

Wake County Health and Human Services Board
Meeting Minutes
October 26th, 2023

Board Members Present:

Lily Chen
Dr. Ojinga Harrison
Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Terry McTernan
Dr. Jananne O'Connell
Ann Rollins
Dr. Anita Sawhney
Tanyetta Sutton
Dr. Kelcy Walker Pope
Birchie Warren
Commissioner James West
Dr. Mary Faye Whisler
Tamara Wilson

Guests Present:

Michael Berger
Gene Cross
Cathy Eagles
Brenda Edwards Jones
Deidre McCullers
Kevin Meese
Bettie Murchison

Staff Members Present:

Commissioner Vickie Adamson
Nannette Bowler
Dr. Jennifer Federico
Anika Hamilton
Caroline Harper
Kevin Harrell
Richie Hayner
Duane Holder
Brittany Hunt
Tony Johnston
Rebecca Kaufman
Katie LaWall
Jenelle Mayer
Yolanda McInnis
Ken Murphy
Toni Pedroza
Morgan Poole
Meagan Thomas
Dr. Joseph Threadcraft
Lechelle Wardell
Diamond Wimbish
Ross Yeager

Call to Order

Chair Ms. Ann Rollins called the meeting to order at 7:32 A.M.

Next Board Meeting – November 16th, 2023

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve September 28th, 2023 meeting minutes. There was a motion by Ms. Christine Kushner and Ms. Maty Ferrer Hoppmann seconded. The minutes were unanimously approved.

Treasurer's Report

Ms. Christine Kushner, Treasurer, provided the Treasurer's Report. In September, the fund was reported as \$8,330.92. There had been no change in the fund since, so the monies remained at \$8,330.92.

2023 Mayor Frank Eagles Excellence in Community Service Award

(Presented by Mr. Ross Yeager and Ms. Ann Rollins)

Dr. James Parham was awarded the 2023 Mayor Frank Eagles Excellence in Community Service Award. Nominees for the award were also recognized and included Mr. Michael Berger, Mr. Gene Cross, Ms. Wanda Hunter, Ms. Brenda Edwards Jones, Mr. Kevin Meese, and Ms. Bettie Murchison.

Health and Human Services Board Officer Elections

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) began by opening the floor for nominations for the Health and Human Services Board Chair. There were two nominations for Board Chair – Ms. Ann Rollins and Ms. Wanda Hunter. Both Ms. Rollins and Ms. Hunter accepted their nominations. No additional nominations were made. By majority vote, Ms. Rollins was voted as the Health and Human Services Board Chair.

Mr. Murphy then proceeded with the Vice Chair nominations. There was one nomination for Ms. Wanda Hunter. Mr. Murphy asked if there were any other nominations and, seeing none, explained that since there was only one candidate, the Board could vote or accept Ms. Hunter by acclamation. Board members agreed to the latter and, by acclamation, Ms. Hunter was made the Health and Human Services Board Vice Chair.

Mr. Murphy then proceeded with the Treasurer nominations. There was one nomination for Ms. Christine Kushner. Once again, with one candidate for the office of Treasurer, the Board selected to move forward with acclamation. Ms. Kushner was then made the Health and Human Services Board Treasurer.

Annual Review of Wake County Health and Human Services Board Policy on Consumer and Community Input, Board Policy 300 2.6 (Accreditation Benchmark #37.2 and 38.3)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked Board members if there were any suggested amendments or questions. Dr. Mary Faye Whisler pointed out that there was a mistake in the policy number (2.6) on the agenda. Edits also needed to be made for consistency with policy headers that specify the policy is for Health and Human Services. Ms. Christine Kushner asked where the public could find these policies and procedures. Ms. Brittany Hunt, Executive Assistant to the Wake County Health and Human Services Board, would follow up with further details and a link to the webpage where the policies and procedures resided.

Commissioner James West made a motion to approve the Board Policy 300 2.6 document with the recommended changes. Dr. Kelcy Walker Pope seconded. The motion was unanimously passed.

