

**Wake County Health and Human Services Board  
Meeting Minutes  
August 24, 2023**

**Board Members Present:**

Lily Chen  
Maty Ferrer Hoppmann  
Wanda Hunter  
Christine Kushner  
Ann Rollins  
Tanyetta Sutton  
Dr. Kelcy Walker Pope

**Guests Present:**

None

**Staff Members Present:**

Akanksha Acharya  
Nannette Bowler  
Sheila Donaldson  
Ann Godwin  
Anika Hamilton  
Kevin Harrell  
Duane Holder  
Brittany Hunt  
Tony Johnston  
Rebecca Kaufman  
Ruth Lassiter  
Katie LaWall  
Annemarie Maiorano  
Jenelle Mayer  
Yolanda McInnis  
Janny Mealar  
Michelle Mulvihill  
Ken Murphy  
Terry Nolan  
Shanta Nowell  
Antonia Pedroza  
Sarah Plentl  
Morgan Poole  
Dr. Joseph Threadcraft  
Dr. Theo Udeigwe  
Lechelle Wardell

**Call to Order**

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

**Next Board Meeting – September 28, 2023**

**Approval of Minutes**

Because quorum was not established, the July 27<sup>th</sup>, 2023 minutes would be held and reviewed during the next meeting with quorum.

**Treasurer's Report**

Ms. Christine Kushner, Treasurer, provided the Treasurer's Report. There was no change from the July's Treasurer's Report. Thus, the fund was still at \$8,080.92.

## **Health and Human Services Board Member Swearing In**

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) swore in Ms. Maty Ferrer Hoppman as a Wake County Health and Human Services Board member.

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

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, stated that staff met with the Home Builders Association (HBA) of Raleigh-Wake County the day prior. This is an active group and one that Environmental Services maintains a good relationship with to fully understand, discuss, and address challenges in Wake County. There will be follow-up with Mr. Jason Horton (Strategic Initiatives Director), but there is an increased focus out of the County Manager's Office to emphasize affordable housing and development. These are two areas Environmental Services has a supportive role in. Additional information will be provided as staff move forward with planning and with the budget.

Ms. Jennifer Brown (Environmental Health and Safety Director) was commended for collaborating with Health and Human Services and the Centers for Disease Control and Prevention (CDC) to address a local outbreak.

Additional budget and fee details are anticipated to be reviewed in the future in response to recent legislative changes last reported during the July Health and Human Services Board meeting by Dr. Caroline Loop (Deputy Director of Environmental Services).

## **Unified Development Ordinance (UDO) Tobacco Amendment**

(Presented by Ms. Terry Nolan and Ms. Michelle Mulvihill)

Ms. Terry Nolan (Planner III) and Ms. Michelle Mulvihill (Health Promo & Chronic Disease Prevention - Public Health Educator) presented the proposed Unified Development Ordinance (UDO) tobacco amendment. Staff were requesting to amend the UDO to prohibit tobacco and hemp retail within 1,000 feet of elementary, middle, and high schools, parks, greenways, residence, and other tobacco and hemp. This request included restricting tobacco and hemp retail to the following zoning districts: general business, heavy commercial, industrial, and special districts. Tobacco and hemp retail represent a specialty retail store with a small storefront. They are found along major corridors and downtowns. None were found in unincorporated Wake County.

This proposed amendment came about after Wake County was approached by staff from the Wake County Public School System (WCPSS) who wanted to reduce the availability of these items to youth through land use regulation. Wake County Health and Human Services (WCHHS) has a robust program that educates youth. Ms. Mulvihill presented at a municipal planners meeting in May 2023 where planners discussed their experiences implementing land use policy. Planning, Development, and Inspections (PDI), WCPSS, and HHS staff met in June to discuss a Wake County UDO amendment.

Below is a table outlining the 100% tobacco-free or smoke-free written regulations for Wake County's municipalities.

# NORTH CAROLINA MUNICIPALITY 100% TOBACCO-FREE OR SMOKE-FREE WRITTEN REGULATIONS

Tobacco Prevention  
and Control Branch

## LEGEND:

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100% Tobacco Free Policy

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100% Smoke Free Policy

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No Written Regulation or  
Less than 100% Written  
Regulation

County

Local Health Dept.- Region  
Gov't Buildings  
Gov't Vehicles  
Gov't Grounds  
Gov't-Owned Parks Only  
Recreation Areas  
Public Places

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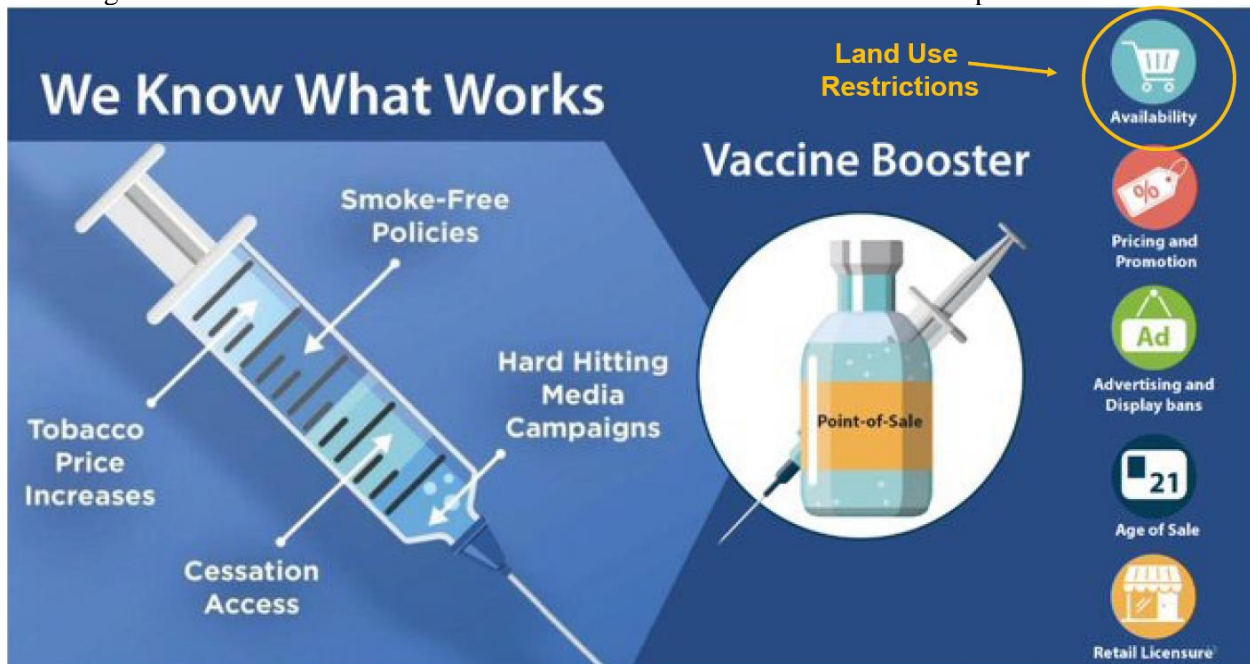
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The image below outlines data-informed solutions to combat tobacco and tobacco product use.

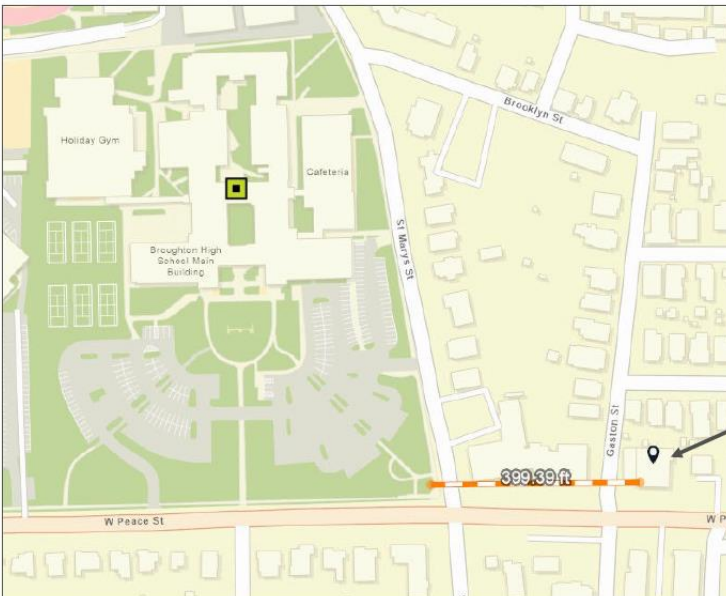


Local governments have broad authority to regulate land use and development for the safety and welfare of the public. The 1976 Supreme Court case *Young v. American Mini Theaters* established the “secondary effects doctrine.” This upholds zoning regulations intended to limit the adverse effects associated with a particular land use. Secondary effects doctrine is commonly used to restrict sexually oriented businesses. Several Wake County municipalities are using the secondary effects doctrine to limit adverse effects on youth.

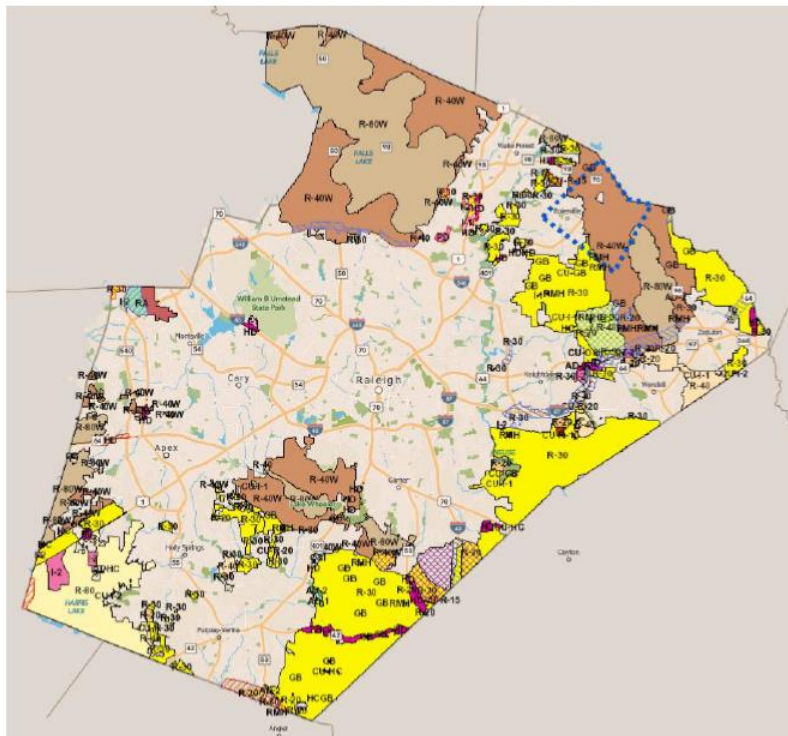
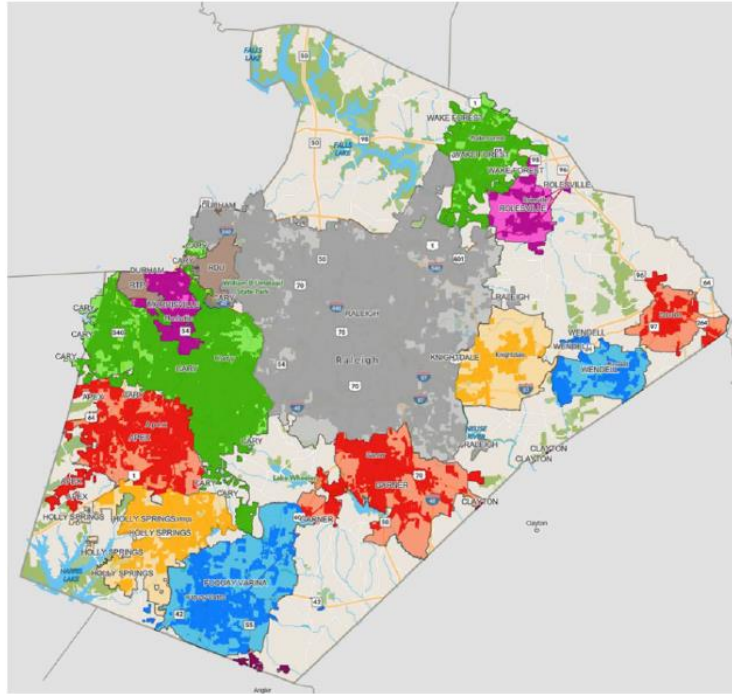
The table below lists the UDOs in place for Wake County's municipalities.

