>, 2023**

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve both the January 26<sup>th</sup> and February 23<sup>rd</sup> meeting minutes. There was a motion by Ms. Christine Kushner and Dr. Mary Faye Whisler seconded to accept both minutes. Both minutes were unanimously approved.

**Treasurer's Report**

In the absence of Treasurer, Ms. Brittany Hunt, Executive Assistant of the Health and Human Services Board, provided the Treasurer's Report. January's Treasurer's Report listed the Board fund as \$7,580.92. Since then, there had been an addition of \$250 from Board members' donated stipend. To that end, the Board fund was now \$7,830.92.

## **Health and Human Services Board Nominations, Vote, and Swearing in for Treasurer Position**

(Presented by Mr. Ken Murphy)

Dr. Jananne O'Connell had resigned as Board Treasurer. Mr. Kenneth Murphy, Senior Deputy County Attorney, began by opening the floor for nominations for the Treasurer position. There were two nominations – one for Ms. Christine Kushner and one for Ms. Wanda Hunter. Mr. Murphy asked for a vote. By vote majority, Ms. Christine Kushner was voted in as the Health and Human Services Board Treasurer. Mr. Murphy swore Ms. Kushner in.

## **Environmental Services Report: Phase 2 Revisions to the Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County**

(Presented by Mr. Eric Green)

Mr. Eric Green, Environmental Health Program Manager – Operations Analysis, presented on the phase two regulation revision of regulations governing wastewater treatment and dispersal systems in Wake County. Phase one included nine high priority items and dealt with all substantial regulation changes. This phase was completed in November of 2021. The second phase contains lower priority changes along with changes to text and updates to terminology. Regulations had not been fully reviewed since 2011 and new technologies had since been made available. In addition, new data supported regulation change and use of additional technologies. This, along with the increasingly complex designs as Wake County moves toward buildout, gave way to the proposed revisions.

In order to inform the revisions, Environmental Services struck a collaborative effort including all wastewater stakeholders for input. This workgroup was a part of the Wastewater Residential Permitting Subcommittee. There were a total of 67 members with 8 additional technical experts. Some of the stakeholders included the following:

- Home Builders Association (HBA) of Wake County
- Developers
- Design Professionals
- Academia
- Product Manufacturers
- Builders
- Installers
- Public Health Committee Member – Dr. Sharon Foster
- Regulators – Wake County and North Carolina Department of Health and Human Services (NCDHHS)

The main revisions being proposed were as follows:

- Regulation Repeals
  - Outdated regulations
  - Supported usage of technology
- Regulation Revisions
  - Outdated Regulations
  - Typographical Errors
  - Reorganization
  - Industry Terminology Standards

Mr. Green then outlined next steps.

- Health and Human Services Board request review by NCDHHS
- Review by NCDHHS
- Review by Wake County Attorney
- Final Revisions
- Public Notice and Comment Period
- Adoption by Wake County Health and Human Services Board

The staff recommendation was that the Board approved the revisions and requested a review by the NCDHHS.

Dr. Mary Faye Whisler pointed out that in Regulation II.F (page 14) the term “driveways” was used whereas on Regulation IV.B.10 (page 36), the term changed to “drives.” Additionally, there was a misspelling on page 21 with Regulation IV.A.5 stating “Water softeners not allowed to be plumed into the septic system” where “plumed” should be “plumbed.” Mr. Green explained that water softeners were not allowed to enter plumbing as it would then enter the septic systems. The salt in the water softener would destroy the texture of the soil and cause a dysfunction. Dr. Whisler asked if the material of the driveway was important or if it was left intentionally vague. Mr. Green confirmed that the material did not matter and that any driveway – even one made of dirt – would seal or compact the ground and, in turn, seal off air from getting to the sublayers of the drain fill. There was also a question of the mention of all wastewater system components requiring three feet of distance in all directions from “drives/sidewalks” in Regulation IV.B.10’s “Setback Requirements” on page 36. This was not mentioned anywhere else in the document, but Mr. Green stated that it was in the State’s property rules and thus not needed in the County’s regulations. The amendments to correct the misspelling and to use one uniform word for “driveways” or “drives” were suggested.

There was discussion about the review process. If Board members approved the regulation revisions with the suggested amendments, the amended revisions would then be sent to the NCDHHS. Once reviewed by the State, the revisions would return to the Board for one final review. Ms. Christine Kushner asked if there were any concerns already voiced from the State. None had been received so far, but feedback was not anticipated until the Board’s formal recommendation had been received. NCDHHS staff were a part of the review process, however, so there was an opportunity for technical experts to offer input. A general statute requires any adoption or edits of county septic regulations to receive a formal recommendation from their Board of Health to be reviewed by the State. Commissioner Vickie Adamson asked if the Homebuilders Association were aware of the proposed changes and Mr. Green confirmed that they were a part of the committee of stakeholders. Finally, Ms. Wanda Hunter asked if there were plans to review the regulations on a more regular basis since they had not been updated since 2011. Mr. Green said that while a finale timeline had not been decided, the regulations would be reviewed more often moving forward.

**There was a motion by Dr. Mary Faye Whisler to approve the revisions to the wastewater regulations with the suggested amendments and to forward the amended revisions for review to the North Carolina Department of Health and Human Services (NCDHHS). Ms. DaQuanta Copeland seconded the motion. The amended revisions were unanimously approved and formally recommended to be reviewed by the NCDHHS.**