Annual Review of Wake County Health and Human Services Board Rules of Appeal GOV.BRD Procedure 300 (Accreditation Benchmark #35.1)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked Board members if there were any suggested amendments or questions. Dr. Mary Faye Whisler noted that the procedure number (2.8) was erroneously listed as 2.7 in the header of the document. Further edits to the header were needed to include “Health and Human Services” at the top of each page of the document (as it was missing from the first three pages).

Dr. Mary Faye Whisler made a motion to approve the Board Rules of Appeal document with the recommended changes. Dr. Kelcy Walker Pope seconded. The motion was unanimously passed.

Annual Review of Wake County Human Services Board Operating Procedures GOV.BRD 100 (Accreditation Benchmark #34.1 and 34.2)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked Board members if there were any suggested amendments or questions. Dr. Mary Faye Whisler asked if the word “operating” was necessary in the header given the previous formatting only focusing on the name of the area that the policies or procedures oversaw. On page six of the document, an edit was needed to the mention of a “Temporary Advisory Board.” This should state “Temporary Advisory Committee.”

Dr. Anita Sawhney made a motion to approve the Board Operating Procedures document with the recommended changes. Dr. Jananne O’Connell seconded. The motion was unanimously passed.

Wake County Animal Center 2023 Update

(Presented by Ms. Meagan Thomas)

Ms. Meagan Thomas (Animal Services Community Outreach Manager) provided an update on the Wake County Animal Shelter. The presentation began with the following overview of fiscal year (FY) 2023.

- FY 2023 Intakes
 - 8,638 animals
 - 3,789 cats and kittens
 - 408 small animals and birds
 - 18 farm animals
 - 138 rabies vectors
- FY 2023 Outcomes
 - 4,018 – adoptions
 - 1,204 – reunited with families
 - 1,820 – transferred to rescue partners (local and national)
 - 447 – euthanized (could impact)
 - 861 – euthanized (could not impact)

About half of the 8,638 animals that were intakes for FY 2023 were dogs. About 47% of the intakes were ultimately adopted. Only 21% of the intakes were transferred out to rescue partners. For comparison, prior to the COVID-19 pandemic, staff were adopting out roughly 41% of intakes with rescue partners taking on 33%. Another challenge is the increase in the length of stay for the animals. Dogs stays are up by four days per dog while cats are staying one day longer than in 2022. These increases have directly impacted the Animal Center being over capacity roughly half a dozen times in 2023 alone. The Center is currently closed due to the onset of canine flu. Despite being closed, the Center is still over capacity.

One large opportunity for advocacy is promoting the Wake County Animal Center (WCAC) as an adoption center. Local rescue partners in Wake County should also be encouraged to focus on the Wake County animal needs first rather than expanding directly to accepting animals outside of the county or state.

Ms. Thomas also provided details surrounding the verbiage of euthanasia and cases that “could [be] impacted[ed]” and “could not [be] impact[ed].” Those that *can* be impacted are feral cats, non-adoptable animals, animals too young to survive, etc. “Non-adoptable” animals include those with behavior and medical cases who could have been transferred to another agency but no agency would take them. It was important to note that of the 447 euthanatized animals, roughly 84% (375) were feral cats. Euthanasia

cases that *cannot* be impacted include wildlife, rabies testing, bite and/or attack cases, aggressive animals, major medical cases, etc.

Outreach programs were then reviewed. WCAC collaborates with a number of community partners. Community Pet Days have been the biggest and most popular of these programs thus far. Alongside Wake County Health and Human Services (HHS), the Wake County Regional Centers, Dorcas Ministries, Heal House Call Veterinarians, the Friends of Wake Animals, and area veterinarians (including the HHS Board's own Dr. Jananne O'Connell), the WCAC provides much-needed rabies vaccines, combination vaccines, and microchipping to Wake County residents. Since Community Pet Days were rebranded and expanded in the fall of 2022, the following impact has been made.