Municipality	Distance from schools	Distance from other uses
<b>Apex</b>	1,000 feet	No restrictions
<b>Fuquay Varina</b>	500 feet	Other tobacco/hemp retail, daycare
<b>Knightdale</b>	1,000 feet	Other tobacco/hemp, park
<b>Rolesville</b>	1,000 feet	Other tobacco/hemp
<b>Zebulon</b>	500 feet	Other tobacco/hemp, pawn, religious institution, daycare, parks, adult business, nightclub, pool hall

The following image shows one tobacco and hemp retail store less than 400 feet from Broughton High School property.



To further outline the planning in Wake County, the two images below were provided. Wake County regulatory area does not include municipal corporate limits or extra territorial jurisdiction (ETJ). County Zoning Districts include watershed districts and overlays. Unified Development Ordinances (UDOs) include permitted uses and requirements.



The proposed amendments to article 4-57 are included below.

- 4-57-1: The site of the establishment must be located at least 1,000 feet – measured in a straight line from property line to property line – from the site of any other Tobacco and Hemp Retail establishment that exists or has been permitted;



- 4-57-2: The site of the establishment must be located at least 1,000 feet – as measured in a straight line from property line to property line – from any of the following use types: elementary, middle, or high school, public park, greenway, or residence.
- 4-57-4: There shall not be more than one use subject to these standards on the same property or in the same building, structure, or portion thereof;

Proposed zoning districts and their current use were outlined in the table below.

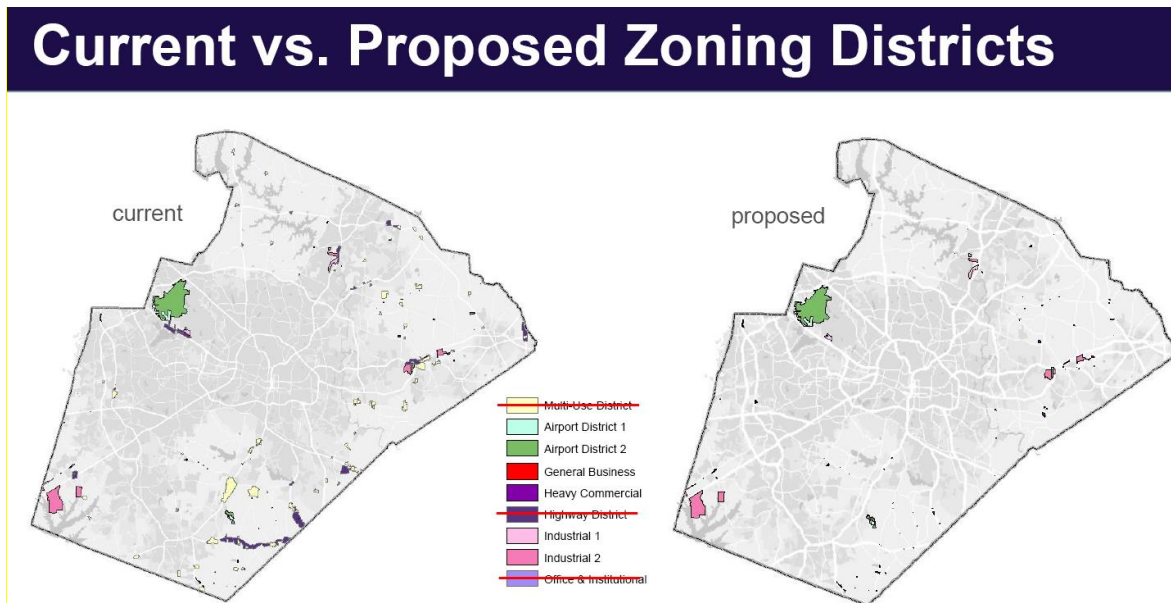
**This is a simplified Use Table**

S\* = Special Use in Multi-Use District

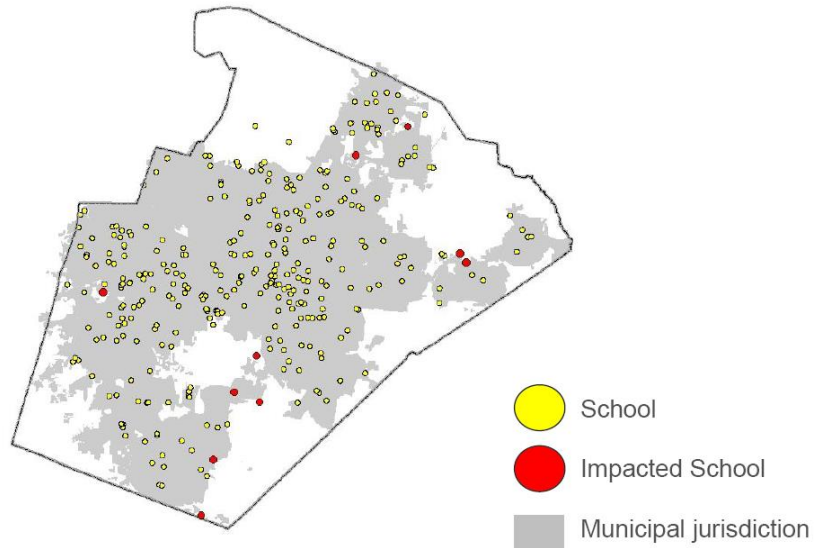
S = Special Use that requires approval by the Board of Adjustment

P = Permitted by right

Use	Residential	Highway District	Office	General Business	Heavy Commercial	Industrial
Neighborhood retail	S*	P	P	P	P	P
Outdoor sales/storage		P	P	P	P	P
Tobacco/Hemp				P	P	P
Sexually oriented business				S	S	S



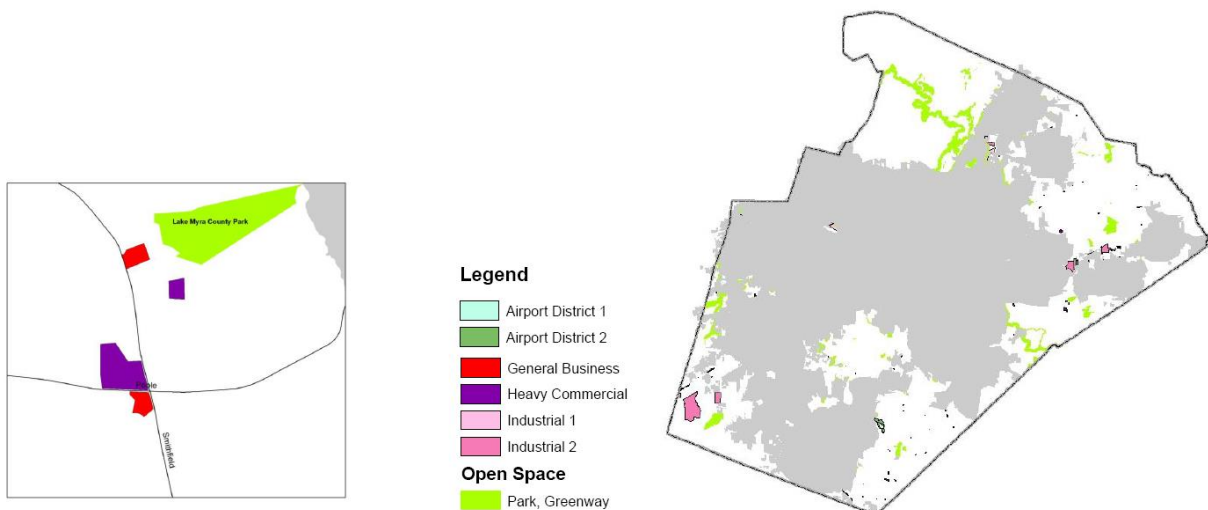
Most schools are in municipalities because of the need for public utilities. Schools on the “edge” of the image below are the likeliest to be impacted by the proposed UDO amendment.



When conducting an impact analysis, staff found ten schools in Wake County with commercially zoned land within 1,000 feet of a school. These are listed below.

- Endeavor Charter (Capital and Burlington)
- Jones Dairy Elementary (Jones Dairy Road)
- Wendell Middle (97 and Wendell Boulevard)
- Turner Creek Elementary (NC 55 and Lewey Drive)
- Willow Springs Elementary (Highway 42)
- Vance Elementary (Ten Ten)
- Carolina Charter Academy (Highway 55 Angier Area)
- King's Town Christian Academy (Ten Ten)
- Wake Christian Academy (Simkins and 401)
- Trinity Christian Academy (Highway 64 Wendell Area)

Parks and commercial areas were also reviewed. No major impacts were found other than one commercial area near Lake Myra Park (see below).



Ms. Nolan then shared the proposed timeline for presentations surrounding the proposed amendments.

- Planning Board – August 2<sup>nd</sup>
- Public Health Committee – August 18<sup>th</sup>
- Health and Human Services Board – August 24<sup>th</sup>
- Planning Board – September 6<sup>th</sup>
- Board of Commissioners – October 9<sup>th</sup> or 23<sup>rd</sup>

The proposed changes do not impact any existing tobacco/hemp establishments in unincorporated Wake County. The proposed standards align the County's land use policies with Health and Human Services efforts on youth tobacco/hemp activity. Several municipalities have already established similar standards for this type of use.

Ms. Christine Kushner asked if the amendment would only impact specialty stores (i.e., not grocery or corner stores that just happen to sell tobacco and/or hemp products). Ms. Nolan confirmed that it was limited to specialty stores where tobacco and/or hemp was the principal product sold. There was a conversation surrounding the ease of access of these products to youth. Some products even market themselves specifically to school-aged children. One such example was a vape pen that appears like a highlighter one would use when taking notes. Ms. Tanyetta Sutton confirmed this with her work in the Wake County Public School System (WCPSS). While there is a concern for high school students and the major substance abuse concern laid with high schools, professionals are saying tobacco use is now starting in elementary schools. These products should not be so widely available and certainly not within such a short distance from a school.

Ms. Ann Rollins asked how the recommended 1,000 feet was determined and if a further distance could be considered. Ms. Nolan said that Wake County's municipalities mostly went with 1,000 feet and the figure was selected to keep consistent and not venture into overregulating. However, the distance could be greater than 1,000 feet. There is work being done to ensure that the school district is aware of this concern and are subsequently and consistently kept updated on any changes. Ms. Mulvihill's presentation at the municipal planners' meeting gave the community an opportunity to be on the same page and share their experiences. If the UDO ultimately receives this amendment, these same community partners would receive that notification.

Ms. Sutton asked what monitoring would be done to ensure that the tobacco/hemp store was shut down once the amendment was enforced. Because there are not currently locations in Wake County, it would apply to any new development coming in. Staff would be made aware of the change to properly advise the development's progress. The one location mentioned during the presentation (near Broughton High School) was in the City of Raleigh – a municipality of Wake County. It is believed that any such amendment would only impact new entities as any previously established locations could be grandfathered in according to the municipalities' codes.

There was a question about the distance for sexually oriented businesses. Ms. Nolan stated that this was 1,000 feet as well. Another inquiry pondered what would happen if a corner or non-specialty store converted into a tobacco/hemp store. Would this be a new application? Ms. Nolan stated that it would depend on the case. If the owner needed to speak with Wake County Planning for anything related to the conversion, this would be caught (such as on the building permit). However, if the location simply made the transition, staff would honestly not be aware.

The age for purchase of these items was discussed. Ms. Mulvihill explained that the state of North Carolina recognizes 18 as the age limit for purchase while the federal limit is 21. Ms. Mulvihill had



previously presented this discrepancy to the Health and Human Services Board. Because the age limit is 18 in North Carolina law, it is difficult to enforce the 21 limit. Awareness is key and work is being done with the State and legislators to ensure buy-in from local areas. A newly proposed law would contain a number of different components and considerations to be truly effective and align with evidence-based policies related to tobacco work. One such proven success is a licensure program. Currently, any store and anyone can sell tobacco which has led some people to be convicted when selling tainted products. A licensure program with accountability would help ensure the seller is aware of the nuances behind selling tobacco/hemp products.

