

**Wake County Health and Human Services Board**  
**Meeting Minutes**  
**May 25, 2023**

**Board Members Present:**

DaQuanta Copeland  
Dr. Ojinga Harrison  
Wanda Hunter  
Terry McTernan  
Ann Rollins  
Dr. Anita Sawhney  
Tanyetta Sutton  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler

**Guests Present:**

John Myhre  
Keisha Terry

**Staff Members Present:**

Akanksha Acharya  
Tisha Adams  
Commissioner Vickie Adamson  
Anika Hamilton  
Kevin Harrell  
Duane Holder  
Brittany Hunt  
Tony Johnston  
Rebecca Kaufman  
Annemarie Maiorano  
Jenelle Mayer  
Janny Mealar  
Ken Murphy  
Sarah Plentl  
Morgan Poole  
Dr. Joseph Threadcraft  
LaToya Toussaint  
Dr. Theo Udeigwe  
Lechelle Wardell  
Diamond Wimbish  
Ross Yeager

**Call to Order**

Chair Ms. Ann Rollins called the meeting to order at 7:39 A.M.

**Next Board Meeting** – June 22<sup>nd</sup>, 2023

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve the April 27<sup>th</sup> meeting minutes. There was a motion by Ms. DaQuanta Copeland and Dr. Mary Faye Whisler seconded. The minutes were unanimously approved.

**Treasurer's Report**

In the absence of Ms. Christine Kushner, Treasurer, Ms. Brittany Hunt, Executive Assistant to the Health and Human Services Board provided the Treasurer's Report. April's Treasurer's Report listed the Board fund as \$7,830.92. Since then, there had been a \$250 addition from donated Board members' stipends. Thus, the fund was now at \$8,080.92.

## **Health and Human Services Board Application – Matilde Ferrer Hoppmann**

(Presented by Ms. Ann Rollins)

Ms. Matilde Ferrer Hoppmann, an applicant for the Consumer of Human Services vacancy, was reviewed. There was a motion by Ms. DaQuanta Copeland to approve the applicant and Dr. Kelcy Walker Pope seconded the motion. Ms. Ferrer Hoppmann was unanimously approved as a Health and Human Services Board member.

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

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, reported a focus on staff development with an emphasis on leadership, management, and human interaction. Two interesting data points had arose – there was a lack of curriculum classes in the science, technology, engineering, and mathematics (STEM) field and 60% of Environmental Services staff were either millennials (those born between 1981 and 1996, currently aged 27 to 42) or generation Z (those born between 1997 and 2012, currently aged 11 to 26). Staff are continuing to look at ways to engage a diverse and ever changing work group.

Dr. Jennifer Federico, Animal Services Director, continues to emphasize that the shelters keep balance in three ways – by fostering pets, by adopting out pets, and by leaning on the help of volunteers.

Environmental Health and Safety (EHS) is in the middle of pool season. To date, approximately 80% of all anticipated pool permits have been issued. This was after a tremendous emphasis on communications. The goal now is to continue to grow and surpass 80% before the upcoming Memorial Day holiday. This was not the only focus of EHS, however. Annually and irrespective of the economy, restaurants grow by 3%. Ms. Jennifer Brown, Environmental Health and Safety Director, currently has approximately 70% coverage to meet these growing needs.

Water Quality was collaborating with EHS to ensure pool season went smoothly. Recent rain events had presented challenges with erosion and sedimentation control that were currently being investigated and corrected. Water Quality staff were also working on a post-construction program with an emphasis on inspections of existing stormwater structures. This was to ensure the proper function to prevent overflow.

The Growth and Sustainability Committee would be providing two updates in September 2023 – the first on the One Water Plan and the second on the Upper Neuse River Basin Association (UNRBA) (<https://unrba.org/about-unrb>).

## **2022 Public Health Report: Chronic Disease**

### **Accreditation Benchmark #4.2**

(Presented by Ms. Morgan Poole and Ms. Akanksha Acharya)

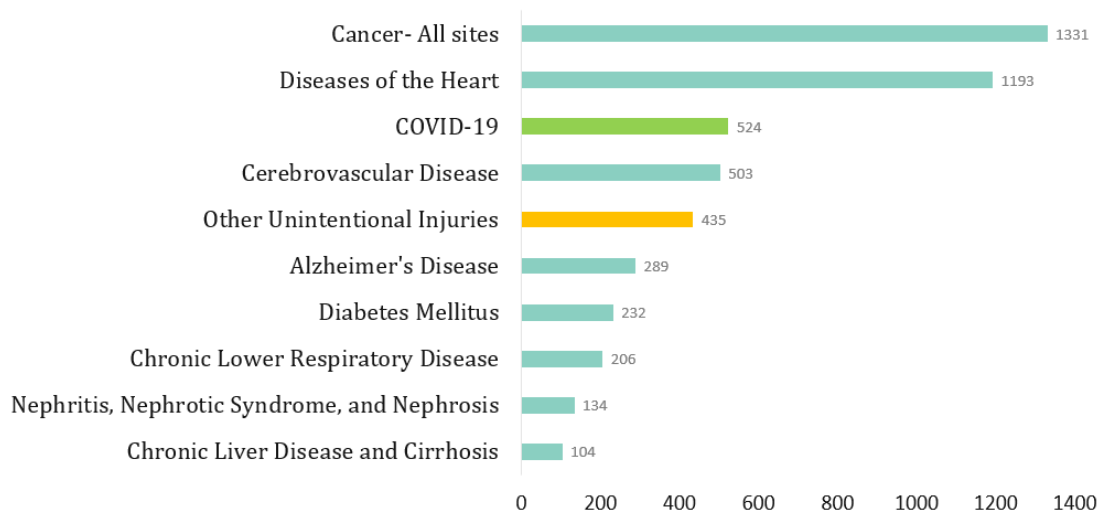
Ms. Morgan Poole, Epidemiology Program Manager, introduced Ms. Akanksha Acharya, Senior Epidemiologist. Ms. Acharya presented the 2022 Public Health Chronic Disease Report. According to the Centers for Disease Control and Prevention (CDC), *chronic diseases are health conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both*. Chronic diseases are the leading causes of death and disability in the United States. Six in ten adults in the United States have a chronic disease. Four in ten adults have two or more chronic diseases. Preventing chronic diseases or managing symptoms when prevention is not possible can reduce these costs and improve quality of life. Ms. Acharya then shared the data sources used to inform the 2022 Public Health Chronic Disease Report (see below).

- United States Census Bureau
- North Carolina State Center for Health Statistics
- Health Promotion Chronic Disease Prevention Section Programming and Services
- National Youth Tobacco Survey (NYTS)
- Monitoring the Future
- North Carolina Youth Tobacco Survey (NC YTS)
- North Carolina Youth Risk Behavior Survey (NC YRBS)

The socio-demographic composition was shared. In 2021, the median age of people living in Wake County was 37.4 years. The four largest ethnic groups are White (Non-Hispanic) at 57.1%, Black or African American (Non-Hispanic) at 18.1%, Hispanic or Latino at 11.4%, and Asian at 8.6%. The median household income for Wake County was \$91,299. This is compared to \$61,972 for North Carolina. More than half (56.7%) of the population aged 25 or older have a bachelor's degree or higher. American Indian and Alaska Natives have the highest percentage of disability. More than half of the population (66.2%) has insurance through their employer.