- 911 families served
- 1,103 dogs served
- 419 cats served
- 1,252 rabies vaccinations provided
- 843 microchips implanted
- 927 DHPP vaccinations (combination dog vaccine also known as five-in-1 vaccine for dogs protecting against canine distemper virus, hepatitis, kennel cough, parainfluenza, and parvovirus)
- 341 FVRCP vaccinations (combination cat vaccine that protects against Feline Viral Rhinotracheitis (FVR), Feline Calicivirus (C), and Feline Panleukopenia (P))

Access to community resources has made Community Pet Days a huge success.

- Rabies vaccinations for dogs and cats - \$5
- Combination vaccinations for dogs and cats – Free
- Microchipping services for dogs and cats – Free
- Additional medical guidance from veterinarians
- Collaboration with community partners to share resources (including but not limited to the rabies virus, communicable diseases, spay/neuter vouchers, and pet food support)

According to results from a survey attendees could complete after attending a Community Pet Day, roughly half admitted that their pet(s) have never received veterinary care until they attended the event. In order to continue providing the best quality care possible at these events, staff worked with Certified Rabies Vaccinators (CRVs) who were able to provide, when able given a pet's history, rabies vaccines that lasted for more than one year (i.e., three-year vaccine).

Ms. Christine Kushner asked how WCAC collaborated with Dorcas Ministries. Ms. Thomas explained that while the other Regional Centers had room for such large events, the Western Health and Human Services Center unfortunately could not safely host a Community Pet Day. Due to this, Dorcas Ministries provided their location in Cary for the event.

Another outreach program was the Wake County Pet Advocacy Coalition. This Coalition was established by WCAC and Dorcas Ministries and is intended to provide guidance on several fronts including rehoming pets, lost and found pets, spay/neuter resources, Emergency Veterinary Clinic locations, and pet inclusive housing. The ultimate goal is ensuring pets are able to stay with the families who love and care for them. Other active members of the Coalition include Wake County HHS, Interact, Oak City Cares, Friends of Wake Animals (also known as Friends of WCAC), the Society for Prevention of Cruelty to Animals (SPCA), and Safe Haven for Cats to name a few. Since starting, the Coalition had expanded the previously mentioned Community Pet Days, conducted a "Don't Forget the Pets" workshop in collaboration with RedRover to emphasize the importance of pet inclusive housing, and prompted

including pets in conversations around human services initiatives. The Coalition also donated pet food to almost a dozen human food pantries with a collaboration with Chewy (an online pet supply retailer).

This Coalition is critical as staff have learned of the inequality present in homeless shelters, especially those intended for survivors and victims of domestic violence. Some people in need of assistance refuse services as their pet(s) cannot join them in a shelter or agency. While these people struggled to escape domestic violence, they could also be unhoused, living in a vehicle, and/or living in an unsafe area. Despite these struggles, the person may not seek help if it meant being parted from their pet(s). For Animal Services, the only assistance that could be offered was rehoming the pets which was an excruciating decision for pet owners and an additional stressor during a crisis. To this end, the Coalition aimed to promote pet inclusive housing to expand on options available to the community.

The final large collaboration was with the Friends of WCAC. This organization is not an animal rescue – it operates more as an animal welfare agency. While animals cannot be taken into their care, the Friends of WCAC does assist WCAC with pet retention and shelter intervention to keep pets with their families. A specific spay/neuter program focuses on cats and pit bulls. While pit bulls are only 30% of the intake of dogs in the shelter, they are also the breed that stay in the shelter the longest. This gives the impression that the shelter only has pit bulls to select from as their stay is so elongated. Pit bulls represented the largest number of dogs relinquished due to pet policies (whether demanding breed specifications and/or exceeding the size of dog allowed in the policy). Nationwide landlords most commonly mandate that pets must be below thirty pounds to be allowed to live in the rented space. Most pit bulls exceed this weight limitation. It is important to note that service dogs are exempt from these policies due to the Americans with Disabilities Act (ADA).