Discussion turned to the distribution of other drugs including tetrahydrocannabinol (THC), kratom, and whippets. One member asked what kratom was and Ms. Rebecca Kaufman (Health Director) explained that it was a drug comparable to heroine that was not illegal and could in fact be found in some gas stations for purchase. Patients coming in to the hospital high on kratom take days to come down from their high. Ms. Sutton stated that many athletes found kratom appealing given its pain management qualities. Whippets posed a different concern as they are hard to detect. There were several stories of drivers suspected of doing whippets and driving reckless to the point of causing car crashes and fatalities. However, suspicion is all that can be confirmed as a drug test will not catch whippets after minutes of it being breathed in. By the time proper drug testing can arrive on the scene, the chance to confirm and possibly convict the culprit is gone. Ms. Kaufman said that staff could report the Board's interest in current drug trends back to staff and that Ms. Nicole Singletary (Drug and Injury Prevention Unit Manager) would be able to present on said trends at a future meeting.

There was conversation around possible signage warning of tobacco/hemp stores, but this would run into separate issues of sign ordinances that would need to be seriously considered and abided by to be in compliance. Mr. Ken Murphy (Senior Deputy County Attorney) reminded Board members that this was a land use and development ordinance. The Board most typically deals with public health rules (such as those informing well regulations). Because of this the Health and Human Services Board does not have legal authority to pass or not pass the amendment. However, the Wake County Board of Commissioners would still take the Health and Human Services Board member's support of this into consideration when reviewing the amendment. Ms. Lily Chen thanked the presenters and spoke of how this amendment to the UDO would be relevant to the Mental Health Temporary Advisory Committee (TAC) formed by the Board to oversee its mental health priority.

**Due to a lack of quorum, a formal vote could not be held. This agenda item will return for vote pending quorum at the 2023 September Health and Human Services Board meeting. However, the consensus was that Board members supported the amendment to the UDO as it continued to the Board's aligned goals to protect the health of Wake County residents, especially youth.**

### **Public Health Report: 2023 Communicable Disease**

(Presented by Ms. Katie LaWall and Ms. Akanksha Acharya)

Ms. Katie LaWall (Senior Epidemiologist) and Ms. Akanksha Acharya (Senior Epidemiologist) presented the 2023 Communicable Disease Public Health Report. Communicable diseases, also known as infectious diseases, are illnesses caused by microorganisms such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include the following.

- Direct contact with contaminated body fluids or excretions
- Contact with contaminated objects
- Inhalation of contaminated airborne particles

- Ingestion of contaminated food or water or transmission from an animal or vector carrying the microorganism

There are over 75 reportable diseases and conditions specified in the North Carolina Administrative Code (NCAC) rule 10A NCAC 41A.0101. Many that are reported to the North Carolina Department of Health and Human Services (NCDHHS) must also be reported to the Centers for Disease Control and Prevention (CDC). Most diseases reported to NCDHHS are tracked through the North Carolina Electronic Disease Surveillance System (NCEDSS) but a few have separate reporting systems (ex. the Enhanced HIV/AIDS Reporting System). Reporting systems contribute to public health surveillance which is “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice” (CDC, 2014). Timely and complete disease reporting allows for monitoring and responding to the changing health status of the community. It also ensures that prevention activities reach the right people and that public health and community programs get the resources they need.

Though there is variation for each disease, generally cases fall into one of two case definitions: confirmed and probable. A confirmed case requires a positive laboratory test (and will, the majority of the time, have matching clinical symptoms). A probable case lacks a confirmatory test but has clinical symptoms and meets other criteria such as knowing how and/or when the patient was likely exposed (i.e., epidemiological linkage).

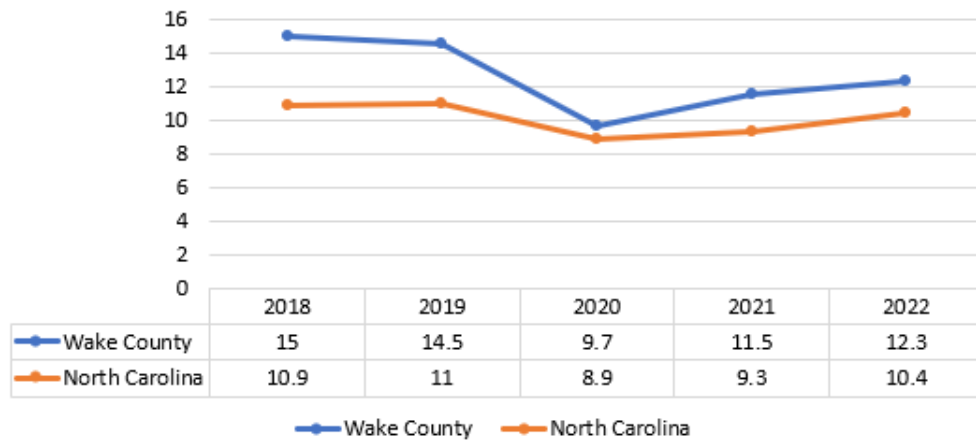
A brief look at the demographic profile of Wake County was provided as of 2021. The median age of people living in Wake County was 37.4 years. About half of the population (55.2%) is between the ages of 25 and 64. Residents are 51% female and 49% male. The four largest ethnic groups are White (57.1%), Black or African American (18.1%), Hispanic or Latino (11.4%), and Asian (8.6%).

The top ten reported diseases in Wake County as of 2022 are outlined in the table below.

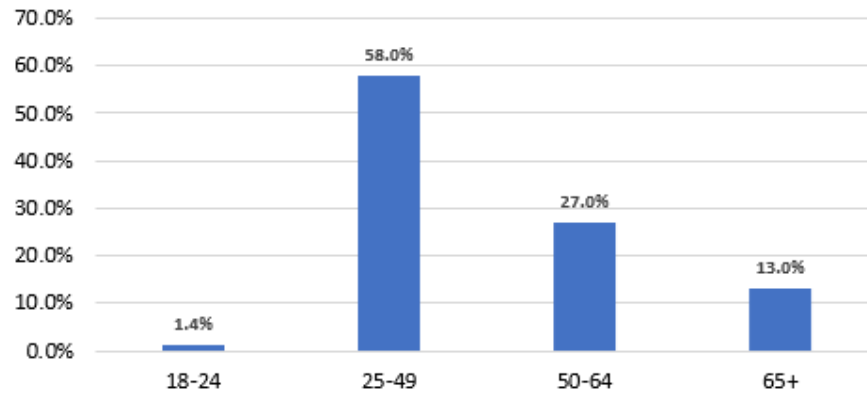
	<b>Diseases and conditions</b>	<b>Confirmed/Probable</b>	<b>Confirmed only</b>
<b>1</b>	COVID-19	392,474	392,474
<b>2</b>	Chlamydia	6265	6265
<b>3</b>	Gonorrhea	2453	2453
<b>4</b>	Salmonellosis	295	176
<b>5</b>	Syphilis	182	182
<b>6</b>	Campylobacter	179	62
<b>7</b>	HIV, New	148	148
<b>8</b>	Hepatitis B, Chronic	142	57
<b>9</b>	E Coli	64	13
<b>10</b>	Shigellosis	62	21

Out of this list, only hepatitis B is a vaccine preventable disease. There were 142 cases reported in 2022. The hepatitis B incidence rate has continued to increase since 2020.

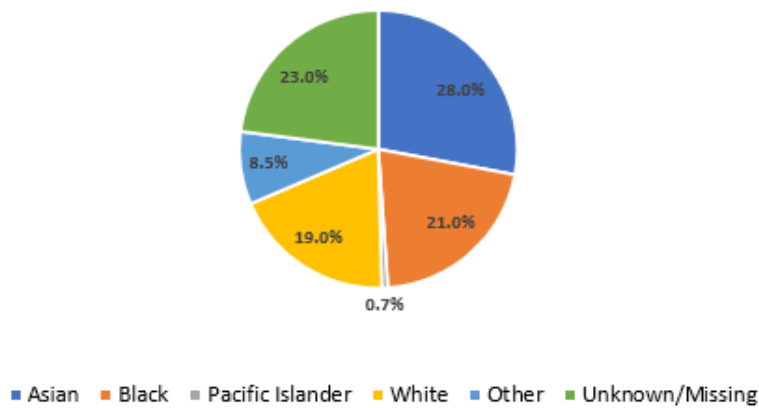
**Figure 2: Hepatitis B Incidence Rates, 2018-2022**



**Figure 3 : Hepatitis B by Age Group, 2022**



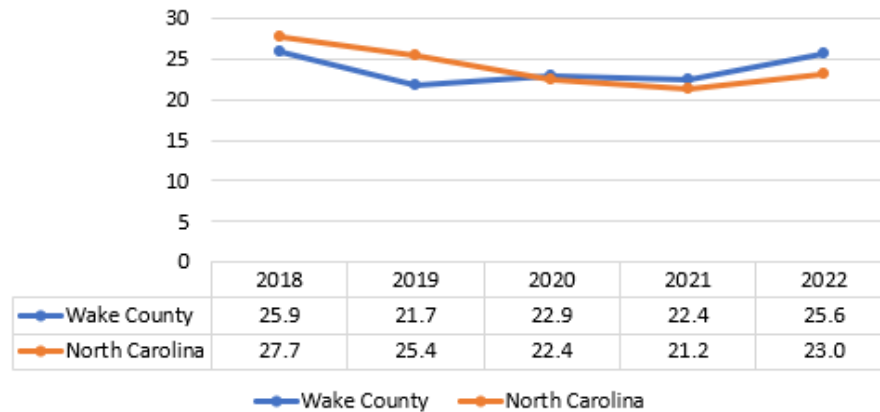
**Figure 4 : Hepatitis B by Race, 2022**



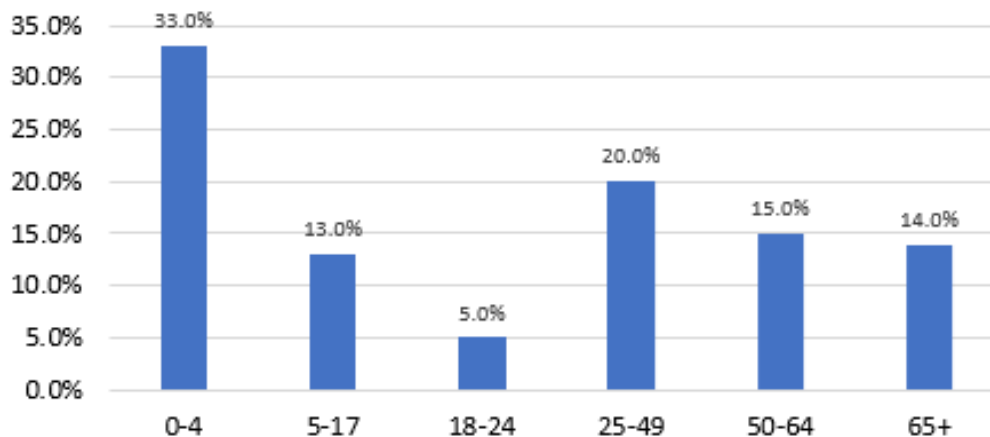
Several enteric diseases (those related to or occurring in the intestines) were reviewed including salmonellosis, campylobacteriosis, Escherichia coli (E. coli), and shigellosis.

Salmonellosis incidence rates increased by 14% in 2022 with a total of 295 cases reported.

**Figure 6: Salmonellosis Incidence Rates, 2018-2022**



**Figure 7: Salmonellosis Cases by Age Group, 2022**

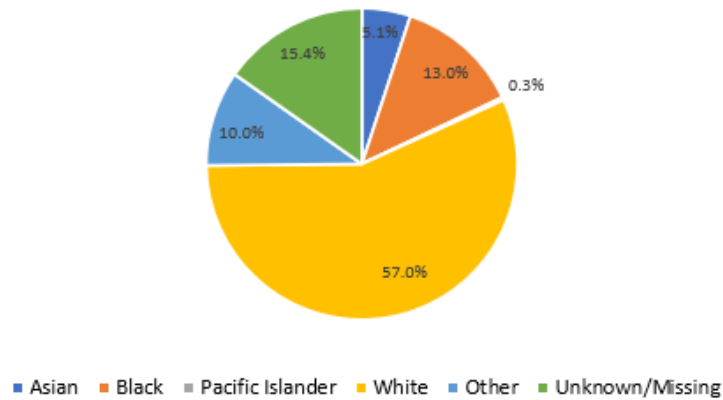


Ms. Ann Rollins commented that the cases being so high in ages 0 to 4 might be due to them being in daycare and thus being exposed to salmonellosis. Ms. Ruth Lassiter (Communicable Disease Manager) said that many of the cases came from children playing outside in creeks and ponds. This age group notoriously had their hands in their mouth when exploring the world and were great at sharing things – including germs. Staff tried to educate parents on having hand sanitizer available to use to get minimally clean if their child(ren) enjoyed playing in ponds. After that, they could prioritize getting to a place where hands could be washed properly and thoroughly. There were not a lot of cases originating solely in daycare and even with a love of sharing, most were individual cases and not outbreaks/spread among children in clusters. A Board member hypothesized that the increased percentage in the 25 to 49 age group could be the result of parents and/or guardians contracting salmonellosis while taking care of small children. The chance of siblings also getting sick from the child with the initial case was also discussed.