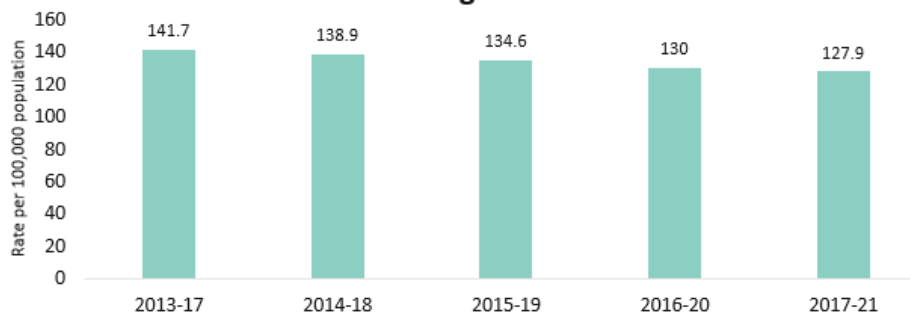
The chart below shows the top ten leading causes of chronic disease death in Wake County.

**Figure 2: Ten Leading Causes of Death, Wake County, 2021 (N = 4,951)**

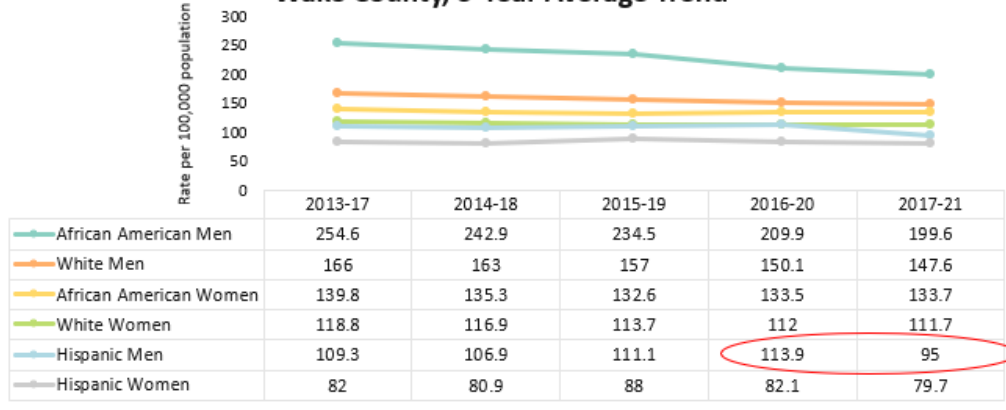


Information about the leading cause of death – cancer – was then detailed.

**Figure 3: All Cancer Mortality Rate, Wake County, 5-Year Average Trend**

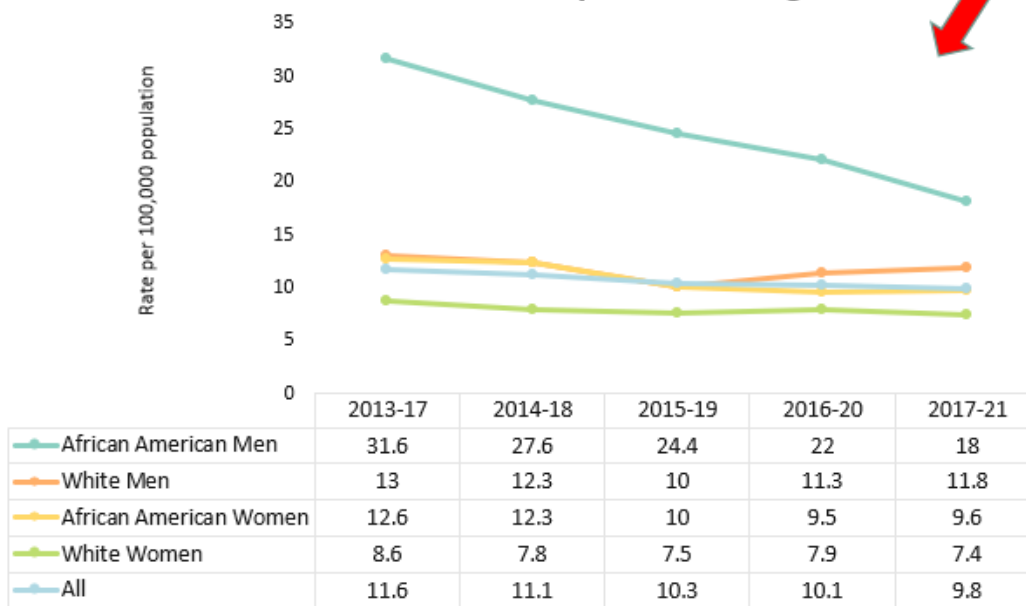


**Figure 4: All Cancer Mortality Rates by Race/Ethnicity and Sex, Wake County, 5-Year Average Trend**

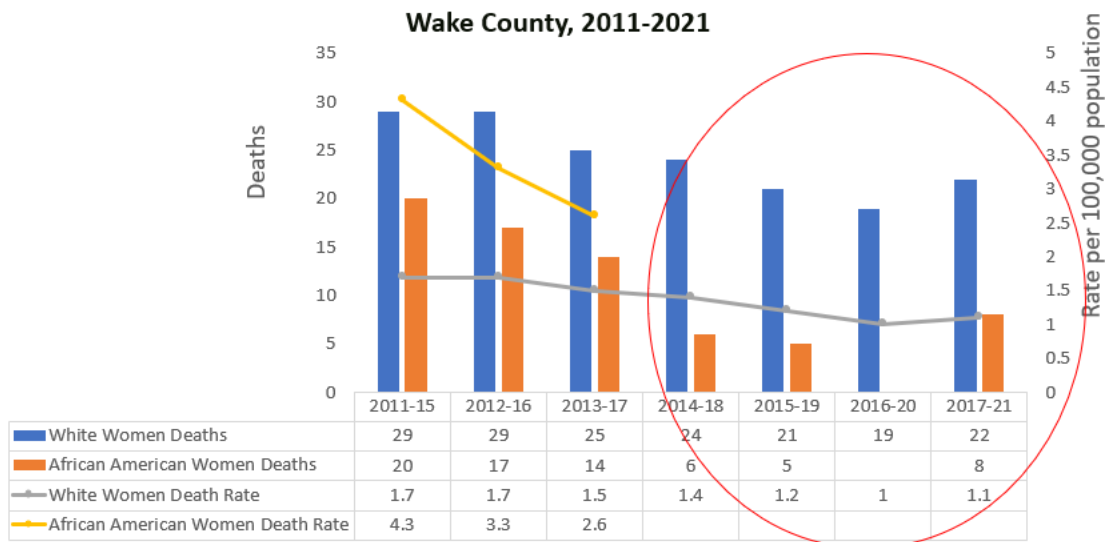


Fortunately, all cancer mortality rates continue to decline. African American men had the largest decrease (21.6%) in cancer mortality rates between 2013-2017 and 2017-2021. Hispanic men had the largest decrease (16.6%) in cancer mortality rates between 2016-2020 and 2017-2021. The top cancer deaths were attributed to trachea/bronchus/lung cancer, prostate cancer, breast cancer, pancreatic cancer, and colon/rectum/anal cancer.