A discussion around service animals and emotional support animals (ESA) revealed that neither distinction was explicitly tracked by any entity, including the County. Unfortunately, while ESAs could be extremely beneficial for those needing support, the side effect was a wide array of pet owners obtaining false documentation or purchasing service vests for pets that they were desperate to keep despite housing requirements. While keeping the pet(s) with their families was important, these animals would then go on to be a danger to the community as they are often not trained and/or socialized for supporting during a time of crisis. Several ESAs had been deemed as dangerous dogs. Nationally, ESAs were no longer allowed on airlines due to the number of attacks on flight staff. Legally, the language of an ESA only existed due to the Fair Housing Act and it was only with housing that these animals were permitted to bypass requirements outlined by landlords. It was not required for ESAs to be allowed in places of work. This was a common misconception given the confusion between ESAs and service animals.

For service animals, individuals could only ask what services the animal performs, not what was “wrong” with the person or why they needed the animal. Service animals are available to those with verifiable disabilities and must perform at least two tasks to mitigate the impact of the disability/disabilities on the person’s life. For ESAs, no such requirements existed besides needing a professional recommendation for the animal to support a person/family. This has created an extremely lax system that has been abused by those seeking to circumvent housing requirements or keep an exotic pet (there have recently been “emotional support” alligators, peacocks, and rabbits). The only animals permitted as service animals were dogs and miniature horses. The latter were especially helpful to the blind as their lifespan was longer than that of dogs.

There was discussion of the emotional support that all pets provide to their families. Pet inclusivity in housing was ultimately intent on removing the need for people to obtain written support for an ESA and instead have the freedom to keep their pet(s). Due to the many abuses of the system, there were now national discussions considering removing ESAs altogether.

Commissioner James West inquired about the limitations surrounding therapy animals in places such as rest homes. There was no standard for therapy animals and no entity tracking these in the county. Most people who want therapy animals have an animal trained. There are certifications available to ensure that the animal is properly socialized (as therapy animals must be able to remain calm in sometimes hectic environments). Some were not allowed to eat raw diets due to the danger to immunocompromised individuals. Unfortunately, even therapy animals were not allowed in many organizations due to the sheer liability of their presence. Bigger and private organizations may be more able to take on that liability and responsibility. However, there was nothing limiting a nursing home from adopting a pet to live on site and act as a freelance therapy animal. Another interesting therapy option was the implementation of dog and/or cat programs in jails and prisons. Individuals allowed into these programs were very intent about staying active and able to interact with the dogs and/or cats. The interaction with these animals sometimes represents the only affection known and freely given to that person. There have even been individuals who, upon their release, sought and obtained careers as dog trainers due to the positive relationships built through the program.

It was important to emphasize that the breed and size limitations were not isolated to apartments or to low-income housing. Some individuals moved to Wake County from as far away as California only to find that they are unable to keep their pet(s) due to housing restrictions. With rehoming as the only option available through the WCAC, this creates a heart wrenching reality of people either being forced to reconsider the move or give up their pet(s). There was a question regarding if those who relinquished their pets returned for them. Ms. Thomas stated that while there were reunification stories, if an animal met health and behavior requirements upon being relinquished, they could be adopted less than half an hour after being surrendered.

The Friends of WCAC also assisted with the following pet retention and/or shelter intervention initiatives.

- “Heal a Heart” Heartworm Sponsorship for WCAC Dogs
- “No Empty Bowl” Pet Food Pantry
- Pet Retention and Shelter Intervention Sponsorship
- Collaboration on Community Pet Days
- Collaboration on social media posts for extra exposure

Next, advocacy needs were provided.