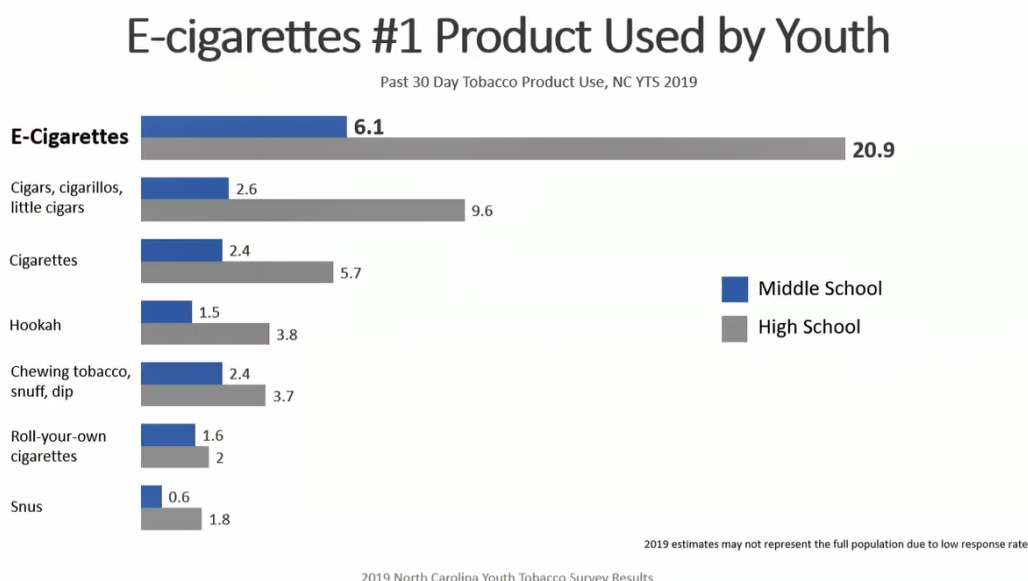
### **Protect North Carolina Kids from Vaping and Nicotine Addiction**

(Presented by Ms. Michelle Mulvihill and Mr. Jim Martin)

Ms. Michelle Mulvihill (Health Promotion and Chronic Disease Prevention – Health Educator) and guest Mr. Jim Martin (Director of Policy and Programs at the Tobacco Prevention and Control Branch of the Division of Public Health, Chronic Disease and Injury Section at the North Carolina Department of

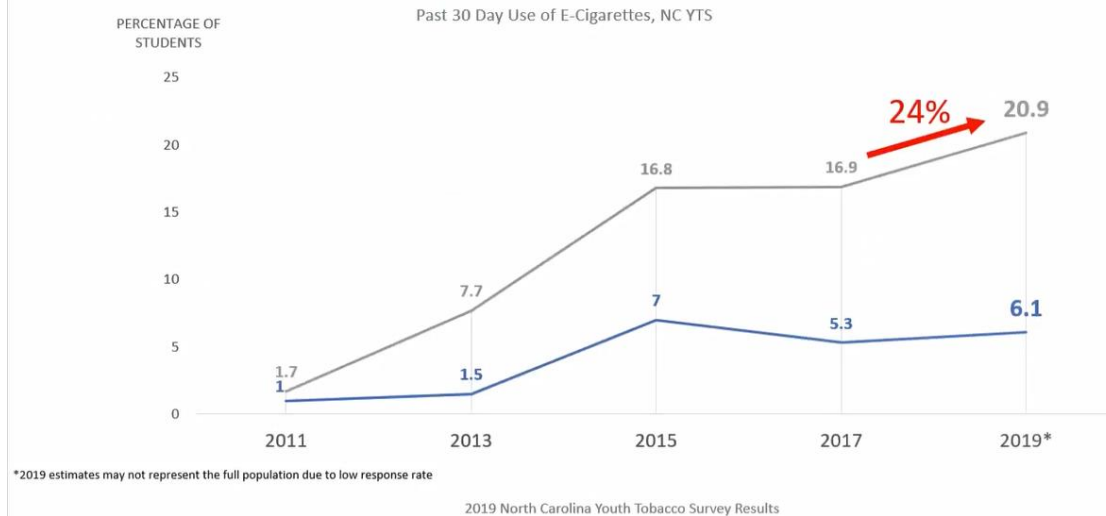
Health and Human Services (NCDHHS)) presented on the need to increase preventions and protections for children from vaping and nicotine addiction. The United States Department of Health and Human Services released a report of the Surgeon General titled “The Health Consequences of Smoking – 50 Years of Progress” that determined 95% of tobacco users had started using tobacco before the age of 21. A step further, an astounding 99% of tobacco users began to use tobacco before the age of 26. In response, the research is centered around preventing the initial use of tobacco during formative teenage and young adult years.

There is a clear indicator of use by youth when looking at survey results. Because of the pandemic and a low survey response rate in 2022, data from the 2019 North Carolina Youth Tobacco Survey were presented (see below).



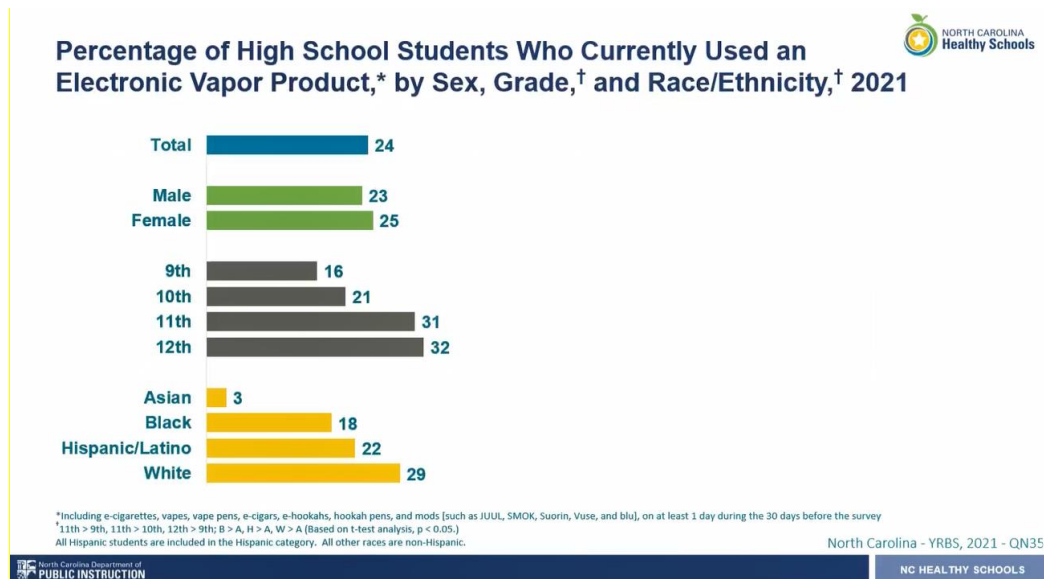
E-cigarettes are the most used tobacco products among youth. This is followed by cigars, cigarillos, and little cigars, which have admittedly seen a large decrease from a rise in the early 2000s. This change was due to public health practices and policies preventing cigarette smoking. Dr. Mary Faye Whisler asked if the previously high rates had any correlation to North Carolina being a leader in tobacco production. Mr. Martin stated that while this may have had a slight influence, it was believed that advertisements targeting youth had much more of an impact. The use of cartoon characters and the media making smoking look appealing held a great deal of influence and swayed the rise of peer pressure to use tobacco products. Education outreach has helped to make more youth aware of the dangers of using tobacco products.