**Figure 5: Colon/Rectum/Anal Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend**

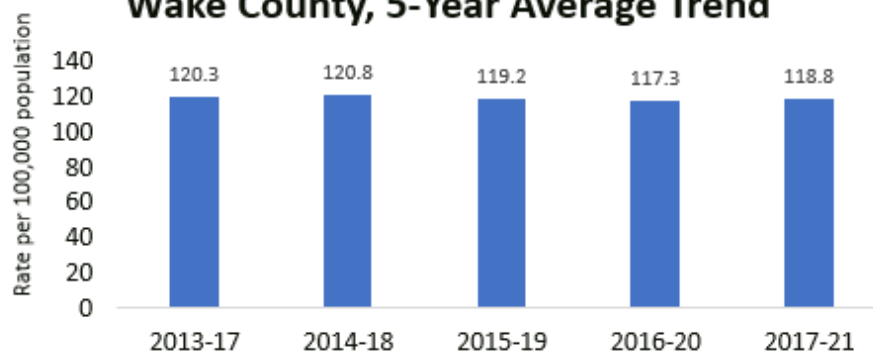


**Figure 6: Cervical Cancer Mortality, White Women vs African American Women, 5-Year Average Trend, Wake County, 2011-2021**

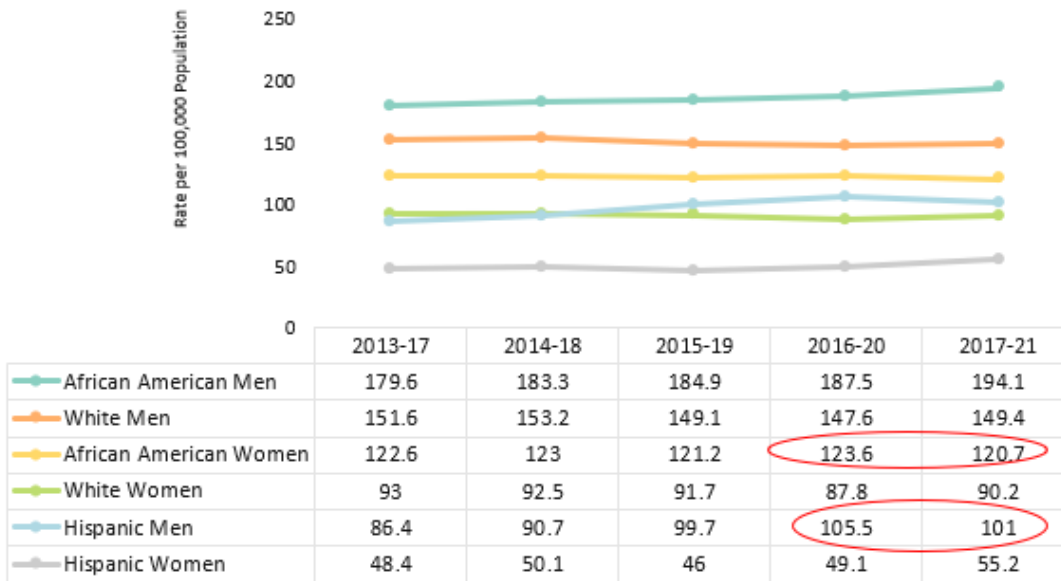


Next, heart disease was discussed. There was a slight increase in heart disease mortality rates in 2017-2021. Men of all racial and/or ethnic groups died at higher rates than women. Racial disparity persists for African American men and African American women. The mortality rates declined for Hispanic men (4.3%) in 2017-2021 when compared to 2016-2020. The following images provide more data on heart disease mortality rates.

**Figure 7: Heart Disease Mortality Rate, Wake County, 5-Year Average Trend**

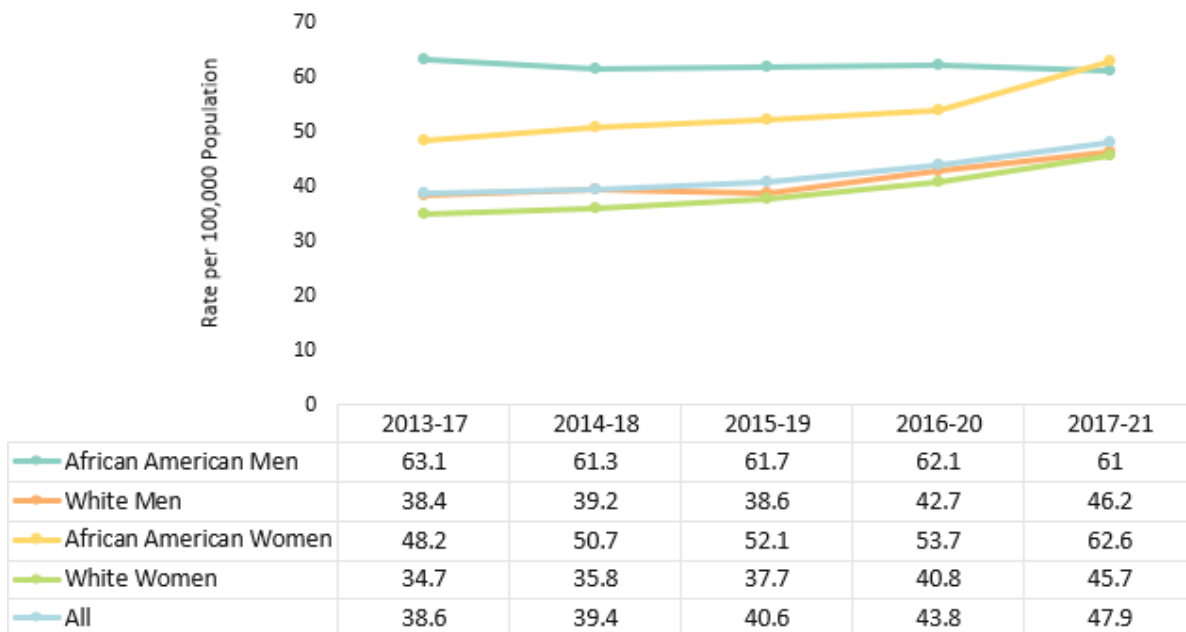


**Figure 8: Heart Disease Mortality Rate by Race/Ethnicity and Gender, Wake County, Average 5-Year Trend**



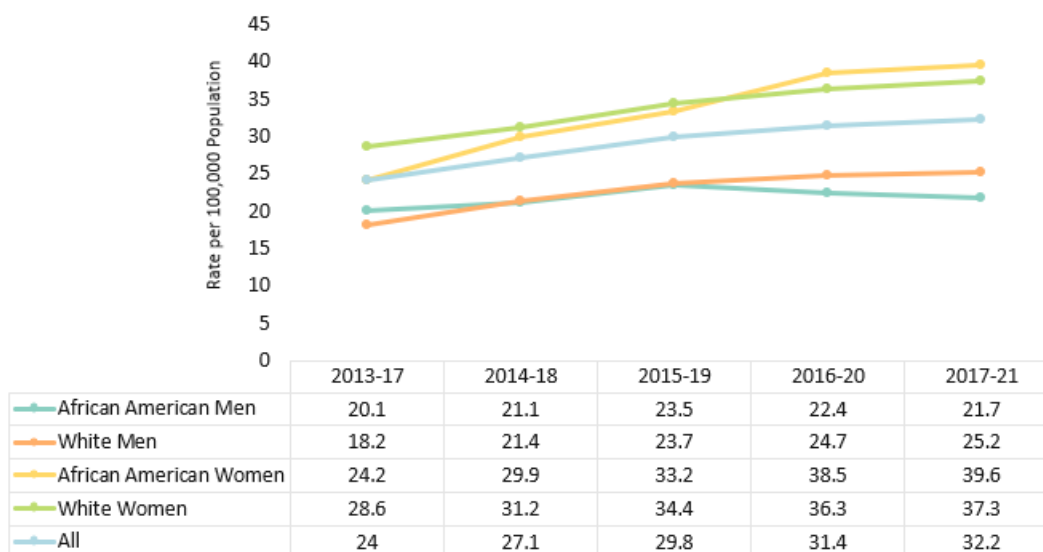
Cerebrovascular disease (stroke) was the fourth leading cause of death. The overall stroke death rate in Wake County increased by 24.1% between 2013-2017 and 2017-2021. Significant racial disparity persists in the death rate between African Americans and White men and women. See the graph below for additional details.