Ms. Lily Chen asked if there was data on the vaccine rates for hepatitis B to see if there was any relation to the increase in cases. Ms. Acharya said that this data was not available at the time that this report was created. However, there had been changes with healthcare and the general public's awareness of public

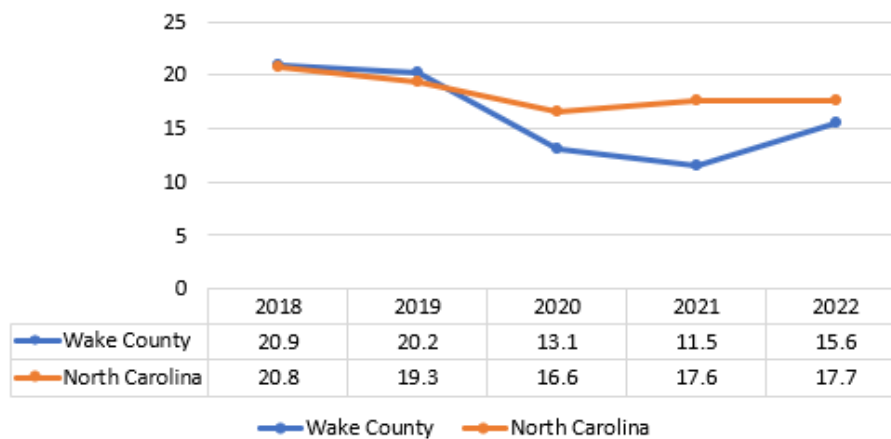
health issues. Staff did see an overall decrease in hepatitis B vaccines in the wake of the COVID-19 pandemic's start in 2020.

**Figure 8: Salmonellosis by Race, 2022**



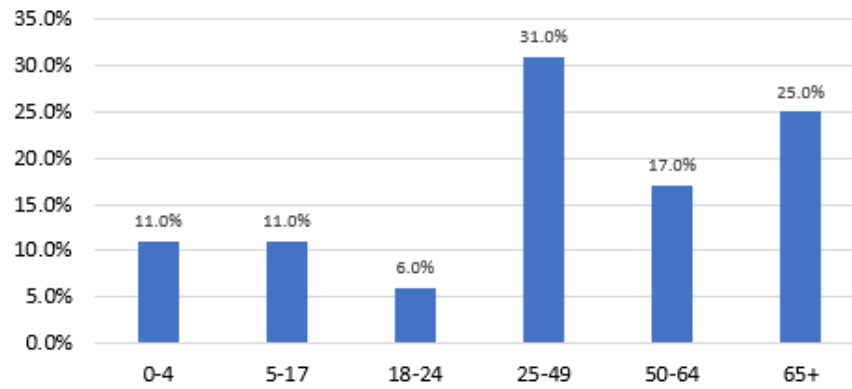
Campylobacteriosis incidence rates have increased by 36% in 2022 with a total of 179 cases being reported that year.

**Figure 10: Campylobacteriosis Incidence Rates, 2018-2022**

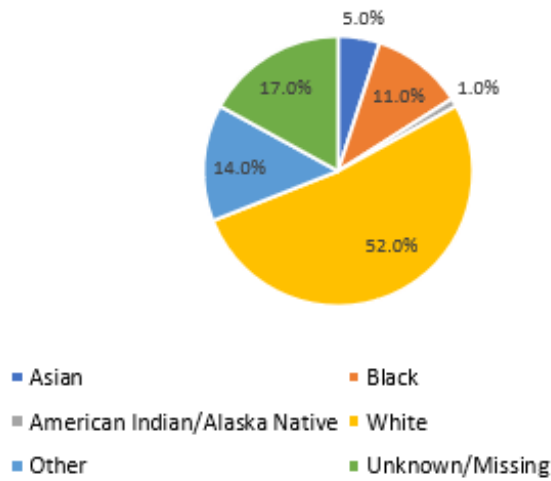




**Figure 11: Campylobacteriosis by Age Group, 2022**

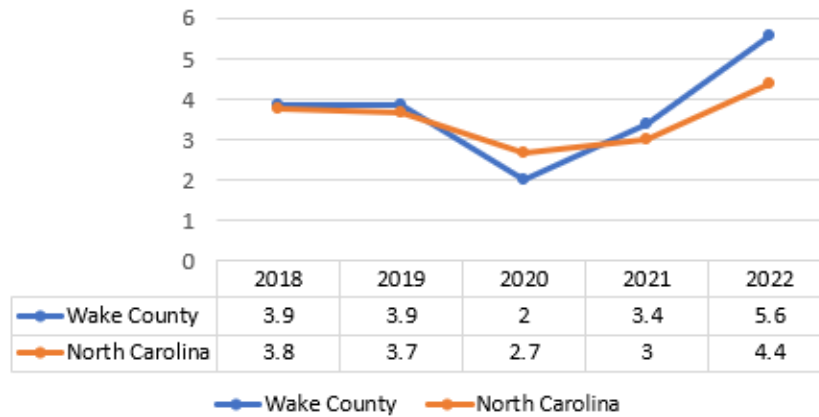


**Figure 12: Campylobacteriosis by Race, 2022**

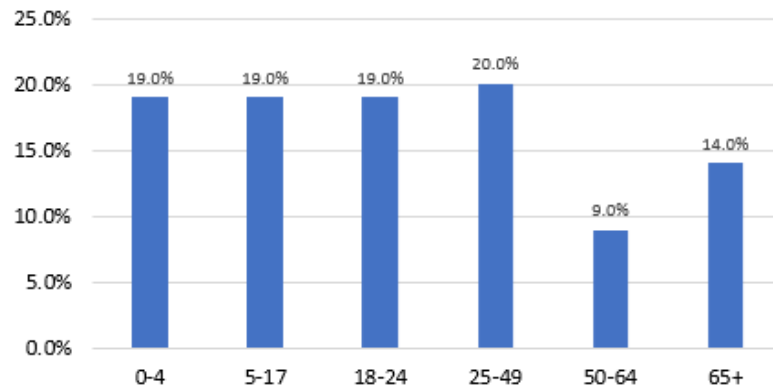


E. Coli incidence rates have continued to increase drastically since 2020 with 64 cases reported in 2022.

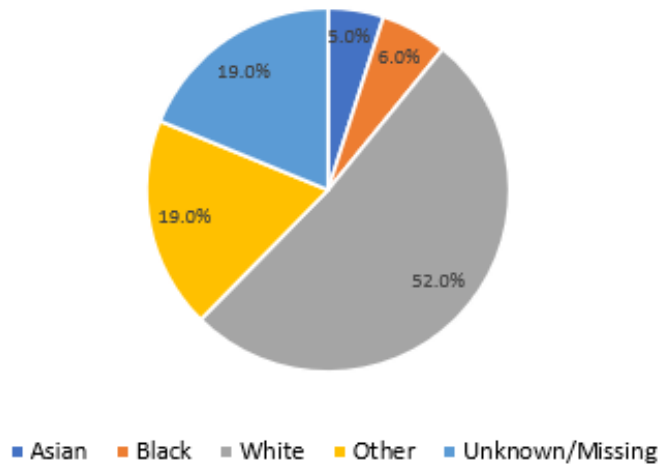
**Figure 14: E.coli Incidence Rates, 2018-2022**



**Figure 15: E.coli by Age Group, 2022**

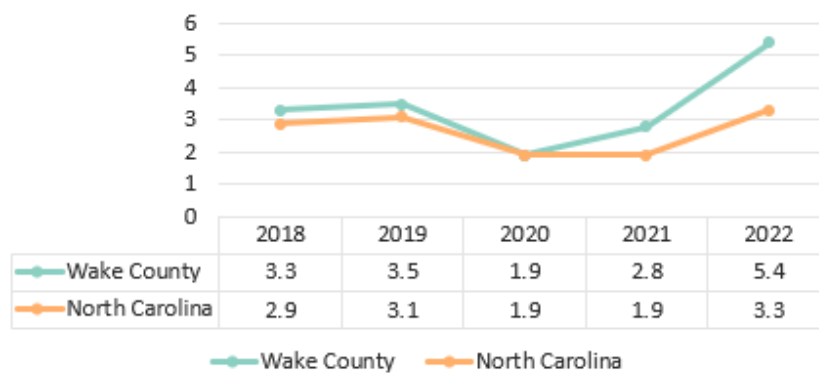


**Figure 16: E.coli by Race, 2022**

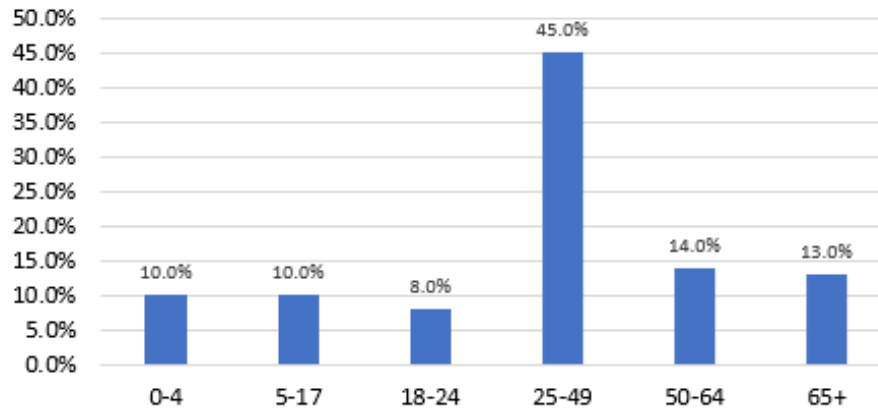


Shigellosis incidence rates have continued to increase since 2020 with 62 cases reported in 2022.

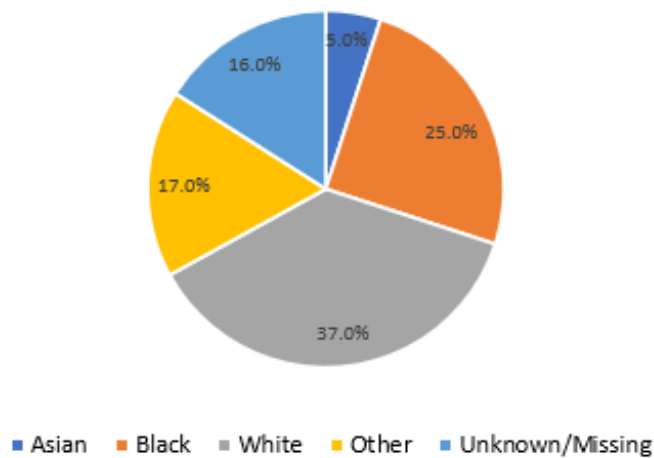
**Figure 18: Shigellosis Incidence Rates, 2018-2022**



**Figure 19: Shigellosis by Age Group, 2022**



**Figure 20: Shigellosis by Race, 2022**



A table trending data from 2018 to 2022 of vector-born diseases was shared (see below).