# E-Cigarette Use Continues to Increase

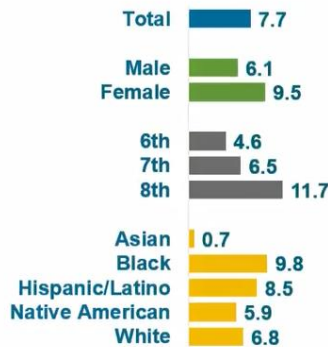


Unfortunately, the trend line of e-cigarette use is sharply increasing in a rapid rate. After appearing on the markets in early 2008, e-cigarettes became popular with youth. Data was gathered starting in 2011 and, as seen in the graph above, was incredibly dramatic. This led the Centers for Disease Control and Prevention (CDC) to define e-cigarette use among youth as an epidemic due to the massive growth over a short period of time. This growth occurred due to heavily advertisements, particularly through social media, and the marketing of multiple flavors. Customers were found to be less convinced of the dangers of e-cigarettes as they would often be described as “flavored water vapor.”

Every other year, North Carolina Healthy Schools provides several data points. The data in the tables that follow are from 2021, the most recent year available.



## Percentage of Middle School Students Who Currently Used an Electronic Vapor Product, by Sex, Grade,\* and Race/Ethnicity,\* 2021



\*(including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods [such as JUUL, SMOK, Suorin, Vuse, and blu], on at least 1 day during the 30 days before the survey)  
 \*B > A, H > A, W > A (Based on t-test analysis,  $p < 0.05$ .)  
 All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.  
 This graph contains weighted results.

North Carolina - YRBS, 2021 - QN22

North Carolina Department of  
PUBLIC INSTRUCTION

NC HEALTHY SCHOOLS

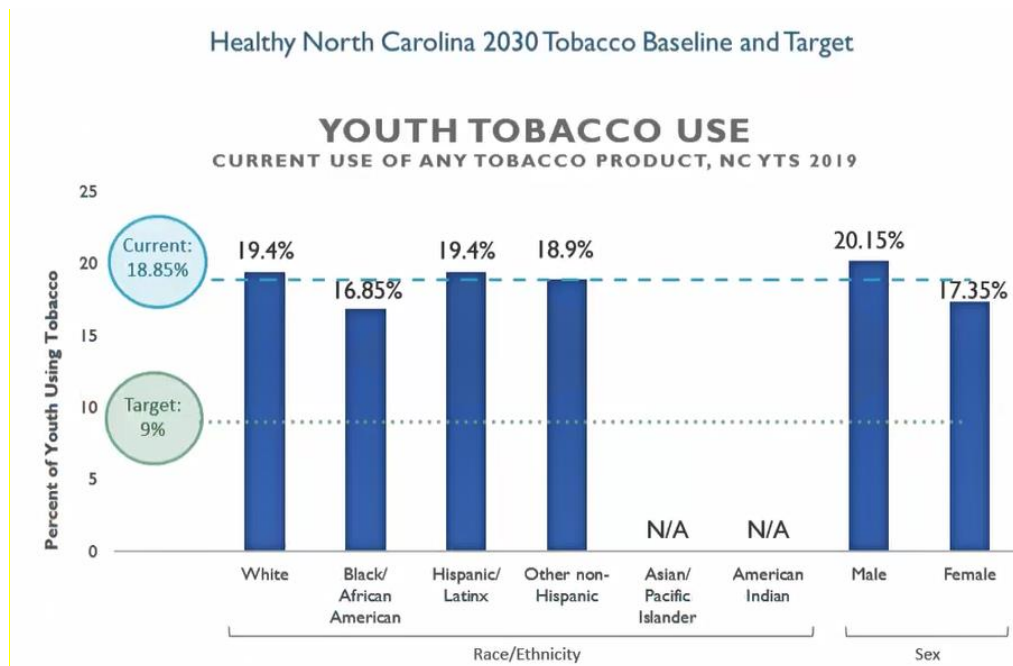
This data looks specifically for the use of electronic vapor products within the last 30 days of the survey being taken. With high schoolers, this figure is 24%. For middle schools, it is 7.7%. The total is broken down by gender, grade level, and ethnicity and race. Mr. Martin noted that, in both middle schoolers and high schoolers, there was an upward trend by grade level.

Nicotine poses unique dangers to the developing human. The following findings were made by England, Lucinda J et al. – “Nicotine and the Developing Human: A Neglected Element in the Electronic Cigarette Debate” from the Am Jour Prev Med 2015.

- Nicotine use while the adolescent brain is developing can disrupt brain circuit formation.
- Poisonings occur among users via ingestion of nicotine liquid, absorption through skin, and inhalation.
- Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.
- All of these findings are associated with combustible tobacco use as well.

In addition, the North Carolina Cross-Sectional from the Centers of Disease Control and Prevention (CDC) Foundation found that 69.9% of young people who currently use e-cigarettes want to use one within an hour of waking up. Almost 20% responded that they wanted to use an e-cigarette within five minutes of waking. This is a strong indicator of addiction.