- Affordable housing that is pet inclusive
 - Staff keep a living spreadsheet of all pet inclusive housing in Wake County. Currently, there are only ten rental companies in the county with no restriction on weight, size, or species
- Larger “safety net” for families with pets
 - Additional pet support is needed for families experiencing homelessness, domestic violence, and other situations where families must choose between support for themselves or keeping their pets. This will require non-profit animal rescues to join in this initiative
- Promote adopting pets from WCAC
- Encourage spay/neuter, vaccination, and microchipping of community pets

Continued collaboration efforts would be made between WCAC and Wake County HHS staff to further integrate services for events and for the public to take advantage of various supports in one setting. Ms. Thomas recognized Ms. Michelle Ricci (Communicable Disease - Public Health Educator) who already

provided education to pet owners on the rabies virus. Future initiatives could include the upcoming mobile unit that will be established for HHS in the coming years.

Board members thanked Ms. Thomas for her presentation and expressed interest in scheduling a tour of the Animal Center in the beginning of 2024.

Environmental Services Director's Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft (Environmental Services Director) shared that Ms. Anarosa Jones (Department Business Manager) would be retiring in January 2024. A three-month national search had identified the ideal candidate for the Department Business Manager position from within Wake County Environmental Services. Additionally, staff had been focused on the annual State Fair held in Raleigh. Having prepared for a week before the fair started, staff permitted roughly 149 temporary food establishments to run during the event. Other highlights included an upcoming presentation to the Wake County Manager's Office and Budget Office to outline Environmental Services' business plan and continued focus on the One Water Plan (<https://www.wake.gov/departments-government/water-quality-programs/one-water-plan>).

Public Health Report: 2023 Injury Report (Accreditation Benchmark #2.4)

(Presented by Ms. Katie LaWall)

Ms. Katie LaWall (Senior Epidemiologist) provided the 2023 Public Health Report on injuries to the Health and Human Services Board. Information about injuries in Wake County is complex and is gathered from several data sources such as death certificates, medical examiner reports, law enforcement reports, hospital admissions and emergency department visits. The Injury Report describes injuries and their impact on the health of the Wake County community. The Report analyzes the three leading causes of injury death in Wake County (motor vehicle traffic (MVT), unintentional falls, and unintentional poisonings) and includes a section on firearm injuries and deaths. Self-inflicted firearm deaths were the fourth cause of injury death in Wake County from 2018-2022, and assault firearm deaths were the fifth cause of injury death in Wake County 2020 - 2022.

The "Injury Iceberg" (pictured below, <https://injuryfreenc.dph.ncdhhs.gov/injuryIceberg.htm> accessed September 6th, 2023) outlines the potential impacts on those injured.

Figure 1: The Injury Iceberg



A 2022 Wake County demographic profile was then shared. Additional demographic details could be found on page four of the full report.

- The median age of people living in Wake County was 37.3 years
- A little over half of the population (55%) is between the ages of 25-64 years
- 50.9% of residents are female and 49.1% are male
- The largest racial and ethnic groups are non-Hispanic White (58.6%), non-Hispanic Black or African American (19.1%), Hispanic (10.6%), and Two or More Races (9.0%)

There were also definitions for the two types of injuries included in the Report: Intentional and unintentional.

- Intentional: Used to refer to injuries resulting from purposeful human action, whether directed at oneself or others
 - Includes self-inflicted and interpersonal acts of violence intended to cause harm
- Unintentional: Used to refer to injuries that were unplanned and can be defined as events in which:
 - The injury occurs in a short period of time (seconds or minutes)
 - A harmful outcome was not sought
 - The outcome was the result of one of the forms of physical energy in the environment or normal body functions being blocked by external means (i.e., drowning)