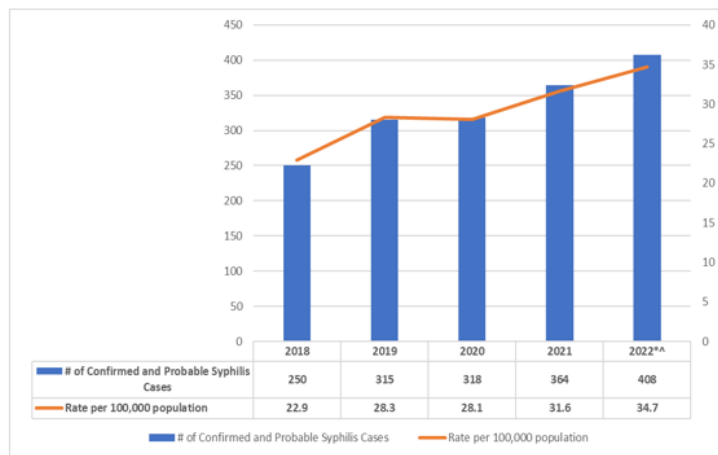
		2018		2019		2020		2021		2022	
		Confir med	Confirmed/ Probable /Suspect	Confir med	Confirmed/Pr obable /Suspect	Confir med	Confirmed/Pro bable /Suspect	Confir med	Confirmed/Pro bable /Suspect	Confir med	Confirmed/Pr obable /Suspect
<b>Tickbo rne</b>	Ehrlichiosis, HGE	0	0	1	2	1	2	0	1	0	0
	Ehrlichiosis, HME	0	11	1	15	0	24	2	30	1	9
	Spotted Fever	1	48	2	63	0	28	0	35	3	18
	Lyme Disease	1	29	7	37	0	20	4	47	19	33
	Chikungunya	0	2	2	3	1	2	0	1	0	0
<b>Mosqu ito- borne</b>	Dengue	2	3	5	6	0	0	0	2	0	0
	Malaria	6	6	12	12	1	1	6	6	10	10
	West Nile Virus	0	1	0	0	0	0	0	1	0	0
	Zika Virus	0	2	0	1	0	0	0	0	0	0

There was a question about the high number of cases in malaria and if it was a cluster. Ms. Acharya explained that most cases were due to travel to Africa. If someone is travelling to Asia or Africa, they should take the malaria vaccine. Staff have heard from patients that travel frequently to these areas that they think they do not need the vaccine because of how often they are in these continents. Ms. Lassiter added that malaria was dependent on a specific mosquito not currently found in Wake County or North Carolina. The closest known location with confirmed cases of local malaria (i.e., the specific mosquito is in the state) is Maryland. However, it is expected that the mosquito will migrate to North Carolina in the near future.

With HIV and sexually transmitted diseases (STDs), increases in early syphilis, chlamydia, and gonorrhea in 2022 while new HIV cases slightly decreased. There was an increase in congenital syphilis at the national and state levels. Pregnant people can pass the infection on to their infants during pregnancy. Undetected congenital syphilis can result in poor pregnancy outcomes such as miscarriage, stillbirth, preterm delivery, perinatal death, and serious complications for the infant manifesting later in their life. North Carolina public health law requires healthcare providers screen all pregnant women for syphilis during the first prenatal visit, again between 28-30 weeks gestation, and again at delivery.

Some STD cases during 2020 and 2021 may have gone undetected because Wake County Health and Human Services (WCHHS) testing and diagnostic services were reduced in those years due to the COVID-19 pandemic. Therefore, it is possible that these cases were underreported. Data for syphilis includes both confirmed and probable cases due to a change in the case definition for a confirmed syphilis case that occurred in mid-2022. This change caused many cases that would have previously been confirmed to be categorized as probably cases in 2022.

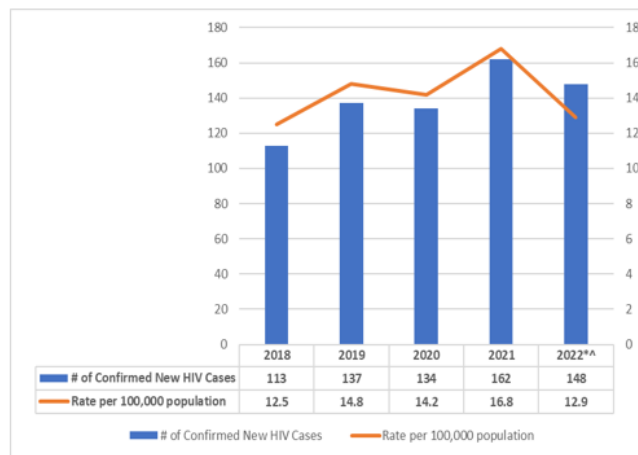
## Early Syphilis Cases and Rates, Wake County, 2018-2022



\*2022 rate calculated using 2021 population data

^2022 data are provisional as of 6/21/2023

## New\*\* HIV Cases and Rates, Wake County, 2018-2022



\*\* New HIV cases refers to cases that were newly diagnosed with HIV (or AIDS if clinically applicable at time of diagnosis) within that calendar year

Ms. Wanda Hunter asked why demographics were not available for HIV like previous communicable diseases. Ms. LaWall said that it was a choice by staff who wished to focus on the county maps (found below) instead. However, the information was available and could be provided after the meeting. Anecdotally, the Black and African American community was most impacted by all four reportable

STDs. Additional information would be especially helpful in helping to understand the racial and ethnic disparity within STDs.

There was confirmation that STIs had been on the rise nationwide. Wake County was attempting to focus on health access to minority groups who were most impacted by the rise in cases. With some conditions like syphilis, some residents are simply unaware of the severity of the diseases. Many believe syphilis to be a disease of antiquity and do not realize that it is still a very real threat – especially with congenital syphilis. Ms. Lassiter pointed out that education needed to be extended to providers as some were unfamiliar with the signs of certain STDs. Everything from the tests needed to properly identify these STDs to the need for follow-up and confirmation for that follow-up makes up the complex issue of community outreach.

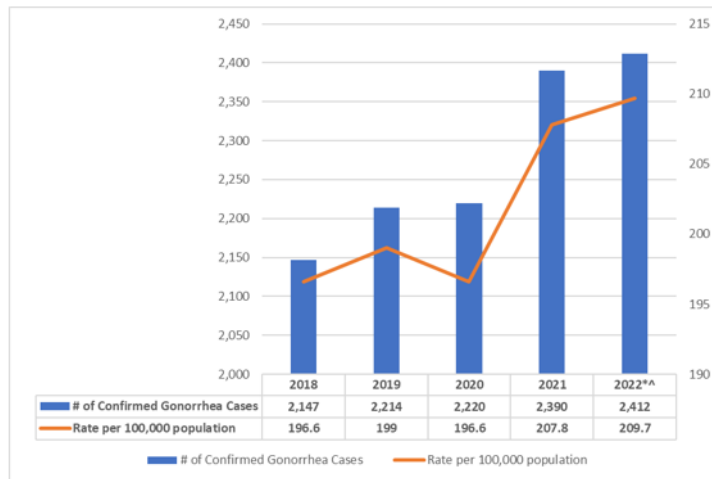
A Board member asked if hospitals were able to bill for STD testing. Ms. Rebecca Kaufman (Health Director) said that hospitals could bill patients for STD testing. Staff had actually begun work with the director of WakeMed's emergency department (ED) who was collaborating and ensuring test results were reported to the County. The director was also connecting Public Health with other hospitals to do the same. This is a great partnership as staff can make sure to follow up with patients and the County can have more accurate figures for reportable diseases.

Ms. Rollins commented that Dr. John Perry – a member of the Wake County Health and Human Services Board and a physician by trade at WakeMed – might be a strong partner to bring physicians together for an educational session on STDs. This could better inform them of the dangers of current STD trends that some physicians remain unaware of due to shifting social focuses and downplayed symptoms. Another Board member asked why certain diseases – such as herpes – were not included in the report. Ms. LaWall clarified that the Communicable Diseases Public Health Report only relayed data from diseases reportable to the North Carolina Electronic Disease Surveillance System (NC EDSS). The report only detailed the statistics from its 75 reportable diseases.

Ms. Maty Ferrer Hoppmann commented on how the Hispanic community (and indeed most immigrant communities) discussions about STDs were still considered highly taboo. Because of this, they may be at risk for not seeking help or ignoring symptoms if they become present. One strategy to combat this has been to encourage attendance to events with more vague topics (ex.: discussing challenges posed to teenagers and then discussing the rise in STDs among the young adult population). Wake County staff had also found success in educating the younger population by partnering with local institutions such as St. Augustine's University (SAU) and North Carolina State University (NCSU or NC State).



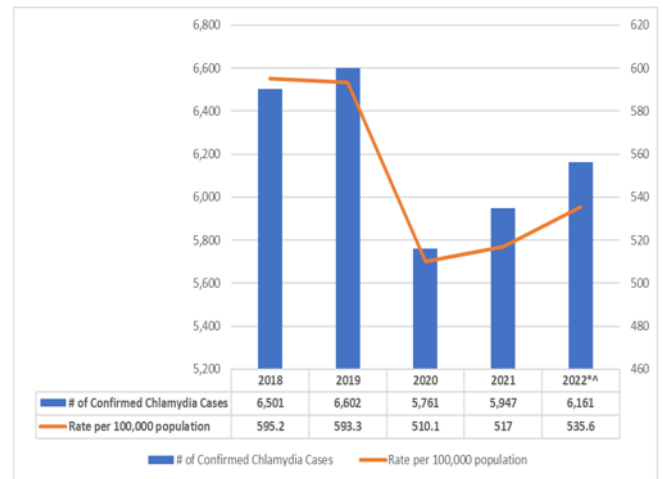
## Gonorrhea Cases and Rates, Wake County, 2018-2022



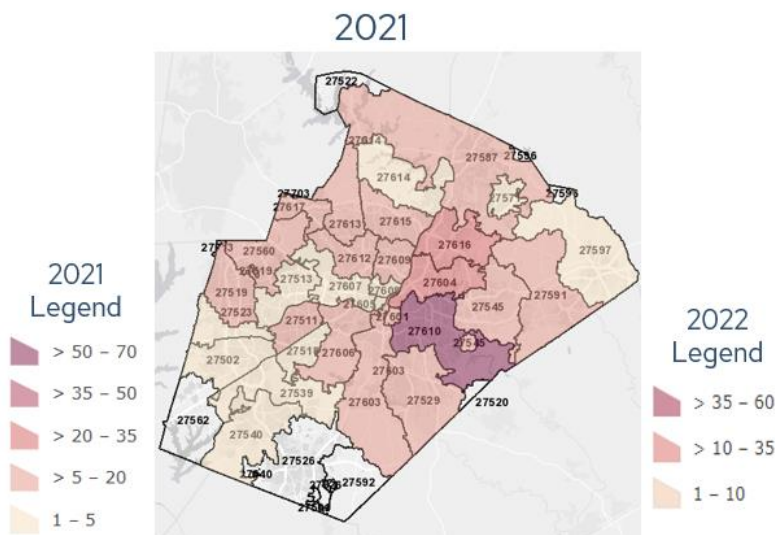
\*2022 rate was calculated using 2021 population data