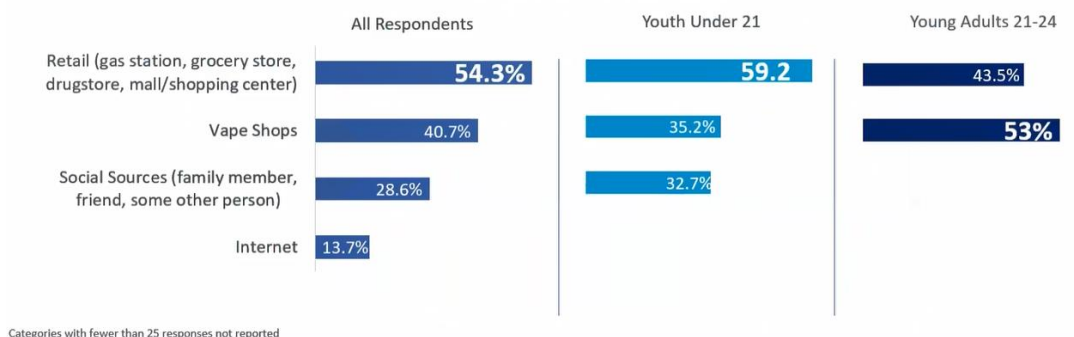
Next, through the NCDHHS and the North Carolina Institute of Medicine, the Healthy North Carolina 2030 goals were shared (see below).



Here, youth tobacco use is viewed as a measure with ambitious but achievable goals for adults and youth. The target is 9%.

The next graphic looks at where the products are being provided – retail, vape shops, social sources, and the internet.

## Young people primarily get their e-cigarettes from retail locations and vape shops



The most common social source of e-cigarettes among youth aged 13-17 is **from a friend** under the age of 21

Source: CDC Foundation. North Carolina Cross-Sectional, Online Survey Summary Tables. 2021: 1-104.

There's a need to separate the age groups under 18 as those under state law where 18 is legal are often seniors in high school capable of purchasing products for their younger friends. Ultimately, it is best for prevention to limit all sales of tobacco products to age 21 and above.

Federal law, known as the Synar Amendment, will require states to annually inspect a random sample of tobacco retailers to determine what percentage are selling to youth under the age of 21. If the percentage

of underage sales goes above 20%, the State is at risk to forfeit millions of federal Substance Abuse Prevention and Treatment block grant monies that fund prevention, treatment, and recovery initiatives. This law was enacted in December of 2019, but the roll out has been stunted due to the ongoing COVID-19 pandemic. Information was not released to retailers due to stores shutting down and, shortly after, inspections were also suspended. Mr. Martin then reviewed the North Carolina Retailer Violation Rules (RVR) for selling tobacco products in 2022 and 2023. This information was provided by Growth partners as of January 2023. Vape shops and tobacco shops had the highest rates of violations for selling tobacco products to minors – significantly higher than convenience store and/or gas stations and grocery stores. Convenience stores and gas stations had significantly higher rates of violations for selling tobacco products to minors than grocery stores. The lowest rates of tobacco retailer violations for selling tobacco products to minors were drugstores.

Recently, there was a wealth of ongoing data collection by Eastern Carolina University (ECU) in an eastern North Carolina site of a multi-state National Institutes of Health study led by Rutgers University. In preliminary findings from January 2022 to February 2022, over 40% of tobacco product purchase attempts by underage buyers (aged 19-20) resulted in sales. This was done through the study's secret shoppers attempting to buy tobacco products underage. Per the national Institute of Medicine (IOM) report, raising the purchase age of tobacco and nicotine products to 21 would result in 4.2 million fewer years of life lost for today's children. Reflecting back on the importance of raising the age – which has shown evidence-based support for these efforts – the “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products” by the IOM of the National Academies was referenced. Thus, a comprehensive effort is needed to lower the use among young people.

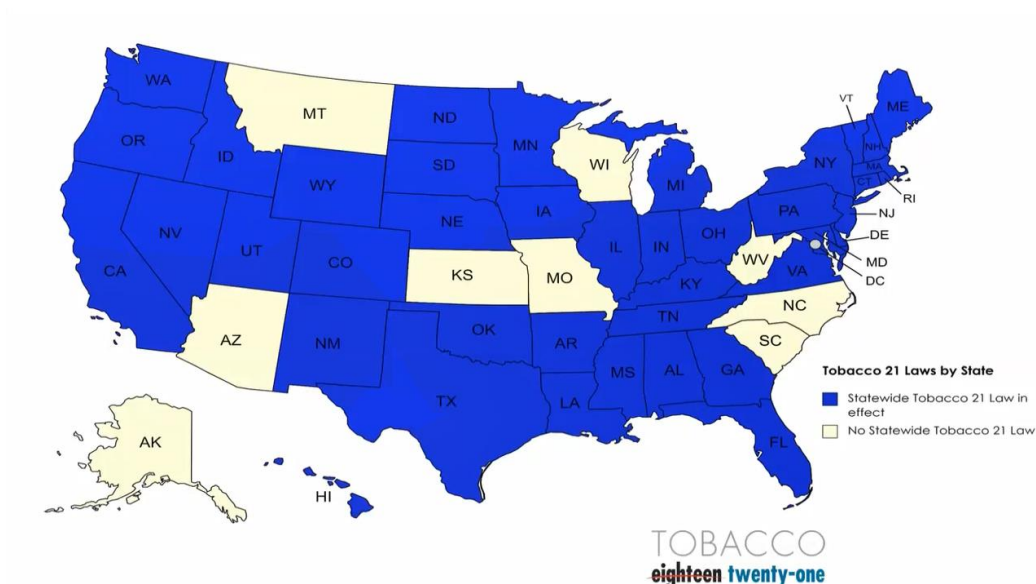
Per the CDC, the following must be true of a law to make it effective in raising the tobacco sales age to 21.