**Figure 9: Stroke Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**



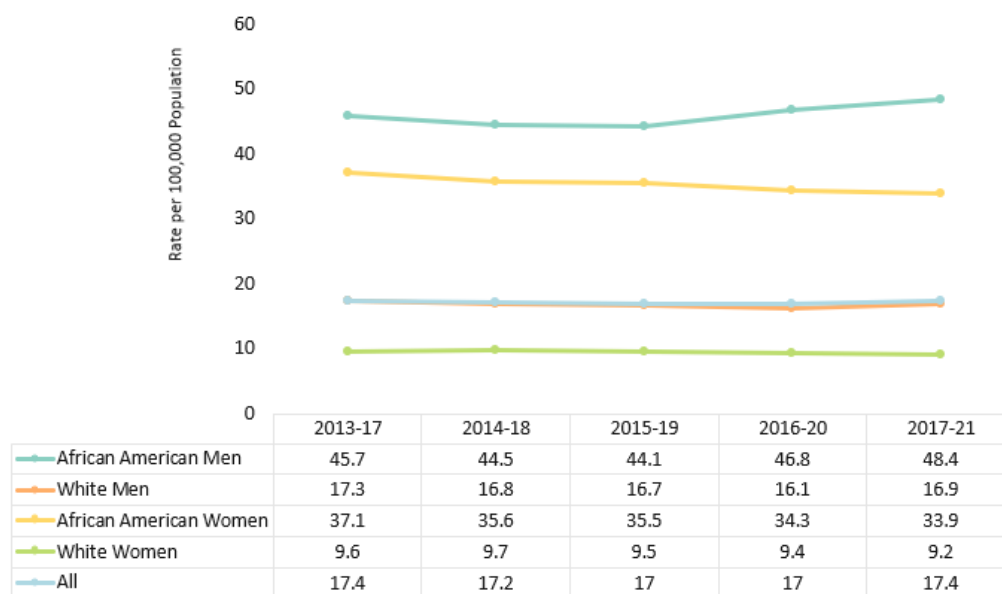
Meanwhile, Alzheimer's disease was labeled the sixth leading cause of death. Women died at higher rates from Alzheimer's disease than men. The overall death rate increased by 34.2% between 2013-2017 and 2017-2021. As before, the graph below gives additional data points.

**Figure 10: Alzheimer's Disease Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**



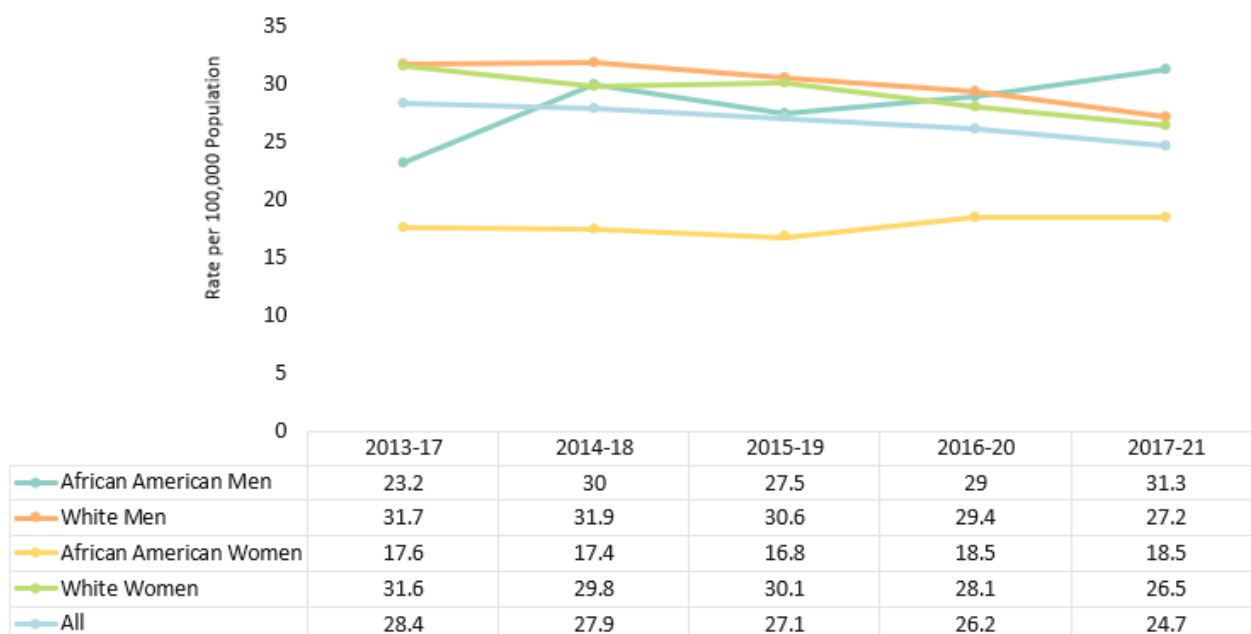
Diabetes is the seventh leading cause of death. Though the overall mortality rate is stable, there is a persistent death rate disparity among the African American population.

**Figure 11: Diabetes Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**



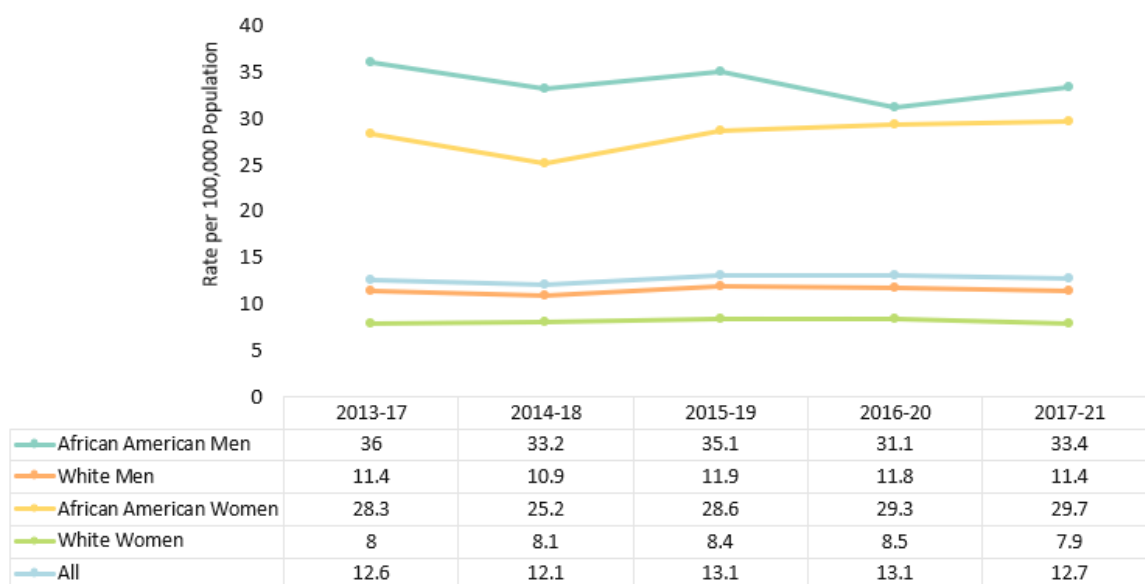
Chronic lower respiratory disease, the eighth leading cause of death, was reviewed. African American men had the highest mortality rate while African American women had the lowest mortality rate.

**Figure 12: Chronic Lower Respiratory Disease Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**



Kidney disease was the ninth leading cause of death. Unfortunately, there was a persistent death rate disparity among the African American population even though the overall mortality rate remained stable.