^^2022 data are provisional as of 6/21/2023

## Chlamydia Cases and Rates, Wake County, 2018-2022

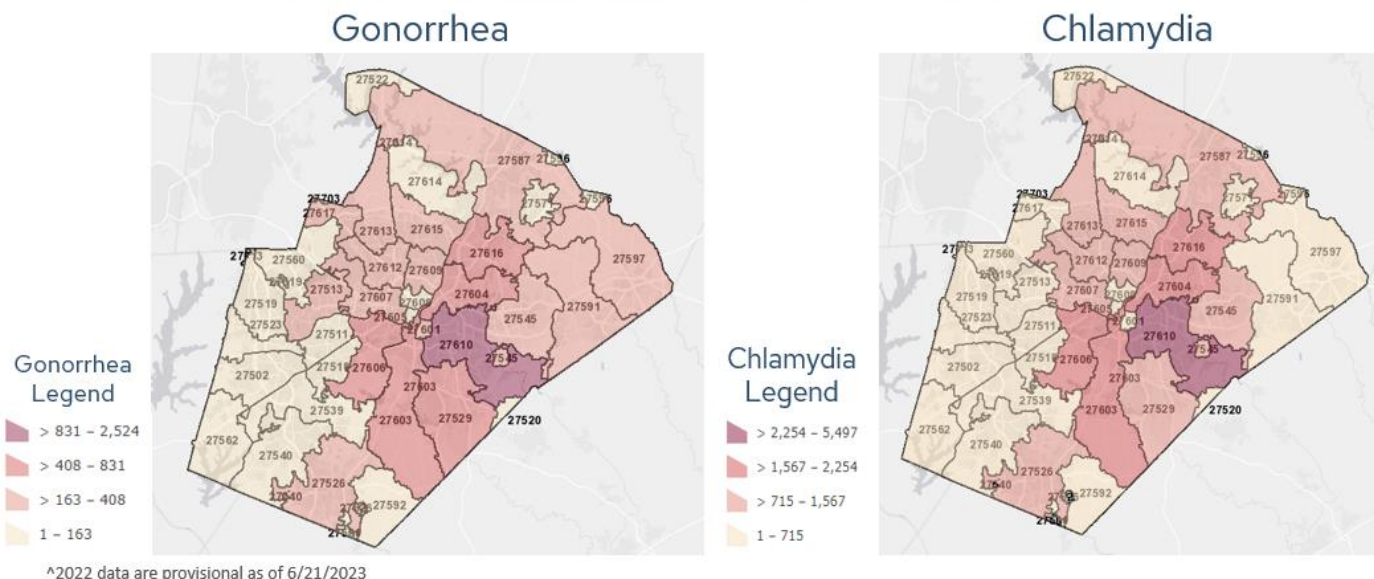


## Early Syphilis Confirmed and Probable Cases in Wake County, 2021 vs. 2022<sup>^</sup>



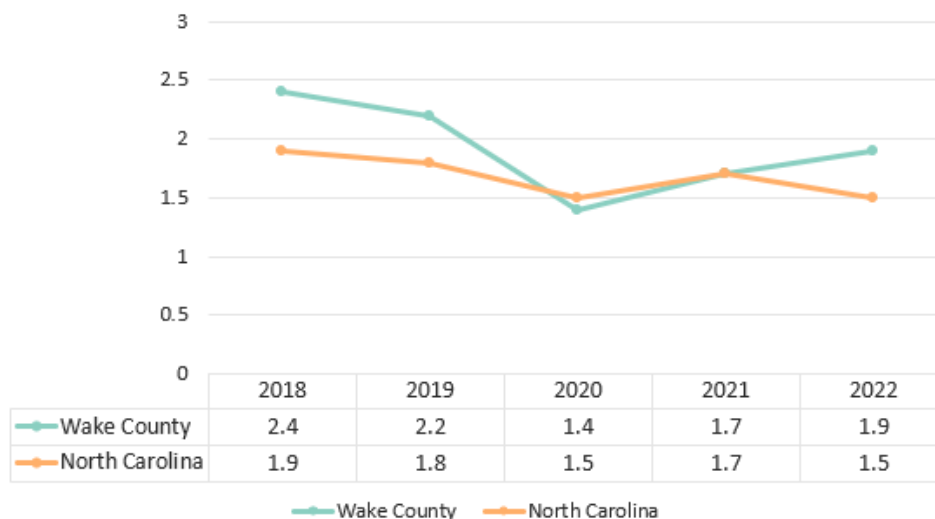
^2022 data are provisional as of 6/21/2023

## Confirmed Gonorrhea and Chlamydia Cases in Wake County by Patient Residence Zip Code, 2018-2022<sup>^</sup>



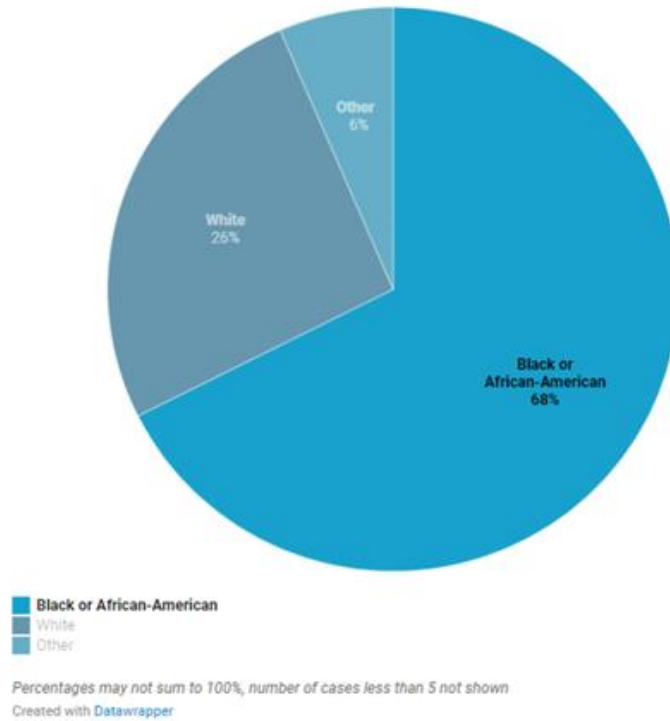
Tuberculosis (TB) incidence rates have continued to increase since 2020 with 22 cases reported in 2022.

**Figure 31: Tuberculosis Incidence Rates, 2018-2022**

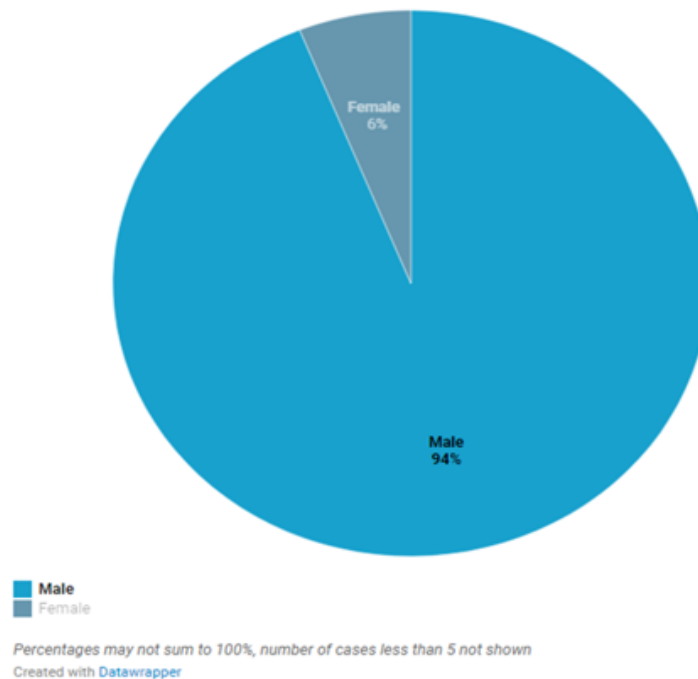


Each Public Health Report contains a spotlight section and Communicable Disease is no different. For the 2023 Communicable Disease Public Health Report, the disease spotlight was monkeypox (Mpox). Over a hundred (114) cases of Mpox were reported in 2022. The Mpox rate among males (19 cases/100,000 population) was higher than the rate among females (1.2 cases/100,000 population). The majority of Mpox cases (>90%) were reported in the age group of <50 years. As of February 2023, WCHHS administered 2,748 Mpox vaccines (Jynneos) to at-risk individuals.

**Mpox Cases by Race, Wake County, 2022**

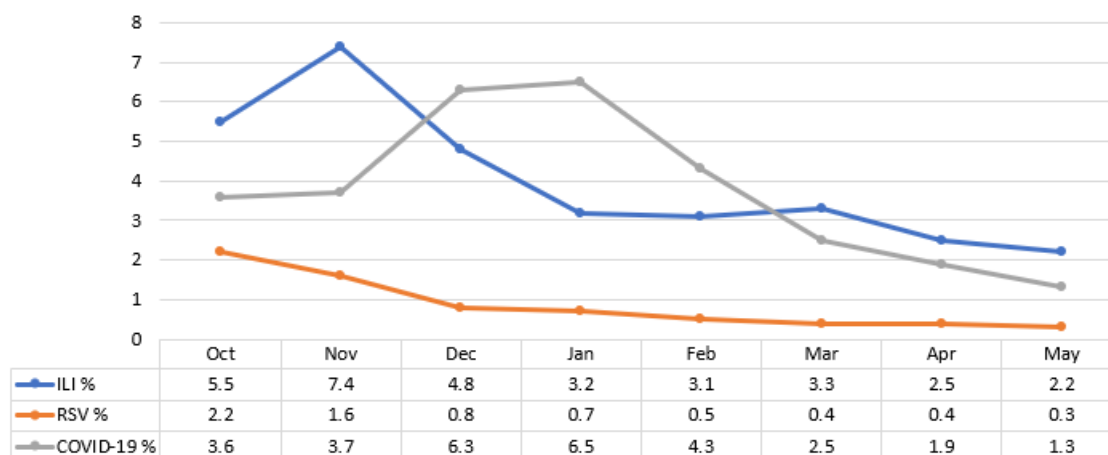


**Mpox Cases by Sex, Wake County, 2022**



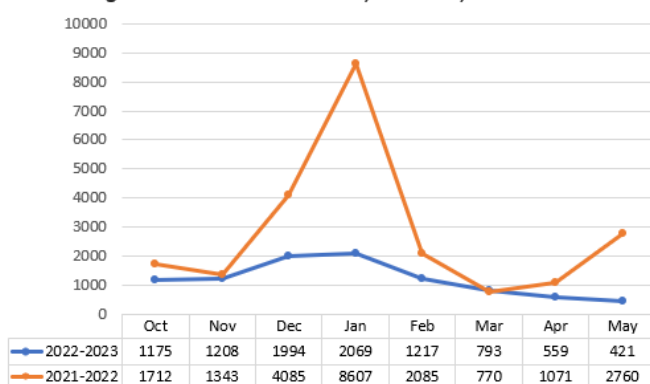
Given the unique challenges of the past few years, there was also a special focus on the “tripledeemic” of COVID-19, respiratory syncytial virus (RSV), and influenza-like illnesses (ILI, more commonly known as the flu).

**Figure 36: Percent of Emergency Department (ED) Visits, ILI, RSV, COVID-19, 2022-2023**

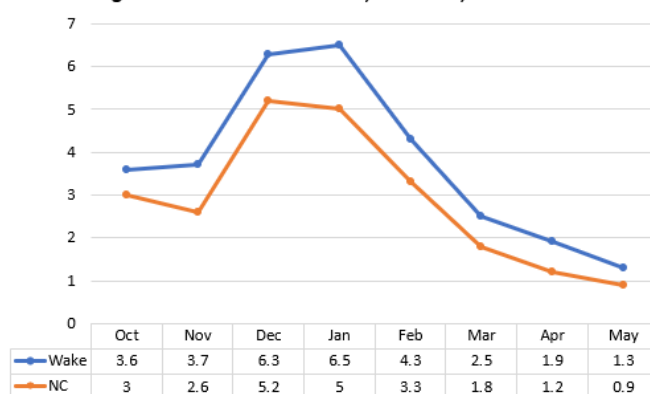


Looking at COVID-19 in isolation, there were 236,104 cases and 382 deaths reported in 2022. The public health emergency (PHE) brought on by the COVID-19 pandemic officially ended on May 11<sup>th</sup>, 2023. The majority of outbreaks (93%) occurred in long-term healthcare facilities. WCHHS administered 9,936 doses of the COVID-19 vaccine between October 2022 and May 2023.

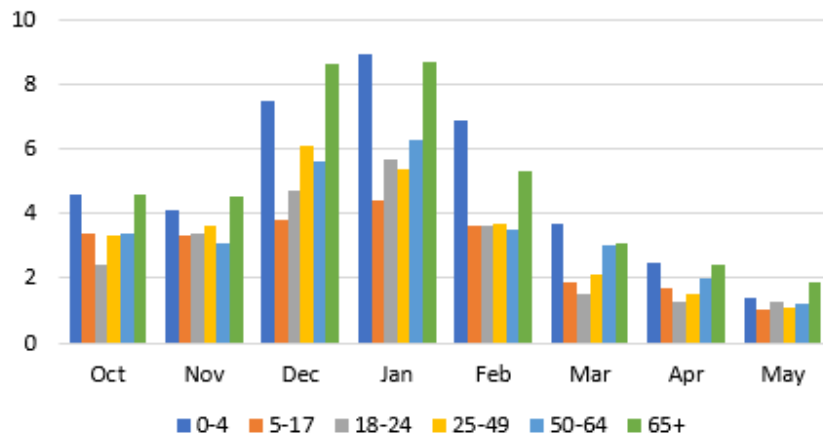
**Figure 37 : Number of ED Visits, COVID-19, 2021-2023**



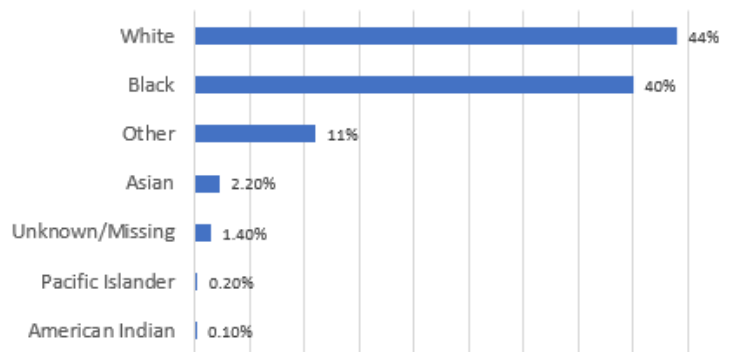
**Figure 38 : Percent of ED Visits, COVID-19, 2022-2023**