- Applies to all tobacco products
- Requires retailer permit
- Requires ID checks
- Imposes minimal penalties for purchasers under 21
- Holds retailers responsible for violations
- Requires signage
- Requires employee training (high turnover in retailers and stores)
- Prohibits internet sales to people under 21
- Allows local government authority
- Provides enough time for the State to implement and to educate retailers about the new law

It is important for each state to review its own personal needs and weaknesses to be addressed in such a law. On the whole, tobacco price increases, smoke-free policies, cessation access, and hard-hitting media campaigns are all needed to thoroughly stress the importance of not smoking. Wake County has made strides, especially in the recent ordinance banning tobacco products in public areas. However, other boosting efforts such as availability of products; pricing and promotion; advertising and display bans; age of sale; and retail licensure are also a critical part of the picture. These cannot be pursued in Wake County due to law, meaning helpful preemptive measures are legally out of reach.

The image below details the enactment of the Tobacco 21 law by states. North Carolina has yet to enact a law and is hoping to build a comprehensive case in order to make the law as evidence based as possible.





Ms. Lily Chen asked if there was any data detailing the reasons behind underage students obtaining cigarettes and if there was a timeline of implementation planned for the Tobacco 21 Law. Mr. Martin said that reasons for vaping were complex with advertising as a large motivating factor (as seen in the \$40 million JUUL settlement). Various flavor availability also increased the appeal of easily accessible products. Vape shops that carried such products were plentiful, so the goal was to look at where the products were allowed and not allowed in order to inform future ordinances. Ms. Chen asked if there was research related to the mental health issues that might encourage youth to smoke. More research is confirming that youth are attempting to use these products as a way to cope with stress. They believe that it will have a positive effect when really the products can heighten anxiety and depression. Education outreach is needed to correct this misinformation. As for the timeline for the Tobacco 21 Law, more information is anticipated from federal officials by Fall 2023. Guidance provided will be informed by the COVID-19 pandemic bringing enforcement, intervention, and prevention of tobacco use among youth to a halt. The assumption is that states will have to show compliance with the Tobacco 21 Law within the next year.

Ms. DaQuanta Copeland asked if the State was working with tobacco producers in any way as North Carolina was a leader in tobacco production. Mr. Martin said that some members of the tobacco industry were against raising the age and/or were not supportive of some of the provisions of the Tobacco 21 Law. Others were more welcoming as it was already a federal law and aligning state law would only make processes run more smoothly. Ms. Rebecca Kaufman, Health Director, added that Commissioner James West had been collaborating with the Farm Bureau to discuss this upcoming law. Farm Bureau representatives had no stance on the policy and were not against stricter standards being placed on the local level. In addition, many of the tobacco sales for North Carolina had shifted to international rather than local.

Ms. Tanyetta Sutton stated that she had worked with students who admit that they feel they “have” to use marijuana in order to help deal with their trauma. Addictions lead to other addictions. If there was a firm cut off of the age of 21, would there be any intervention work by the Centers for Disease Control and Prevention (CDC) or others to have medication or a patch in place? Part of the addiction process was withdrawal and there was a danger of the individual picking up another addiction. Mr. Martin said that the focus of his branch was to help youth and young adults with effective treatment and services. Some JUUL settlement dollars were planned for formulating effective cessation programs and education campaigns. There was a recent announcement of a patch that could potentially be helpful, but it is not currently

recommended to anyone under the age of 18 by the United States Food and Drug Administration (FDA). However, the Academy of Pediatrics just published a report recommending the patch for youth, even if under 18, if they had high use of tobacco products. This would be with thorough monitoring. There was nicotine replacement therapy for those under the age of 18.

Ms. Wanda Hunter pointed out the lack of equity being discussed. The amount of vape shops present and active in Wake County communities was startling. Sales to underage buyers should be tracked to better understand the impact on that particular community. The number of vape shops and liquor stores needed to be managed as youth will see them as commonplace in their community and assume they are a natural part of life and an expectation to use as they grow older. Ms. Ann Rollins shared that a photovoice project had been made by Wake County youth to show how many vape shops they went through on a bus ride to school. This project has been shared with the Attorney General and was used in initiatives by the Wake County Youth-Led Tobacco Forum. The Forum would next be held on April 18<sup>th</sup> with a flyer to be forwarded soon. There was a want to further involve youth who may be limited due to their classwork and school activities, but there was dedicated involvement by some local students and a want to give them a voice in this initiative.

An intentional solution, especially to withdrawal, would require consideration of factors from insurance and it possibly being needed to access cessation tools to the availability of resources in schools themselves. Currently, regulation does not exist to demand any particular of distance between one vape shop and another. This is a regulation that could be looked into as a part of a permitting process recommendation as vape shops were extremely commonplace and established in multiple locations within a very small area. Ms. Christine Kushner asked if there was a way to work with municipalities or Wake County to do zoning regulations that prohibit vape shops being built within a certain distance from high schools. Ms. Mulvihill explained that the State prohibited this as local regulations could not be stricter than the State's. However, conversations were ongoing as high schools were a target of vape shops and similar regulations had curbed bars from being built too near a school

Ms. Kaufman spoke to the need to require retailers to be registered as it allows them to be tracked and to be held responsible to local government authority. In a previous state, Ms. Kaufman said that no new tobacco retailers were allowed within 1,500 feet of a school zone. Review of school zones allowed some locations to be grandfathered in, but this restriction was still helpful. Such considerations are vital to continue to discuss as North Carolina looks to compose its Tobacco 21 Law. Because of this, it will not be as simple as changing the age from 18 to 21 for the law to be effective, long-lasting, and comprehensive with the current needs of the communities impacted.

Dr. Anita Sawhney asked if there were consideration to inter sales and the access to those products. Mr. Martin stated that this was another area of the pending Tobacco 21 Law that North Carolina would want to be purposeful about addressing. Though better work is needed in North Carolina, the federal level holds a number of regulations for shipping companies that ship such products for home delivery. There are also many factors to ensure that the buyer is over the age of 18.