Table 5: Top Five Causes of Injury ED Visits (All Ages), Wake County, 2018-2022

Cause of Injury	2018			2019			2020			2021			2022		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	11,661	1068.6	2	11,887	1069.2	2	10,273	908.6	1	11,007	955.2	1	13,341	1135.4	1
MVT - Unintentional	11,796	1080.9	1	11,910	1071.3	1	8,829	780.9	2	9,969	865.1	2	10,730	913.2	2
Natural/Environmental - Unintentional	2,771	253.9	3	2,762	248.4	3	2,108	186.4	3	2,132	185.0	3	2,488	211.7	3
Unspecified - Unintentional	1,866	171.0	4	1,916	172.3	4	-	-	-	-	-	-	-	-	-
Poisoning - Unintentional	-	-	-	-	-	-	1,210	107.0	5	1,483	128.7	5	1,683	143.2	4
Other Specified/Classifiable - Unintentional	1,849	169.4	5	1,785	160.6	5	1,643	145.3	4	1,624	140.9	4	1,673	142.4	5

Note: Rates per 100,000 Wake County population; data are limited to Wake County residents.

MVT - Motor Vehicle Traffic

-: Cause of injury was not in the top five causes of injury ED visits for that particular year.

Source: North Carolina State Center for Health Statistics, North Carolina Healthcare Association Hospital Discharge Data, 2018-2022*; US Census non-bridged single race population estimates, 2018-2022

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

Table 6: Top Five Causes of Injury Hospitalizations (All Ages), Wake County, 2018-2022*

Cause of Injury	2018			2019			2020			2021			2022*		
	Case s	Rate	Rank	Case s	Rate	Rank	Case s	Rate	Rank	Case s	Rate	Rank	Case s	Rate	Rank
Fall - Unintentional	1,883	172.6	1	2,148	193.2	1	1,943	171.8	1	2,053	178.2	1	2,067	175.9	1
MVT - Unintentional	474	43.4	2	550	49.5	2	491	43.4	2	524	45.5	2	509	43.3	2
Poisoning - Unintentional	307	28.1	3	334	30.0	3	317	28.0	3	356	30.9	3	444	37.8	3
Poisoning - Self-Inflicted	221	20.3	4	246	22.1	4	202	17.9	4	223	19.4	4	198	16.9	4
Fire/Burn - Unintentional	182	16.7	5	184	16.6	5	-	-	-	-	-	-	-	-	-
Unspecified - Unintentional	-	-	-	-	-	-	151	13.4	5	146	12.7	5	167	14.2	5

* 2022 hospitalization data are provisional; data as of 08/01/2023

More info regarding unintentional fall ED visits and hospitalizations can be found in the full report in table 7 (covers the years of 2017-2020).

Note: Rates per 100,000 Wake County population; data are limited to Wake County residents.

MVT - Motor Vehicle Traffic

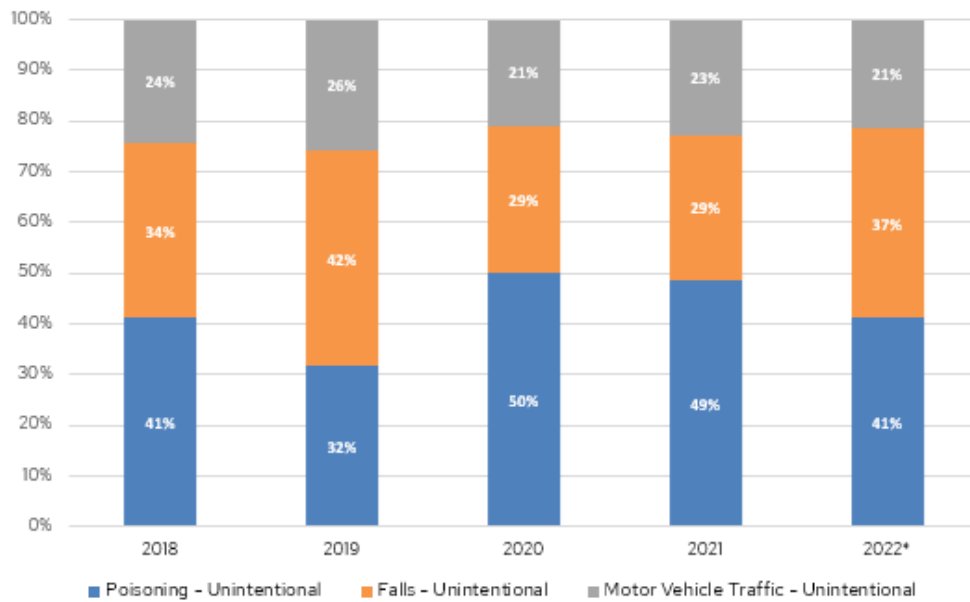
-: Cause of injury was not in the top five causes of injury hospitalizations for that particular year.