**Figure 39: Percent of COVID-19 ED visits by Age group, 2022-2023**

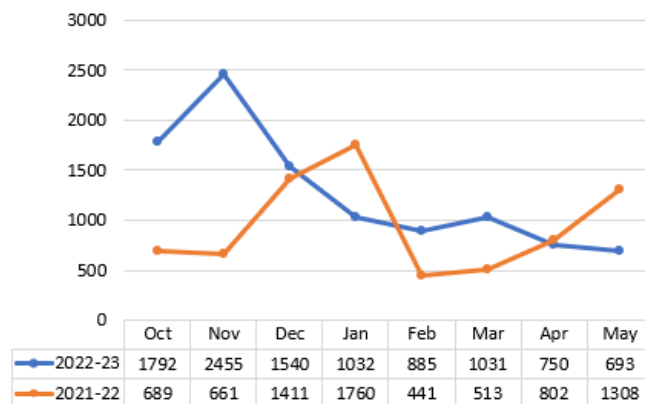


**Figure 41 : ED visits for COVID-19 by Race, 2022-2023**

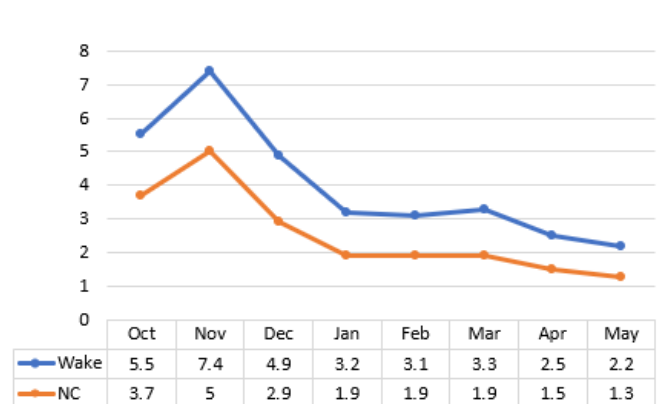


For the flu, ten deaths were reported between October 2022 and May 2023. Deaths were reported in adults aged 18 and older and 100% from the White population. WCHHS administered 5,520 flu vaccines between September 2022 and May 2023.

**Figure 42 : Number of ED Visits, ILI, 2021-2023**

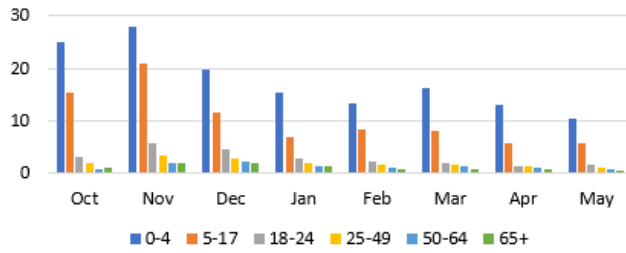


**Figure 43: Percent of ED Visits, ILI, 2022-2023**

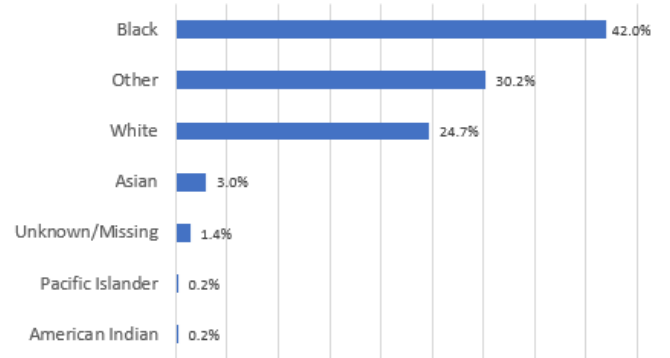




**Figure 44 : Percent of ILI ED visits by Age group, 2022-2023**

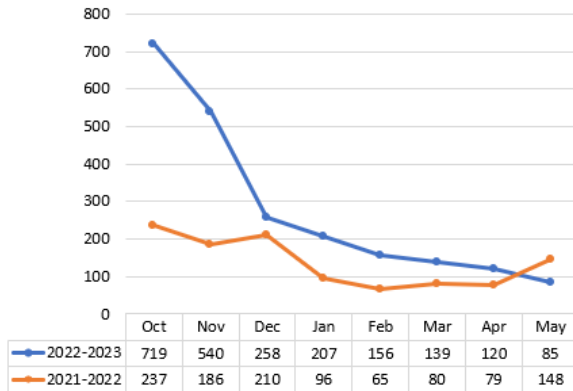


**Figure 46 : ED visits for ILI by Race, 2022-2023**

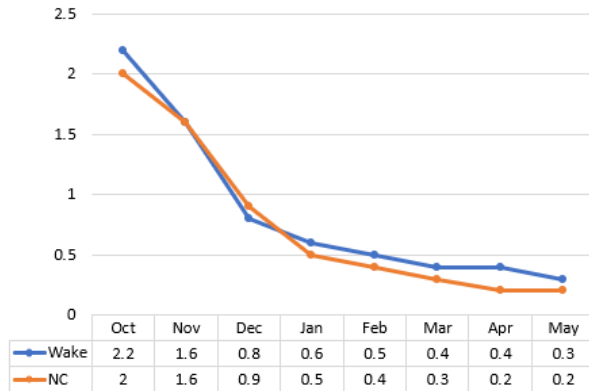


RSV data was also shared (see below).

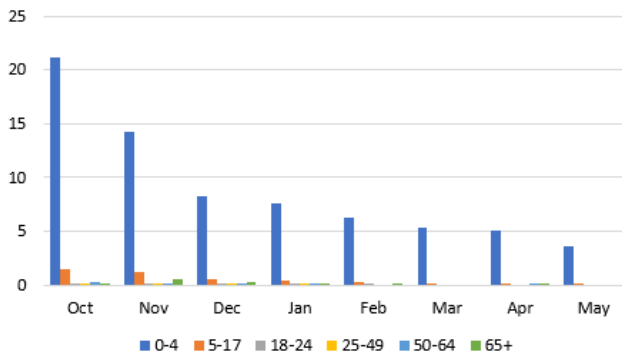
**Figure 47: Number of ED Visits, RSV, 2021-2023**



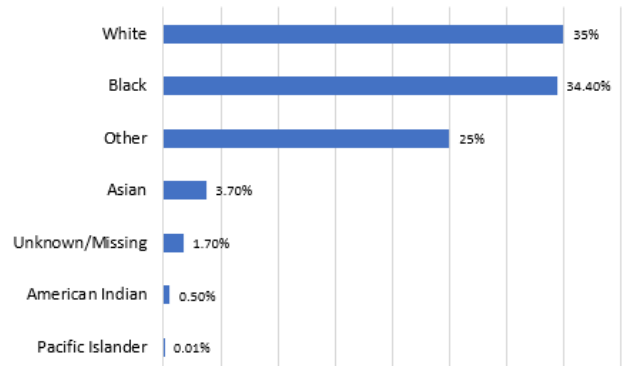
**Figure 48: Percent of ED Visits, RSV, 2022-2023**



**Figure 49 : Percent of RSV ED visits by Age group, 2022-2023**



**Figure 51: ED visits for RSV by Race, 2022-2023**



Given the wealth of information, the following summary was provided:

- Respiratory viruses continued to have an impact in Wake County in 2022.

- The most impacted age groups from respiratory viruses were 0-4 years, 5-17 years, and 65+ years.
- Over a hundred (114) Mpox cases were reported between July and December 2022. WCHHS administered 2,748 Mpox vaccines to at-risk individuals as of February 2023.
- Majority of Mpox cases (>90%) were seen among males and those under the age of 50.
- STDs increased in 2022 except for newly diagnosed HIV cases which slightly declined compared to 2021.
- There has been an increase in congenital syphilis cases in North Carolina and the United States following a rise in syphilis cases in women aged 15 to 44.
- In 2022, the following reportable conditions and diseases showed an increase: hepatitis B, salmonellosis, campylobacteriosis, E. coli, shigellosis, Spotted Fever Rickettsiosis, malaria (imported/travel-related cases), and tuberculosis (TB).
- It is essential to monitor and track diseases over time and analyze information as a part of public health surveillance.
- Communicable disease staff members
  - Contact individuals diagnosed with reportable communicable diseases and provide disease education and information regarding measures such as isolation.
  - Interview individuals to find out information such as how they were exposed to the pathogen or any close contacts they have, and then give guidance based on the answers to those questions and the specific disease.
  - Ensure their jurisdiction meets all state and national requirements for reportable diseases.

There was brief discussion surrounding why flu clinics had not been made available through the Wake County clinics. Ms. Kaufman explained that the flu vaccine was widely available at pharmacy and retail stores, so the County only offered the flu vaccine in the normal clinic instead of having a clinic dedicated to the flu. Ms. Rollins asked if a “triple flu” vaccine would be available this year. Ms. Acharya stated that Wake County clinics will not have vaccines for the respiratory syncytial virus (RSV) for adults. The clinics do not have a great deal of traffic from adults aged 50 and over (who the vaccine is suggested for) and that adults seeking the vaccine should speak to their primary care provider. Because of this, patients cannot receive all three vaccines (COVID-19, flu, and RSV) from Wake County clinics. Staff do believe that they will have COVID-19 vaccines available in the fall and could provide that as well as the flu vaccine in the regular clinic. Otherwise, residents were encouraged to speak to their healthcare provider. There was an additional question about whether the RSV vaccine held a live virus or not. Staff would report back once verifying.

Additional discussion surrounded the previous early spike in flu cases found in 2022. Cases began rising between October and November. Thus, the earlier a vaccine could be secured, the better. This was especially true as the vaccine needed time in the body to truly take advantage of its efficacy. Staff also predicted that a second wave of COVID-19, RSV, and flu could come to the community in the winter following the initial wave.

There was a question about how many vaccines were available compared to demand. The demand was simply not present with the flu and it was decided that those clinic resources would best be served by a smaller offering at the Wake County clinic. For COVID-19, there was a high focus on marginalized communities and outreach to those most vulnerable to the disease. Ultimately, for both the flu and COVID-19, there were a lot more vaccines available than given.

Dr. Kelcy Walker Pope asked if the increase in E. coli and salmonella cases could be related to the COVID-19 pandemic shutting down restaurants and forcing others to serve food in a limited capacity. A

decrease in site visits might be behind the rise. Dr. Joseph Threadcraft, Environmental Services Director, clarified that restaurant inspections continued throughout the pandemic.

Ms. Wanda Hunter asked how many of the top ten diseases had been in the top ten for two or more consecutive years. Ms. Acharya stated that there was a great deal of overlap from year-to-year. There were additional questions on the initiatives and campaigns surrounding these top ten diseases, how cost effective those advocacy efforts had been, and how any efforts had impacted the status of the disease in the top ten list. There were several initiatives named, including the HIV/STD Coalition that meets monthly to discuss ways to reduce STD numbers in the county, especially in marginalized populations. More testing sites are being added in the communities with a night clinic soon to provide Monkeypox (Mpox) vaccines. COVID-19 was expected to remain a concern for the public with case numbers waxing and waning with time. Continuing use of social distancing and wearing a mask during the peak seasons was key in keeping case numbers in check. For syphilis, the County had a position solely dedicated to addressing syphilis cases that was eliminated by the State in 2016. For foodborne illnesses, these generally followed a seasonal trend with more cases in the spring and summer when cookouts and eating outside were a norm. Unfortunately, while residents enjoyed their food outside, it was possible for that food to be kept at temperatures ripe for foodborne illnesses to be born.

As far as effectiveness, Ms. Kaufman explained the difficulty of identifying the multitude of reasons that disease case numbers rise and fall over time. Even if there are efforts actively in place and a decrease is seen, there is no way to directly contribute such a change to those efforts entirely. Prevention efforts, as critical as they are, cannot be claimed as the only reason case numbers decrease or increase. With such a complex issue, staff are aware that they are trying to change behavior so that people are better aware of the steps that they should take to be healthy. All the funds and education for syphilis and HIV would be for naught if the community did not continue to be tested or treated for their condition. Because of all this, tracking such a change would not be possible. There were minimal wins that seemed promising – such as the former syphilis intervention worker who would be revived through a new position continuing some of the same work. But the modern dating landscape and the tendency of some to have upwards of twenty to thirty anonymous partners at a time all met through a smartphone app with minimal personal information posed its own challenges perhaps not found in years past. Ms. Lassiter reminded the Board members of the correlation between such diseases and mental health issues. She also stated that it was a struggle to encourage the community – specifically the younger generation – to wear condoms. In the case of STDs, the use of a condom could be the sole difference between contracting the disease or not.