The targeting of vulnerable communities was discussed and the need to identify and assist those who were the most greatly impacted. A question about penalties for purchasers under the age of 21 revealed that, currently, it was a Class 1 misdemeanor for anyone under the age of 18 to attempt to buy tobacco products. This was not believed to be an effective strategy and the hope was to move from infractions and criminal changes and penalizations to education, access to cessation resources, and treatment for the addiction.

**There was a motion by Ms. DaQuanta Copeland to support the Tobacco 21 Law resolution. Ms. Lily Chen seconded the motion. The resolution was unanimously supported.**

## Safe Routes to School Grant

(Presented by Ms. Jennifer Delcourt and Mr. Ed Johnson)

Ms. Jennifer Delcourt (Health Promotion and Chronic Disease Prevention – Health Educator) presented on the Safe Routes to School (SRTS) grant with guest Mr. Ed Johnson (Safe Routes to School Coordinator of the Integrated Mobility Division at the North Carolina Department of Transportation (DOT)). SRTS is a “national and international movement to create safe, convenient, and fun opportunities for children to bicycle and walk to and from schools” (Safe Routes to School Partnership). SRTS aligns with the following Wake County initiatives:

- Community Health Needs Assessment (CHNA, 2019 and 2022)
  - Transportation was one of the top 5 priorities in 2019
  - Transportation was ranked 9 out of 14 priorities
- Population Health Task Force Recommendations (2018)
  - Healthy Wake Work Group: “Make the healthy choice the easy choice by creating and enriching healthy physical and educational environments by 2030.”
  - Vulnerable Populations Work Group: “Create safe and humane environments and remove barriers to healthy food, affordable transportation, and housing.”
- Wake County Board of Commissioners (BOC) Strategic Goals 2022
  - Community Health and Vitality (CHV) 1: Improve residents’ health and well-being by promoting healthy behaviors and lifestyles.
  - Education (E) 2: Partner with the Wake County Public School System (WCPSS) to improve all public-school students’ educational outcomes.
  - Growth and Sustainability (GS) 1: Preserve and enhance the County residents’ quality of life through coordinated land use and transportation planning.

Next, Ms. Delcourt shared data on why walking and biking to school was important.

<u>1969</u>	<u>2009</u>
48% walked or biked	13% walked or biked
12% driven	44% driven

Source: U.S. DOT, 2009

- Third leading cause of injury for children in Wake County is motor vehicle collisions with pedestrians.
- Fifteen percent (15%) of North Carolina children aged 5 to 17 live within one mile of their school.
- Only 4% of North Carolina children walk or bike to school at least once a week according to the 2011 NC State Center for Health Statistics.
- After 20 minutes of physical activity, students tested better in reading, spelling, and math and were more likely to read above their grade level according to Active Living Research.
- Studies show that children who walk and bike to school are more physically active and have lower levels of obesity. This was according to the “Safe Routes to School: Helping Communities Save Lives and Dollars” by Safe Routes to School National Partnership.
- By walking or biking to school, children can meet 25% of their recommended daily physical activity. Students who get more physical activity perform better in school.
- Students at North Carolina schools that take part in Walk to School Day are six to eight times more likely to walk to school.

- Students at North Carolina schools with pedestrian and bicycle safety training are four times more likely to walk to school.
- Students at North Carolina schools that participate in Walk to School Day and have an in-school champion are nine times more likely to walk to school.

In addition, there are several projects that the Wake County SRTS Program is progressing on.

- Annual Walk, Bike, and Roll to School Day Events
- Learn to Ride (a Bike) Raleigh Events
- SRTS School Awards Program
- Crossing Guard Project
- Bike Trailer Program
- Traffic Garden Pop-up Safety Events
- Data Collection Project with Wake County Public School System (WCPSS)
- All Kids Bike Physical Education in WCPSS Schools
- School-focused Road Safety Assessments

The next SRTS non-infrastructure grant will be for the 2023 to 2026 cycle. Wake County's application for the grant was submitted February 6<sup>th</sup>. An award notice is expected in April 2023. Staff requested \$750,000 over three years. This would include a program expansion with a second staff position and high school projects. In order to be eligible for the grant, a resolution is required from the immediate governing board. Said resolution would support the grant application and program, commit to leading and administering the grant, and commit to partnering with the school district. Staff requested the Health and Human Services Board's support for the resolution and for the grant program expansion if it was awarded.

Mr. Johnson said what a privilege it was to work with Wake County and with Ms. Delcourt. There are a tremendous amount of plans from the Strategic Highway Safety Master Plan to Bike Walk NC Master Plan to 2030 Plan to 2050 Plan. Ultimately, each and every one of these plans were focused on preventing injuries and fatalities. This SRTS non-infrastructure grant would pose an opportunity to prevent those tragedies not only in elementary and middle schools but also in high schools. This would critically expand opportunities for outreach. Even though the grant was non-infrastructure, statistics showed that such grants support the necessary education, encouragement, and enforcement needed for infrastructure to thrive.

Ms. DaQuanta Copeland asked about the international mention early in the presentation. Ms. Delcourt explained that many other countries – especially Nordic ones – had SRTS programs that sometimes worked with Vision Zero for zero road deaths or injuries. Ms. Delcourt strictly worked for Wake County. Ms. Wanda Hunter asked for a definition for the resolution's mention of "equitable transportation network." Ms. Delcourt said the nation was extremely centered around cars. This makes it impossible for a lot of people to participate in communities where struggles to access might include a lack of a bus option for arriving to school. In addition, low-income and people of color (POC) are more likely to live in neighborhoods without sidewalks. While SRTS does not fix those issues, the program does bring them to light for discussion for infrastructure.

Ms. Hunter then asked what the impact on economic well-being of the community would be. Ms. Delcourt said that this would be a big picture perspective. The focus of SRTS is on kids, but it is important to make roads safer for everyone. SRTS operated by universal design, which means designing for the most vulnerable user in turn makes the program safer all involved. This could be people without access to a vehicle feeling safer to walk down the street to their job or parents walking to school from

nearby homes. Ms. Kaufman stated that, if the grant was received, staff would be forming a small group to establish what the resources should be applied to. Not everyone can feasibly walk or bike to school, but they should still feel included. One example of such inclusion is when staff brought bikes to the Physical Education department to help teach kids how to bike.