Source: North Carolina State Center for Health Statistics, North Carolina Healthcare Association Hospital Discharge Data, 2018-2022*; US Census non-bridged single race population estimates, 2018-2022

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

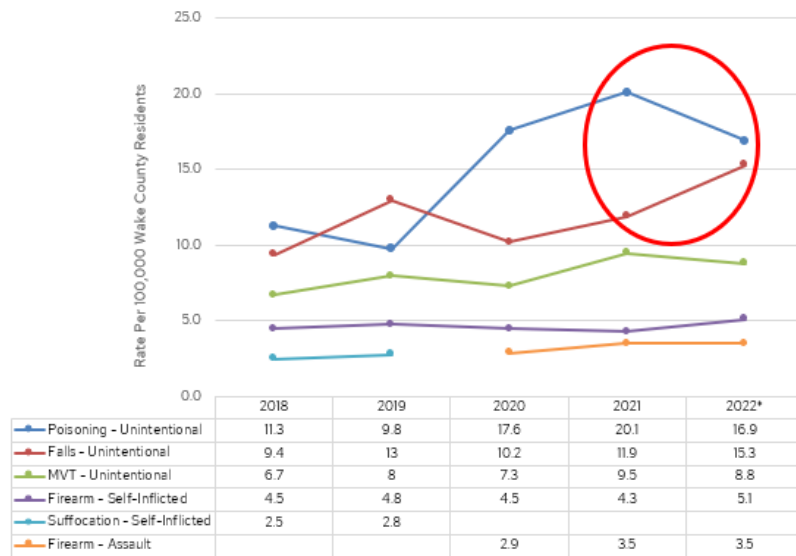
Ultimately, the leading causes of injury death in Wake County were unintentional poisonings, unintentional falls, and unintentional Motor Vehicle Traffic (MVT). The following images, charts, and graphs outline these injury numbers in greater detail.

Figure 2: Percentage of the Top Three Causes of Injury Death, Wake County, 2018-2022*



*2022 data are provisional; data as of 08/01/2023

Figure 3: Death Rates, Top Five Causes of Injury Death, Wake County, 2018 – 2022*



* 2022 data are provisional; data as of 08/01/2023

There was a decrease in the rate of unintentional poisoning deaths, an increase in unintentional fall death rates, a slight decrease in MVT unintentional death rates, and a slight increase for firearm self-inflicted. Firearm assault stayed the same. The following table includes details for unintentional fall deaths from 2018 to 2022 in Wake County.

	Number	Percent	Rate per 100,000
Sex			
Female	366	53.8	12.7
Male	314	46.2	11.3
Race/Ethnicity			
White (NH)	595	87.5	17.8
Black (NH)	43	6.3	3.8
American Indian (AI)/Alaska Native (AN) (NH)	0	0.0	0.0
Asian (NH)	15	2.2	3.3
Hispanic	24	3.5	4.1
<u>Other</u> (NH)/Unknown	**	**	**
Age Group			
0-14	0	0.0	0.0
15-24	**	**	**
25-34	**	**	**
35-44	12	1.8	1.4
45-54	15	2.2	1.9
55-64	40	5.9	6.1
65+	607	89.3	87.1
Total	680	100	12.0

* 2022 data are provisional; data as of 08/01/2023

For unintentional poisoning deaths, a poisoning exposure can be defined as ingestion, injection, inhalation, absorption, or contact with a substance that produces a toxic effect or bodily harm. An unintentional poisoning occurs when the individual does not intend to cause harm when they are exposed to the substance. In the United States, illegal and prescription drugs are the cause of nearly 9 out of 10 unintentional poisonings. Poisonings can be caused by a variety of other gases, vapors, chemicals, and substances including alcohol, pesticides, and carbon monoxide.