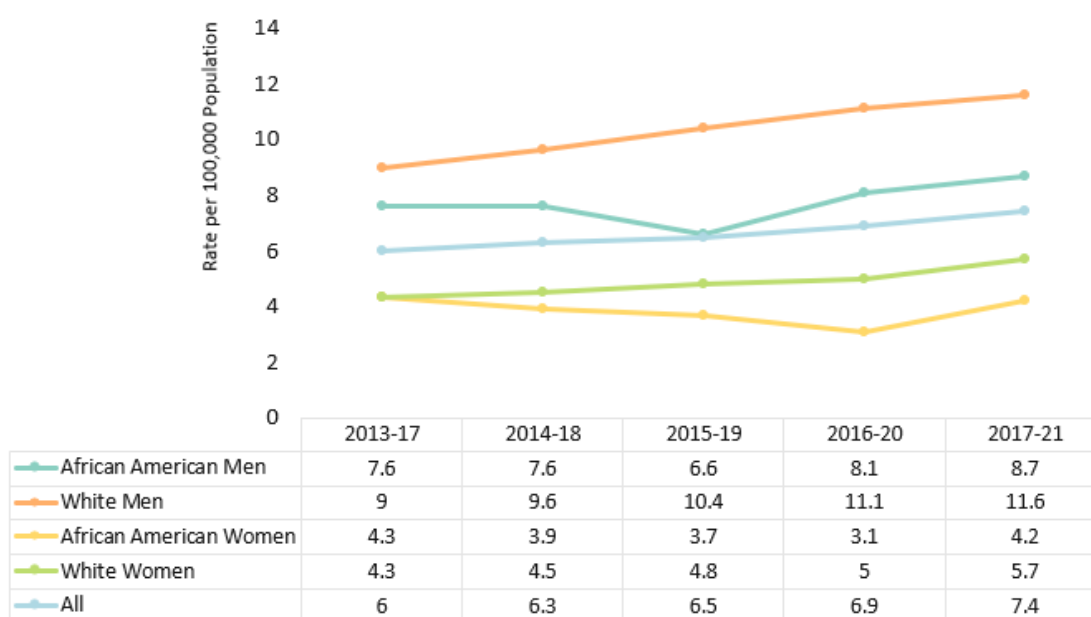
**Figure 13: Kidney Disease Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**





Finally, chronic liver disease and cirrhosis was the tenth leading cause of death. White men had the highest mortality rate compared to all other racial groups. Additionally, the death rate for African American women increased in 2017-2021 after continuously declining for three years in a row (see below).

**Figure 14: Chronic Liver Disease Mortality Rate by Race and Gender, Wake County, Average 5-Year Trend**



Highlighted in the report were the initiatives of the Wake County Health and Human Services Health Promotion Chronic Disease Prevention Programming and Services. This team oversees breast and cervical cancer, tobacco use, injury prevention, cardiovascular disease, obesity, diabetes, and substance use disorder.

- Cancer Prevention and Early Detection Clinical Services
  - Breast and Cervical Cancer Control Program (BCCCP)
    - Wake County BCCCP provides free or low-cost breast and cervical cancer screenings and follow-up services to eligible women in Wake County.
    - July 1<sup>st</sup>, 2022 to December 31<sup>st</sup>, 2022
      - 4 Cancer detected
      - 66 women referred for diagnostic mammograms and breast ultrasounds
      - 11 women were able to secure biopsy
      - 4 treatment for breast cancer secured
    - For more information regarding BCCCP, contact Jane Riley, BCCCP Nurse Navigator ([jane.riley@wake.gov](mailto:jane.riley@wake.gov))
- Tobacco Prevention and Control – Policy and Systems Change
  - Facilitated the Wake County Tobacco-Free Forum, on September 27<sup>th</sup>, with 20 participants, resulting in efforts to create the Wake County Tobacco-Free Coalition to move smoke-free and tobacco-free policies forward in Wake County.

- Presentations to strengthen existing Wake County Tobacco Policy to include “Public Places” and the expanded definition of “tobacco products” made.
  - On November 9<sup>th</sup>, 2022, the Wake County Board of Commissioners (BOC) voted to approve a new tobacco-free ordinance. The new ordinance encompasses tobacco-free County-owned buildings, vehicles, grounds, parks and recreation areas, and tobacco-free public places in unincorporated areas of the county.
  - On December 5<sup>th</sup>, 2022, the Town of Fuquay-Varina voted to approve a new smoke-free/vapor-free ordinance. The new ordinance encompasses smoke-/vapor-free buildings, vehicles, parks and recreation areas, and smoke-/vapor-free grounds with designated areas.
  - For more information regarding tobacco prevention and control efforts in Wake County, contact Catherine “Michelle” Mulvihill at [Catherine.Mulvihill@wake.gov](mailto:Catherine.Mulvihill@wake.gov).
- Cardiovascular Disease – Clinical Services
    - Wake County WISEWOMAN
      - Providers free cardiovascular health screenings to the women enrolled in BCCCP. Participants receive counseling on physical activity and nutrition. Women with abnormal lab values are referred to a medical provider for treatment.
      - July 1<sup>st</sup>, 2022 to December 31<sup>st</sup>, 2022
        - 51 women received WISEWOMAN screening services and their first health coaching session
        - 82 – 2<sup>nd</sup> and 3<sup>rd</sup> coaching sessions were completed
        - 12 referrals to primary care services for elevated lab levels or blood pressure
      - For more information regarding WISEWOMAN, contact Elizabeth Spender-Smith at [Elizabeth.Spendersmith@wake.gov](mailto:Elizabeth.Spendersmith@wake.gov).

Ms. DaQuanta Copeland asked if the cervical cancer rates decreasing could be attributed to the recent change in pap smears. Previously, insurance would typically cover annual pap smears. However, this had changed to a three-year cycle. Ms. Acharya stated that this may have had some impact, but cervical cancer had been on a trending decline for some time. It was notable that the COVID-19 pandemic overlapped with the reported figures. Some patients may not have shown up for their screenings due to the limitations placed in response to COVID-19.

Unfortunately, cervical cancer was not detectable via other means such as a blood panel, so screenings were essential. Ms. Poole added that Wake County figures were stable, but there was a nationwide increase with African American women. This was especially true in the South. To complicate matters, there was also a notable decline in African American women (again, even more pronounced in the South) that were receiving human papillomavirus (HPV) vaccinations. These were critically important in preventing cervical cancer and advocacy around screening and no cost testing may be key to raise awareness. There was a great deal of mixed feelings from providers and insurance companies alike to change the frequency of pap smears covered by insurance and notifying legislators of the complications could help avoid any future increase. Education on the gravity of consistent screenings and awareness of family history could help inform physicians about the best path for their patient. Some such education was already being conducted by Community Health Workers who had already formed connections with the community during the pandemic.

Ms. Copeland spoke of those who are asymptomatic and of the African American community in particular that would often go undiagnosed until the cancer had spread to an unmanageable degree. Ms.

Wanda Hunter reminded the Board of the historical and systematic racism and generational trauma experienced in the medical field. Seeing a physician as an African American in the South is oftentimes an extremely complex decision that may be exacerbated by family history being nonexistent, incomplete, or misdiagnosed entirely. Thus, medical providers and hospitals can be seen as untrustworthy due to the very real chance of malpractice. Because of this historical and ongoing trauma, chronic diseases are left to build in intensity. What is the actual core cause of the disparities in mortality rates in African Americans? Was cost of care of impact? Was it access to care that limited the community? Was it a lack of research with the African American community in particular that allowed for specific symptoms and risks to go unchecked? Such a chronic and widespread issue needed to be assessed, addressing, and then acted on to rectify. Insurance, as a whole, should not be the one entity to determine and dictate when a woman receives care.