There was then a question about the partnership between SRTS and the Wake County Public School System (WCPSS) and action schools are taking to make the partnership equitable. Ms. Delcourt said that there was a data collection project from the WCPSS that was being worked on with Mr. Glenn Carrozza, Assistant Superintendent for School Choice, Planning, and Assignment. Ms. Delcourt meets with Mr. Carrozza, individuals from transportation for the school district, and facilities regularly to discuss issues. There are not currently enough bus drivers to meet the transportation demands at local schools. Another high priority is making the roads and travelling safer for those who live close by but cannot walk or ride to school.

Ms. Christine Kushner stated that Mr. Carrozza was the right contact for these discussions. She also reminded the Board that the growth in Wake County over the past two decades had demanded the construction of bigger and bigger schools – sometimes with the capacity for 1,000 youth in an elementary school. Biking is an effective way to travel but can admittedly be viewed as unsafe as some drivers are either unaware of road etiquette when it comes to bikers or are unwilling to share the road. The need for an increase in crossing guards was glaring with some parents refusing to allow their child(ren) to walk to school due to the dangers of crossing the road without a crossing guard. Commissioner Vickie Adamson shared her own personal story of when her son was school-aged and had a friend who was hit while in transit to school. Though the friend was okay, there was understandable fear and Commissioner Adamson made the decision to drive her son to school thereafter. This had not been a problem previously when a crossing guard had been present to advise the youth to stop before proceeding across the road.

There was a question posed about how school assignment plans play into these obstacles for walking to school. Ms. Kushner stated that in 2011 when she joined the School Board, a total of 95% of elementary school children lived within five miles of their school. Discussions around student assignment do take walk zones into account, but there are numerous considerations from stability to evaluation of new neighborhoods and pockets of school-aged children. Unfortunately, the re-segregating of schools has been a prime concern as other dynamics are being considered. It is extremely important to keep racial equity at the forefront of these discussions.

Ms. DaQuanta Copeland pointed out the transportation limitations placed on those whose student assignment was an ill fit and who needed to apply to transfer to a school closer to their home. Dr. Ojinga Harrison asked about the amount of the SRTS grant. Ms. Delcourt explained that the \$750,000 would be spread over three years and allow her position to continue to be funded, an additional position to be hired to assist her, and still have funds left for other initiatives.

**There was a motion by Ms. Christine Kushner to approve the Safe Routes to School (SRTS) resolution. Ms. DaQuanta Copeland seconded the motion. The SRTS resolution was unanimously approved.**

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

(Presented by Ms. Nannette Bowler, Ms. Toni Pedroza, and Ms. Rebecca Kaufman)

- Ms. Nannette Bowler, Health and Human Services Director, discussed the following.
  - Wake County Health and Human Services (WCHHS) had found the lack of a case management system for Child Welfare to be a great inhibitor in properly documenting, following, and gathering data on cases. With the support of Mr. Duane Holder (Deputy

County Manager), staff had now completed a request for proposal (RFP) and selected a vendor for the case management system. While there are hopes for the State to one day launch such a system, waiting for that system was limiting the work staff were able to complete. Staff had participated heavily in the many rounds of selecting a vendor and were overjoyed to finally have a case management system on the horizon.

- Ms. Toni Pedroza, Deputy Director of Social Services, discussed the following.
  - Medicaid Expansion appears likely to come to fruition. However, as wonderful as Medicaid Expansion promises to be, it will heavily increase the work staff are required to do. Currently, there are over 166,000 individuals in Wake County who are eligible for Medicaid. Staff also have their current caseload of Medicaid recipients.
  - At any given point, staff are receiving 100,000 Medicaid applications monthly. Every day around 4,000 applications are pending. This is a huge increase from 2020 when the entire casework was just over 123,000. That is over a 43,000 increase in cases due to the onset of the COVID-19 pandemic (from 123,000 to over 166,000).
  - This is one indicator for who may be eligible for Medicaid expansion, though it is not the only indicator. This increase (of over 43,000) would be in line with statements from the State estimating 35,000 to 50,000 being eligible for Medicaid expansion.
  - For someone not familiar with Medicaid, they may see the figures 35,000 to 50,000 and assume that is the additional work that staff will have. However, it is not HHS's job to approve Medicaid. It is their job to determine if an applicant is eligible for Medicaid. So the 35,000 to 50,000 eligible will actually represent only half – or less – of applications received. The increase in workload, then, would be, at minimum, 70,000 to 100,000 applications.
  - Beginning April 1<sup>st</sup>, the public health emergency (PHE) will end for Medicaid. During the PHE, staff could not terminate Medicaid cases even as the caseloads grew. The number of reviews due every month will be around 10,000. This will be in addition to the increase from Medicaid Expansion.
  - Currently, the most comparable state to North Carolina in terms of Medicaid Expansion is Virginia. The process for Medicaid Expansion preparation in Virginia took nine months. The North Carolina General Assembly is stating that applications will be accepted by December 1, 2023 if not sooner.
  - Ms. Nannette Bowler, Health and Human Services Director, stated that she and Ms. Pedroza were putting together a plan to determine how much staff capacity will be required for the operation and infrastructure of Medicaid Expansion. They will meet with Deputy County Manager Duane Holder later in the day with an operationalization proposal.
  - Medicaid Expansion will be a huge benefit to members of the community – especially with adults that need mental health services.
  - Commissioner Vickie Adamson stated that Mr. Kody Kinsley, Secretary of the North Carolina Department of Health and Human Services (NC DHHS), is working closely on Medicaid Expansion. One of the incentives provided by the federal government is a \$1.8 billion sign-on bonus for states who have yet to sign on. States will receive this bonus upfront for mental health services. These funds will come to the State for allocation, which, historically, has meant that Wake County is at a lower priority than other counties (as one of the six urban counties in the State). But when Commissioner Adamson spoke to Secretary Kinsley, he stated that he wished to pilot jail-based programs in Wake County using some of these funds. In particular, these funds will be used to afford staffing for the pilot programs. Though it is still necessary to receive approval from the Chief Judge and District Attorney, this would be a 90-day program for those incarcerated.
  - Ms. Pedroza clarified that Medicaid is suspended for those who are incarcerated, but the benefits are not suspended if they are sent to a treatment center outside of the jail. This

could significantly lower the cost of Medicaid and help residents receive much needed addiction and/or mental health resources.