Ms. Tanyetta Sutton recounted the distrust that the community – and especially youth – could have towards government entities. The amount of misinformation readily available online had succeeded in making many fearful of any type of vaccine. Education around what shots contain may help in some of these cases, but others pose a cultural divide. If someone's culture or beliefs deem vaccines dangerous, unneeded, or unwanted then there is little action to be done besides providing education.

Ms. Lily Chen agreed with Ms. Sutton and stated that community engagement was pivotal in starting the investment and building that trust. In some minority populations, there may be an unwillingness to listen to government entities but an openness to learn from aunts, uncles, and neighbors. Empowering the communities themselves was the key to a successful public health campaign. Ms. Nannette Bowler (Health and Human Services Director) added that staff's work during COVID-19 with countless community partners – especially faith-based organizations – had prompted the community to ask for more resources and more tie-ins with Health and Human Services. Ms. Lechelle Wardell (Population Health Director) was now continuing the focused work from COVID-19 that so connected the services to the community. Trusted leaders in the community were needed to thoroughly permeate the county with outreach efforts. Whether it was a trusted pastor or a social media influencer on TikTok that a follower has never met but trusts explicitly, there was a need for verified information and continued conversations.

Ms. Hunter added that a recent forum for the Community Health Workers was an impactful show of community engagement. Continued efforts might look like leaders and community members having access to trainings or the ability to work alongside the Community Health Workers. The autonomy of a community – how effectively they could communicate within themselves and with each other – was crucial to maintaining a safe and healthy county.

**Due to a lack of quorum, a formal vote could not be held. This agenda item will return for vote pending quorum at the 2023 September Health and Human Services Board meeting.**

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

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

- Ms. Nannette Bowler, Wake County Health and Human Services Director, presented on the following:
  - A few weeks prior, a Community Health Worker forum was co-sponsored by Wake County Health and Human Services and El Centro. The event was very well received with around 165 in attendance and engagement abounding.
  - The highly anticipated Medicaid Expansion was dependent on the North Carolina General Assembly passing its budget. This had not yet occurred and would need to be passed by September 1<sup>st</sup> to ensure the original start date for Medicaid Expansion cases (October 1<sup>st</sup>) would be kept. This seemed extremely unlikely and December 1<sup>st</sup> (with the budget passing by November 1<sup>st</sup>) was now believed to be a more reasonable start date.
    - In the meantime, Wake County was actively recruiting and training the 74 positions allotted for Medicaid Expansion. Because training can take upwards of six to nine months to complete, it was critical for training to begin early so that applications could be processed in a timely manner.
      - Training included intricate policies made more complex by the end of the public health emergency (PHE). Certain policies have shifted – sometimes back to pre-COVID-19 guidelines and at other times completely.
    - Ms. Toni Pedroza (Deputy Director of Social Services) said that the State was anticipating a December or January launch for Medicaid Expansion. The trouble with this timing was that the new Managed Care system would have open enrollment to change providers in January. This will, understandably, cause a great deal of confusion in the community on what is needed and exactly what clients need to do to ensure that their health is prioritized.
    - The Tailored Plan was extended with thousands of families on the waitlist. It is currently unknown if children will be on the Tailored Plan or not. If not, the question remains of if they will lose access to services that they need. Between Managed Care, open enrollment, and Medicaid Expansion, clients' confusion was less a "what if" and more a critical consideration to be made when processing applications.
- Ms. Pedroza reported that the State is encouraging all one hundred counties in North Carolina to start multidisciplinary teams for adults who are abused, neglected, and/or exploited. Wake County's Adult Protective Services (APS) is working collaboratively to help inform how these teams are made in Wake County.
  - In response to this new request, a committee has been formed. Invitations have been sent for the first meeting to be held in September 2023. Community partners were invited, but

- the group will be kept small at first. It will include APS leadership as well as Ms. Macy Fisher (Deputy County Attorney).
- The committee will look at cases of adults who have been abused, neglected, and/or exploited. Years ago, this would have focused on adults aged 60 and over with disabilities. However, the landscape has changed and there are now young adults arriving with complex mental health issues. This was a strong opportunity to address this shift. Similar multidisciplinary teams have existed in Child Welfare for over twenty years.
  - Ms. Tanyetta Sutton asked if staff would be presenting about this initiative in the community. Ms. Pedroza said that the committee was still in its infancy, but that presentations were very much on the table in the future. A press release was planned along with the hope of encouraging doctors, mental health providers, and other medical professionals to participate and/or spread this information in the community. The aging population of Wake County is only growing, so there will be a push to make sure all those who could benefit from the committee's work are aware that they exist.
- Deputy County Manager Duane Holder spoke on the ongoing discussion of a former Board member becoming a staff member and being asked to vacate their position on the Board. While there was no legal conflict of interest, the case was complicated by the fact that Board members were oftentimes encouraged to do things that staff were discouraged from doing from an advocacy and legislative standpoint. County Manager Ellis was not comfortable with having a direct report in such a compromising position. This was a unique situation not fully covered in policy. Due to this situation, policies would be revised and edited to provide clarity for eligibility criteria. There was a current Wake County staff member on the Board, but there was determined to be no conflict of interest as that Board member did not report to County Manager Ellis.
  - Ms. Rebecca Kaufman (Health Director) discussed the following:
    - There were two "Ask the Doc" series coming up – one in English to be held at St. Augustine's University (SAU) and one in Spanish being held at the Raleigh United Mutual Aid Hub (RUMAH) – focused on HIV/STDs. This series began to give the community a chance to ask doctors questions about COVID-19. Because of its success, it was now being extended to other public health concerns.
    - HealthLit4Wake was requesting proposals to be awarded with mini grants to support community-based organizations in educating the community on public health literacy. These organizations must have provided resources and services to historically marginalized communities heavily impacted by the COVID-19 pandemic. Any questions about these mini grants could be sent to Ms. Lechelle Wardell (Population Health Director).
    - Training with long-term care facilities finally resumed recently with the Communicable Disease team leading said training. Due to the pandemic, this training had not been available in some time and staff turnover had left many with questions. These trainings, ideally, will continue moving forward.
    - Two new lactation spaces opened thanks to the "Improving Community Outcomes for Maternal and Child Health" (ICO4MCH) grant.

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

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins informed the Board that the Senior Services Temporary Advisory Committee (TAC) had secured a proclamation from the Wake County Board of Commissioners (BOC) for National Senior Citizens Day on August 21<sup>st</sup>. Seniors provided immeasurable value to the community, county, and nation and will continue to be a focus of the Board and other community organizations.



The Mayor Frank Eagles Excellence in Community Service Award had just ended its deadline for its second annual award. The Selection Committee for the award would be meeting on August 25<sup>th</sup> and reviewing the candidates nominated. The Board would receive an update of the winner during the September Board meeting. The award itself would be presented during the October 26<sup>th</sup> Board meeting.

### **Committee Chairs Update**

(Presented by Ms. Ann Rollins and Ms. Wanda Hunter)

Ms. Ann Rollins, Health and Human Services Board Chair, provided an overview of the update from the Regional Network of Care.

- The Northern Regional Center (NRC) served 647 lunches to students as part of the summer nutrition program in the month of July. The NRC was partnering with the Town of Wake Forest to bring fresh produce through Ripe Revival (<https://www.riperivivalmarket.com/>). This is a pay-what-you-can model with a payment scale that slides all the way to zero. When available, meat and eggs were also offered. Finally, NRC staff were partnering with the Village of C.A.R.E. – a non-profit started by a Community Advocacy Committee (CAC) member responding to mental health concerns – to broaden its focus on youth to include Wake Forest’s Resources for Seniors Center.
- The Eastern Regional Center (ERC) had partnered with East Wake Food Family, Pleasant Grove Baptist, Wake Food Security, and local non-profits for a back-to-school extravaganza providing over one hundred backpacks to students.
- The Southern Regional Center (SRC) piloted two new services in July – marriage certificates and notary oaths. Staff were also doing outreach with the Wake County dental clinics.
- Departure Drive was working with the Wake County Public School System (WCPSS) to promote a summer feeding program at River Birch at Town Center Apartments. A total of 238 hot meals were served to kids in this community. Departure Drive was also a beneficiary of the “Improving Community Outcomes for Maternal and Child Health” (ICO4MCH) grant that allowed them to outfit ten client and staff lactation rooms at Departure Drive. ICO4MCH is a statewide initiative focused on infant mortality reduction and the needs of mothers.
- The Western Health and Human Services Center (WHHSC) and their Community Advocacy Committee (CAC) Food Security Action Group had distributed 709 produce boxes to families after raising \$15,000 to maintain the level of distribution. Staff were also working to establish affordable housing with four local faith-based groups in Cary. The types of affordable housing being considered were workforce apartments, senior housing, and single families workforce housing with consideration for veterans.

Dr. Mary Faye Whisler was not present to provide the Public Health Committee report, but Ms. Rollins stated that the presentations on the Unified Development Ordinance (UDO) amendment and Communicable Disease Public Health Report were both made to the Committee.

Ms. Wanda Hunter, Chair of the Social Services Committee, recalled that the Committee met on August 4<sup>th</sup>. The Aged-out Foster Care Youth Workgroup was finally seeing the culmination of its work as a tentative move-in date of September 1<sup>st</sup> had been announced for moving aged-out foster care youth to transitional housing in the St. Augustine’s University (SAU) Falkcrest Building (residence hall). More details would be provided as the first young adult was moved in.

The Social Services Committee also had an engaged discussion with Ms. Shanta Nowell (Child Welfare Assistant Division Director) and Ms. Sheila Donaldson (Child Welfare Division Director) surrounding

Child Welfare (CW) – particularly Child Protective Services (CPS). Between efforts of restructuring CW and struggling with issues in CPS staff retention and vacancy rates, an assessment of staff’s overall satisfaction would be extremely informative. There is no statewide CW case management system. This means that all of the work of CW must be done over and over to put into different systems. This demands a great deal of time from already burnt-out staff and can increase the possibility of mistakes. The discussion acknowledged the mental and psychological support needed not just for consumers but for staff. Staff endure secondary trauma in the field and can experience compassion fatigue. There are ways for employees to engage with one another and benefit from peer support to avoid carrying such a burden in silence. Staff are trying to identify ways to incentivize the employees to participate in these programs. The work that staff do in the community is visible and support for those making such a huge impact in Wake County is critical to maintaining the county’s overall health.

Ms. Nannette Bowler stated that, thanks to the support of the County Manager’s Office, Wake County will have its own CW case management system by December 2023. In regards to secondary trauma, some in the community were aware that a shooting had occurred at the Wake County Swinburne Health and Human Services building. Staff responded extremely well to the scenario (some staff would be recognized in front of the Wake County Board of Commissioners (BOC) for their bravery) but still endured a great deal of trauma. Ms. Bowler and Deputy County Manager Duane Holder had visited the site the same day as the shooting and the following day a psychologist came in during the afternoon to help staff work through the trauma endured. There will be two staff debriefings available to address questions submitted. Luckily, staff were working to establish secondary trauma groups through the help of a Centers for Disease Control and Prevention (CDC) grant.

Ms. Hunter recognized the recent celebration for the Youth Health Council (<https://www.wake.gov/departments-government/health-human-services/community-resources/population-health/youth-health-council>) where students shared their magazine (“Zine”) about COVID-19 and how it impacted the youth. The stories shared in this Zine were incredibly impactful with one student recalling that she was not allowed to have social media and, because of this, felt extremely isolated during the pandemic shutdown.

Finally, Ms. Ann Rollins shared that there were two youth empowerment members who completed projects around tobacco retail outlet density. These links are included below:

- <https://youtu.be/Tcgif2jeIfE>
- <https://wake4-hgis.maps.arcgis.com/home/item.html?id=717b336d7670405f9ca83d178981693d>

- **Public Comments**
  - None

### **Adjournment**

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

**Board Chair’s Signature:**



**Date:** 09/28/2023

Respectfully submitted by Ms. Brittany Hunt