Dr. Mary Faye Whisler noted that though the pap smear was now a three-year screen, anyone with symptoms could visit their doctor and, with the appropriate keying, could be justifiably covered by insurance. Anyone with abnormal results could still receive annual pap smears with proper documentation. This would not catch asymptomatic individuals, however. Insurance, as a whole, was determining coverage for screenings even to mammograms (which are no longer covered for those over the age of 70).

Commissioner James West reminded the Board that one of the priorities of the Health and Human Services Board – access to integrated services – had a great deal of overlap with the concerns regarding insurance. This was a shared priority with Live Well Wake (LWW). Providing access to those most vulnerable was the first step in beginning to educate and elevate the issue.

Conversation developed about the importance of the Health and Human Services Board's role as an advocacy body. Health screenings and insurance's coverage of those screenings are mandated by state legislation. This is an item the Board could bring before the North Carolina legislative agenda. Discussion proved the importance of such steps as legislation does currently demand that health insurance that covers breast cancer treatment must cover the reconstruction procedures at the same level as the cancer treatment. This is not the case nationwide with many considering reconstructive surgery after a mastectomy a cosmetic procedure. However, such legislation in North Carolina indicates survivors lobbying for this coverage years ago to prevent future survivors from having to pay out-of-pocket. Even with breast cancer, there is work to be done. A patient can still be sent home the same day as their mastectomy in North Carolina despite being responsible for their drains (allowing fluid from the wound(s) to be released) for up to three weeks after the surgery. In some states, hospitals cannot release their patient until those drains have been removed, but that is only a requirement due to similar lobbying and advocacy to legislation.

Though there were questions about the impact of social determinants of health on the mortality rates (specifically for Alzheimer's disease in women), this was unfortunately beyond the capacity of the report. Some anecdotal evidence did exist for the stressors women were under, especially in the wake of COVID-19 when some may have been forced into unexpected caregiver roles.

There was mention of "charity care" that each hospital defines to provide services free of charge or at a discounted price. The North Carolina Healthcare Association (NCHA) provides a list of various hospitals' financial assistance policies (<https://www.ncha.org/glossary/charity-care/>). There was also brief discussion around tobacco prevention with the latest initiatives for ordinances being announced in Fuquay-Varina and Morrisville. Ms. Michelle Mulvihill, Health Promotion and Chronic Disease Prevention – Public Health Educator, was continuing to work with other municipalities to refocus on the need for tobacco prevention in the wake of the pandemic ending. Staff and Board members alike attributed much of the county's success with tobacco prevention to the contributions of youth advocates.

From a photo voice project to presenting as part of the JUUL settlement, these youth were passionate and articulate allies in the effort to prevent tobacco and vapor product use.

Mr. Terry McTernan asked if the report would be made available to the public. Ms. Poole stated that once the Health and Human Services Board voted to approve the report, it could be published to the Wake County Health and Human Services' Data Reports webpage (<https://www.wake.gov/departments-government/health-human-services/data-and-reports>). There were reports on the website from previous years as well to serve as comparison points.

**There was a motion by Ms. DaQuanta Copeland to approve the 2022 Public Health Report: Chronic Disease. Ms. Tanyetta Sutton seconded. The report was unanimously approved.**

### **Public Health Schedule and Sliding Scale**

#### **Accreditation Benchmark #33.5, 33.7, 39.3**

(Presented by Ms. Tisha Adams)

Ms. Tisha Adams, Medical Billing and Coding Manager, presented on changes to and new additional fees in the Public Health Fee Policy.

First, Ms. Adams covered the changes to the Fee Setting Policy (see below – additional language marked in bold).

1. Vaccine and **Drug fees will be adjusted if the each time the price paid for the drug changes. The change in price is reported by the Pharmacy department** ~~of any vaccine increases by more than 20%.~~
2. **Wake County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the Athena billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.**

The 340B program is from Section 340B of the Public Health Service Act (PHSA) which was made into a program to limit and manage costs of drugs to qualifying patients. This allows the County to purchase drugs that would originally cost the patient around \$1200 to \$1300 out of pocket at vastly reduced prices (sometimes \$8 to \$20). The only requirement to participate in the program is that the County passes on the reduced prices and does not charge up Medicaid if the drug was purchase at a discount. The “UD” modifier is used by billing to denote a discounted drug. The Family Planning (“FP”) modifier may also be used dependent on the case. Ultimately, the modifiers allow the drugs to be reported at acquisition cost rather than initial cost.

These were the only two changes to the fee policy. Next, new proposed fees were reviewed (see below).

Service Type	Code	Cost Per Service	Previous Fee	Current Fee	Proposed Fee
Toxoplasma gondii Antibodies, IgG	86777	\$25.00	New Code	\$25.00	\$25.00
Toxoplasma gondii Antibodies, IgM	86778	\$113.40	New Code	\$113.40	\$113.40

Both fees are performed by outside labs. These are the exact costs of the tests and were required to be added prior to today's meeting due to patients' needs. Dr. Mary Faye Whisler asked if the current fee should be \$0 as it was new and being proposed for the first time. However, the fee was required to be set in real time due to emergency need by patients. Dr. Whisler inquired about a vision screening fee (code 99173(F) below) and if it was new. Ms. Adams stated that it was not new but had not been performed within the last year.

Service Type	Code	Units Performed	Cost Per Service	Total Reported Cost	Previous Fee	Current Fee	Proposed Fee	Fee Analyzer 75th Percentile	Medicare Fee
VISION SCREENING	99173(F)	0	\$ 40.00	\$ -	\$ -	\$ -	\$ 17.00	\$ 20.00	\$ 2.76

"Units Performed" in the above lists how many of the procedures were conducted within the last year. The "Proposed Fee" column (colored in green) denotes Wake County's proposed cost for this procedure. Staff review all fees each year and compare them against the fee analyzer's 75<sup>th</sup> percentile. This is based on an annual cost study conducted by Medicaid. When these fees fall below what Medicare charges, an increase is likely to be made to offset the difference. There is consideration, however, given to the impact to clients. Therefore fees may not match exactly in an attempt to provide as smooth a transition as possible if there is an increase in the proposed fee. Additionally, some decreases were allowed. Ultimately, the cost passed on to the patient is determined along the County's sliding fee scale. Ms. Adams shared the 101% to 250% federal poverty level sliding fee scale for the Wake County Health and Human Services Public Health Division – Clinical Services was shared (see below). This is effective as of February 1<sup>st</sup>, 2023. The scale uses a family's income as well as their size to determine what percentage they are responsible to pay for services received.

Family Size	20% Pay		40% Pay		60% Pay		80% Pay		100% Full Pay
1	14,581	20,048	20,049	25,515	25,516	30,983	30,984	36,449	36,450
2	19,721	27,115	27,116	34,510	34,511	41,905	41,906	49,299	49,300
3	24,861	34,183	34,184	43,505	43,506	52,828	52,829	62,149	62,150
4	30,001	41,250	41,251	52,500	52,501	63,750	63,751	74,999	75,000
5	35,141	48,318	48,319	61,495	61,496	74,673	74,674	87,849	87,850
6	40,281	55,385	55,386	70,490	70,491	85,595	85,596	100,699	100,700
7	45,421	62,453	62,454	79,485	79,486	96,518	96,519	113,549	113,550
8	50,561	69,520	69,521	88,480	88,481	107,440	107,441	126,399	126,400
9	55,701	76,588	76,589	97,475	97,476	118,363	118,364	139,249	139,250
10	60,841	83,655	83,656	106,470	106,471	129,285	129,286	152,099	152,100
11	65,981	90,723	90,724	115,465	115,466	140,208	140,209	164,949	164,950
12	71,121	97,790	97,791	124,460	124,461	151,130	151,131	177,799	177,800

Ms. Ann Rollins asked if the fees from the County change annually. Ms. Adams confirmed that they did once being reviewed and approved by the Health and Human Services Board. This was not true for Medicare fees. These could, and often did, change frequently. Because of the County’s policies, staff must document those changes from Medicare to present to the Board annually.