- Ms. Rebecca Kaufman, Health Director, discussed the following.
  - Public Health was working with Communications to advertise the end of the public health emergency (PHE) resulting in COVID-19 vaccinations and test kits having a cost associated after June 1, 2023. Staff ordered 60,000 test kits and will order more as they head into May in order to try to provide as many free kits as possible. The number of test kits left will be a determining factor in how many are ordered before the kits have an associated cost. Test kits do have an expiration date, so they cannot be stored for an elongated period of time.
  - Understandably after so much time since the onset of COVID-19, vaccination numbers are not as high as they had previously been. Part of the communications being sent out will be encouraging boosters and highlighting their importance. This will also be the final time to receive a free vaccination.
  - In other highlights, Ms. Lechelle Wardell, Population Health Director, was awarded a \$250,000 Health Literacy grant that would be used to distribute to community organizations in the form of mini grants. These grants will address health literacy in historically marginalized communities. Ms. Wardell and her team are working to reduce barriers in community agencies so that they can apply to these mini grants even if they are usually prohibited from applying due to County policies and/or regulations.
  - Wake County Health and Human Services (WCHHS) recently had an immunization audit and received a 93% immunization rate for children appropriately immunized with required and recommended vaccines before the age of 24 months. This figure exceeded the North Carolina Department of Health and Human Services' (NC DHHS) goal of 90%. This was a pride point for Clinics.
  - A few tobacco policy updates were also available. The WCHHS Board had previously supported the passing of the new tobacco ordinance adopted in 2022. Now municipality partners were following in the County's stead. On December 5<sup>th</sup>, the Town of Fuquay-Varina voted to approve a new smoke-free, vapor-free ordinance encompassing smoke- and vapor-free buildings in parks and recreation areas. This included smoke- and vapor-free County grounds with designated areas for employees.
  - In addition, the Town of Morrisville voted to approve a tobacco-free ordinance on March 14<sup>th</sup>. This covers tobacco-free buildings, vehicles, and parks and recreation areas. Tobacco use is also prohibited on County grounds within 50 feet of the building entrance.
  - These new tobacco and vaping ordinances from municipalities is extremely encouraging and was hoped for through the County's own recent ordinance.
  - Ms. Kaufman encouraged Board members to attend the Wake County Youth-Led Tobacco Forum on April 18<sup>th</sup> at the Poe Center for Health Education.
  - She also shared that the NC DHHS had recently released an opportunity for teens to receive support to quit vaping (<https://www.ncdhhs.gov/news/press-releases/2023/03/15/ncdhhs-launches-new-quitline-nc-services-make-stopping-tobacco-use-and-vaping-more-accessible>). Teens aged 13 to 17 can text "VAPEFREENC" to 873373 to reach Live Vape Free for cessation resources.

### **Committee Chairs Update**

(Presented by Ms. Ann Rollins, Dr. Mary Faye Whisler, and Ms. DaQuanta Copeland)

Ms. Ann Rollins, Health and Human Services Board Chair, stated that a written report from the Regional Centers showed successes in partnership development and access to services. A more thorough report had been provided in the agenda packet with each Regional Center sharing updates from February 2023.

Public Health Committee Chair Dr. Mary Faye Whisler, stated that many of the presentations made today for the Board were also made at the Public Health Committee meeting. There were regular issues with establishing quorum, so Committee members were encouraged to attend or notify the Executive Assistant if they could not make a meeting. Finally, the Committee welcomed its newest member – Ms. Lily Chen.

Ms. DaQuanta Copeland, Co-chair of the Social Services Committee, shared that the Aged-Out Foster Care Youth Workgroup had continually attempted to establish transitional housing for aged-out foster care youth in vacant resident halls on St. Augustine's University's (SAU's) campus. However, the move-in has been postponed as there was internal structural damage found in the building SAU had identified for the transitional housing. There is a high turnover rate in SAU staff that leaves it difficult to progress. Another tour of the SAU campus was anticipated to potentially identify an alternative resident hall. Commissioner James West stated that he would reach out to Dr. Christine Johnson McPhail, President of SAU, to follow up. The Committee had also been supporting the foster care team and its regularly hosted community events to recruit more foster care families.

### **2023 Health and Human Services Board Retreat Priorities Discussion**

(Presented by Ms. Lechelle Wardell, Ms. Nannette Bowler, and Ms. Ann Rollins)

Ms. Lechelle Wardell (Population Health Director), Ms. Nanette Bowler (Health and Human Services Director), and Ms. Ann Rollins (Health and Human Services Board (HHSB) Chair) lead a discussion around the five selected HHSB priorities, listed below.

- Social and Economic Mobility
- Mental Health
- Access to Integrated Services
- Food Insecurity
- Senior Services

All HHSB members would be asked to select their top two choices for priorities. Each priority would have its own temporary advisory committee (TAC) composed of Board members, volunteers from the Public Health and Social Services Committees, Wake County staff, and community partners. The next HHSB meeting would be used to flesh out the TACs, discuss possible action steps for each priority, and verbalize any high-level data needs. Commissioner James West requested that there be an issue brief on each of the five priorities. Ms. Brittany Hunt, Executive Assistant to the HHSB, would draft these issue briefs to be made available on the April 2023 Board meeting.

- **Public Comments**
  - None

### **Adjournment**

The meeting was adjourned at 9:31 A.M.

**Board Chair's Signature:**



**Date:** 04/27/2023

Respectfully submitted by Ms. Brittany Hunt