Mr. Terry McTernan inquired about the difference in code 56501 (“destroy vulva lesions sim”) where the County proposed a \$140 fee (a \$14 increase from the year before) while Medicare charged \$185.80 for the same procedure. In this case, who would make up the difference?

Service Type	Code	Units Performed	Cost Per Service	Total Reported Cost	Previous Fee	Current Fee	Proposed Fee	Fee Analyzer 75th Percentile	Medicare Fee
DESTROY VULVA LESIONS SIM	56501	16	\$ 393.75	\$ 6,299.98	\$ 101.00	\$ 126.00	\$ 140.00	400.00	\$ 185.80

Ms. Adams stated that, for this particular service, the County’s fee schedule was aligned with Blue Cross Blue Shield (BCBS). This service is very commonly done to patients who must pay its cost out-of-pocket. Though there will likely be increases in the future to this fee, the discrepancy between the “Previous Fee” (\$101.00) and the “Medicare Fee” (\$185.80) was \$84.80. This would be a huge increase on a service normally done during family planning care. As for the gap, there is a contract with Medicare that allows it to be adjusted on a sliding scale. This way, whatever pay allowable is taken.

**Dr. Mary Faye Whisler made a motion that the proposed changes to the fee policy and the two new fees be approved. Dr. Ojinga Harrison seconded. The motion was unanimously approved.**

## Health and Human Services Director's Update

(Presented by Ms. LaToya Toussaint, Ms. Janny Mealor, and Ms. Rebecca Kaufman)

- Ms. LaToya Toussaint, Senior Deputy Director of Health and Human Services, stood in for Ms. Nannette Bowler, Health and Human Services Director, who was out at a conference.
- Ms. Janny Mealor, Adult and Family Services, discussed the following.
  - Staff are working to add the Childcare Subsidy application to the Wake County website (<https://www.wake.gov/departments-government/health-human-services/children-and-family-services/child-care-subsidy>). Currently there is only an e-mail and phone number for reference, but, with some reworking, the application would soon be available to the public as well.
  - Deputy County Manager Duane Holder stated that County Manager David Ellis had assigned a workgroup to address the issue of children needing proper emergency placements. These children are often housed in Health and Human Services (HHS) office buildings until a better match can be established. There was a proposed cut off for July 1<sup>st</sup> to ensure no more children were living in the HHS buildings. Details were developing and the HHS Board would be kept informed of updates.
- Ms. Rebecca Kaufman, Health Director, discussed the following.
  - Wake County will be receiving around \$10 million from an infrastructure and workforce grant from the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/infrastructure/index.html>). There is a chance, within the next five years of the grant, that this fund would expand up to \$13 million. These monies will be used to support current staff and to recruit and retain new staff. It will also support the ongoing health equity work begun by Ms. Lechelle Wardell, Population Health Director, and her team during the COVID-19 pandemic. The CDC emphasized that this is the most flexible funding that it has ever given with focus on the future and innovations to help prepare for future public health emergencies. Public Health staff would keep the Board updated on how the funds were used.
    - Ms. Wanda Hunter asked if any of these funds would be used to train and provide state certification for Community Health Workers. Ms. Kaufman stated that five Community Health Workers would be hired in Social and Economic Vitality (SEV) under Health and Human Services.
  - May is Nurses Month and the school health team stepped up to celebrate. The team took advantage of American Rescue Plan Act (ARPA) funds to hold a community school health nurses' day. In addition to Wake County school nurses, other nurses from charter schools and private schools joined as well. School officials, a speaker, and a celebration of nurses help to ensure success. Though school nurses are not always acknowledged, the County actually employs 100 staff members in this area. Eighty-five (85) of these staff members are frontline school nurses. Many of these nurses have faced numerous challenges during the COVID-19 pandemic with stress levels rising and burnout becoming all too real. Though retention is still a concern, staff are in a much better position with only eight positions currently vacant for school nurses.
  - Live Well Wake (LWW) was supporting several mental health awareness events. One event was held at Dorothea Dix Park in Raleigh while another took place at Joyner Park in Wake Forest. There was another mental health awareness event held with a local church in Southeast Raleigh. The intent is to reach as many members of the community as possible while maintaining accessibility. There was also an "Ask the Doc" series held in both English and Spanish covering COVID-19.



## **Committee Chairs Update**

(Presented by Ms. Ann Rollins, Dr. Mary Faye Whisler, Ms. Wanda Hunter, and Mr. Ross Yeager)  
Ms. Ann Rollins, Health and Human Services Board Chair, provided an update from the Regional Networks Committee. Regional Centers were beginning to focus on summer food programs. Eastern Regional Center (ERC) in Zebulon has two sites running weekly – one at the Wendell Community Center and another at the Wakefield Missionary Baptist Church. Departure Drive Center is partnering with the River Birch community to start the summer feeding program from June 26<sup>th</sup> to August 3<sup>rd</sup>. The Western Regional Community Advocacy Committee (CAC) Food Security Action Group continued emergency food distribution in ten neighborhood sites. Over the past month they had provided 1,647 families with produce boxes in addition to other resources and supplies.

Many of the Regional Centers were focused on Child Abuse Prevention Month and Mental Health Awareness Month. Collaboration with the National Alliance on Mental Illness (NAMI) and other organizations produced walks and campaigns to raise awareness about child abuse prevention. At Departure Drive, staff received and served 26 patients needing mental health referrals in the past month. The ERC received 140 clinic visits in April. Meanwhile, the Western Health and Human Services Center (WHHSC) had two new hires this month. WHHSC was still providing COVID-19 vaccinations onsite. The Northern Regional Center (NRC) in Wake Forest has their clinic open two days a week and served 107 clinic patients in April. The Southern Regional Center (SRC) in Fuquay-Varina only served five patients in April. However, this was due to the provider taking on a different role in Wake County. Until a different provider is hired, their clinic will only be open on Thursdays for immunizations. Advance Community Health Clinics have served 67 patients. Finally, Monarch continues to provide behavioral health services at the SRC one day a week.

Mr. Ross Yeager, Director of the Northern Regional Center in Wake Forest, presented revisions to the Mayor Frank Eagles Community Service Award. This award had been approved to be overseen by the Health and Human Services Board at their November 2022 meeting and was in honor of the late Mayor Frank Eagles, member of the Board, Chair of the Regional Networks Committee, and staunch advocate of Wake County citizens. The first award had been presented to Mr. Eagles' family at the December 2022 Board meeting. Looking forward, staff reviewed this award to design and deliver it in such a way that community members could be considered. Last month, Mr. Yeager presented the details of the nomination form, timeline of receipt of nominations, and makeup of the Selection Committee to Ms. Annemarie Maiorano (Deputy Director of Operations), Ms. Nannette Bowler (Health and Human Services Director), and Ms. Ann Rollins (Health and Human Services Board Chair) for feedback. The proposed details of the award are as follows:

- Eligibility – Any person in Wake County with the exception of those working for the County and/or anyone on or relatives of those on the Selection Committee.
- Criteria for Review – Could be an individual or someone representing a group or existing organization. Must have at least one year of dedicated work in Wake County. Preferably, there would be metrics or outcomes proving what work has been produced. The ideal candidate would be altruistic and hold a selfless dedication to helping others. Finally, their work would be consistent with the priorities of the Health and Human Services Board.
- Accessibility – There will be an automated form allowing for electronic submission as well as hard copies made available upon request.
- Selection Committee – Would be comprised of the following:
  - Ms. Ann Rollins (representing both the Health and Human Services Board as Chair and the Regional Networks)
  - Commissioner James West (as the Health and Human Services Board's liaison to the Wake County Board of Commissioners (BOC))



- Ms. Annemarie Maiorano (Deputy Director of Operations)
- Ms. Cathy Eagles (Mr. Eagles' daughter and one of the recipients of the inaugural award)
- A Regional Center Director (this year Mr. Ross Yeager with rotation occurring thereafter)
- A representative from the Community Advocacy Committee (CAC) from that same Regional Center as the Director

The Communications team (both for the County and Health and Human Services) would be working to release the details of the award to the public. Currently, it was proposed that the nomination window be six weeks long. After six weeks, nominations would be closed and the Selection Committee would meet to review the submitted nominations. Ideally, the Committee members would have two to three weeks to make the final choice. Once an award recipient had been identified, Ms. Brittany Hunt, Executive Assistant to the Health and Human Services Board, would spend September and October notifying the winner and coordinating the award ceremony for the Mayor Frank Eagles Community Service award. For 2023, the proposed award ceremony would be held during the Board's regular meeting would on October 26<sup>th</sup>. There is some wiggle room with this timeline, of course. The application could be launched toward the end of June and still allow for the Selection Committee to meet for a couple of weeks to determine the winner. Ultimately, the intent was to award the next Mayor Frank Eagles Community Service Award to its recipient at the October 26<sup>th</sup> Health and Human Services Board meeting.

Dr. Mary Faye Whisler pointed out that the word "region" in the award description was vague and might confuse would be candidates. County and Health and Human Services Communications would both also be reviewing the document for such chances for revision.

Mr. Terry McTernan stated that a deadline of four to six weeks for nominations would place the next step (with the Selection Committee) at August 1<sup>st</sup>. Mr. Yeager said that even a release of June 30<sup>th</sup> of the form and information to the public, six weeks would still be August 12<sup>th</sup> and more than enough time for the Selection Committee to make their determination. This was not to say that August 12<sup>th</sup> would be the deadline – only to clarify that there was time for a thorough review process. Ms. DaQuanta Copeland suggested to allow Communications more time as – with all of the reports and happenings of this meeting alone – a great deal was being communicated to the community. If there were too many attempts at communicating, such opportunities as the award might go unnoticed. There would be alternative routes of communication – the Regional Centers would advertise the award and Board members would have the opportunity to inform the community as well.

The following suggestions for edits were made:

- The Regional Director could not select a CAC member from their own CAC. In order to ensure a diverse committee, a different Regional Center's CAC would be asked to provide a volunteer for the Selection Committee. In other words, because Mr. Yeager would be acting as the Regional Director for the committee in 2023, a CAC member could not be selected from Northern Regional Center.
- The language of "Board Chair" would need to be changed to "representative of the Board." This was to allow for any member of the Board to fill this position. For 2023, this just so happened to be the Board Chair – Ms. Ann Rollins – due to her knowledge of the Regional Networks. This does mean that future iterations of the documentation for the award will need to be updated to reflect the selection process for the member serving on the Selection Committee. It was suggested that language about specific people (example: Commissioner James West) be replaced with language about positions (example: Wake County Board of Commissioner Liaison to the Health and Human Services Board). This allowed for fair and open rotation of Selection Committee members.

**Dr. Mary Faye Whisler made a motion that the Mayor Frank Eagles Community Service Award changes and suggested amendments (encompassing the form, timeline, and Selection Committee makeup) be approved. Mr. Terry McTernan seconded. The motion was unanimously approved.**

Applications, once complete, would be submitted to Ms. Brittany Hunt, Executive Assistant to the Health and Human Services Board. Board members would be notified once the application had been published.

Dr. Mary Faye Whisler, Chair of the Public Health Committee, stated that the Committee had received a presentation from Wake Smiles, the only dental clinic in Wake County solely focused on serving uninsured adults living 250% under the federal poverty guidelines (<https://www.wakesmiles.org/>). The Committee also received the same Public Health Report: Chronic Disease that Board members received today. One of the founding members of the Public Health Committee – Dr. Barbara Ann Hughes – was also being celebrated after being notified of winning the Lifetime Achievement Award from the Academy of Nutrition and Dietetics. This is the highest honor that the Academy bestows and Dr. Hughes will be receiving the award in October 2023. Finally, the Public Health Committee meeting for June 2023 was being cancelled. The Committee would next meet on July 21<sup>st</sup>, 2023.

Ms. Wanda Hunter, Co-chair of the Social Services Committee, provided updates to the Board. May was Foster Care Month with staff holding a kickoff at the Wake County Swinburne Health and Human Services building. It was crucial for the community to be aware of their role in assisting in foster care – even if only for assistance in respite if unable to commit to fostering a child full-time. Ms. Hunter had attended the mental health awareness event at Dorothea Dix Park that was well received by the community. She reminded Board members of the importance of attending such events as Wake County Health and Human Services (WCHHS) staff were present and seeing the Board’s presence was bolstering to morale. On May 3<sup>rd</sup> there was Tangelo training to allow community partners to register individuals to the food benefits platform delivering produce boxes twice a month. Potential recipients must have been impacted by COVID-19, lack transportation, and are notably food insecure. Ms. Hunter’s ideal target population will be seniors and she will be working through registering these seniors with Tangelo.

The Social Services Committee had last met on May 5<sup>th</sup>. The Committee was delighted to welcome Ms. Bettie Murchison, Co-leader of the Village of C.A.R.E. – a committee focused on addressing the rise in child suicide rates. Her presentation was profound and positioned children as the determining factor of a community’s overall health. With the Aged Out of Foster Care Workgroup, members were still waiting for more information from St. Augustine’s University. There was mention of a similar program being launched at Livingstone College which highlighted the dire need for assistance for this population. Speaking of connections beyond Wake County, there was a Digital Durham meeting to discuss the impact of digital equity across Durham County. It was critically important to stay connected and stay aware of upcoming initiatives. Better Wake also hosted a town hall on educational equity at the John Chavis Memorial Park Community Center that was empowering and called for advocates to begin actively putting funds toward feasible solutions for the community. There was a Health LIT4Wake youth engagement meeting to encourage youth to rally around health initiatives. There was also Health LIT4Wake’s normally scheduled meeting on the 18<sup>th</sup>.

### **Temporary Advisory Committee (TAC) Update**

(Presented by Ms. Ann Rollins)

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

The Health and Human Services Board Executive Committee had met and made a change to the language of “Co-chairs” to allow for one Committee Chair and one Committee Vice Chair for each TAC. Three of the TACs (Social and Economic Mobility, Food Insecurity, and Access to Integrated Services) that only had their Chair position filled. If any Board members were interested in filling a Vice Chair position for one of these three TACs, they should notify Ms. Rollins and/or Ms. Brittany Hunt, Executive Assistant to the Health and Human Services Board. There was one correction to the Mental Health TAC – Ms. Lily Chen would be serving as Chair and Ms. Tanyetta Sutton would be serving as Vice Chair.

TAC meetings would be scheduled soon with invitations being sent by Ms. Hunt.

- **Public Comments**
  - None

### **Adjournment**

The meeting was adjourned at 9:33 A.M.

**Board Chair’s Signature:**



**Date:** 06/22/2023

Respectfully submitted by Ms. Brittany Hunt