There were 861 unintentional poisoning deaths in Wake County from 2018 to 2022. This was a 10.5% increase from 2017 to 2021. Poisoning deaths were 74.5% male with 65.3% being White non-Hispanic and 72.5% aged 25 to 54. However, the rate of unintentional poisoning deaths is higher among Black non-Hispanics than other racial and ethnic groups. Black non-Hispanic poisoning deaths increased by 25.1% from 2017 to 2021 to 2018 to 2022. The table below contains more details on unintentional poisoning deaths in the county from 2018 to 2022.

	Number	Percent	Rate per 100,000
Sex			
Female	220	25.6	7.6
Male	641	74.5	23.1
Race/Ethnicity			
White (NH)	562	65.3	16.8
Black (NH)	239	27.8	21.3
AI/AN (NH)	**	**	**
Asian (NH)	10	1.2	2.2
Hispanic	41	4.8	6.9
Other (NH)/Unknown	7	0.8	-
Age Group			
0-14	**	**	**
15-24	108	12.5	14.4
25-34	269	31.2	32.4
35-44	215	25.0	25.4
45-54	140	16.3	17.5
55-64	104	12.1	15.9
65+	24	2.8	3.4
Total	861	100	15.2

* 2022 data are provisional; data as of 08/01/2023

** Count, percentage, and rate suppressed due to count between 1 and 4

-: rate not calculated for low counts

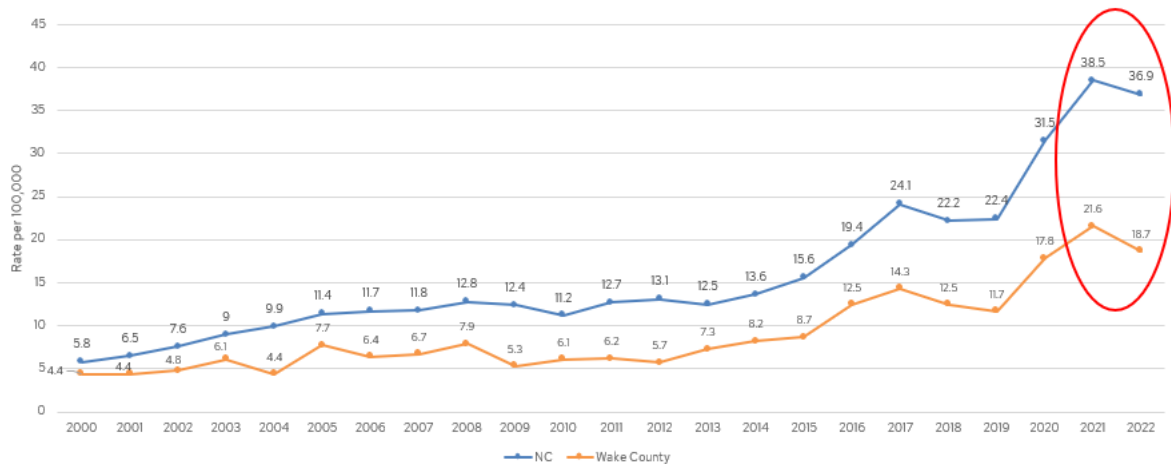
Note: Rates per 100,000 Wake County Population; data are limited to Wake County residents; US Census non-bridged single race population categories do not directly align with death certificate data race categories (population estimates exclude 1.8% multi-race residents).

NH: non-Hispanic

Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2018-2022**; US Census non-bridged single race population estimates, 2018-2022

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

Figure 4: All-Intent Overdose Death Rate per 100,000 Residents, Wake County vs. NC, 2000-2022



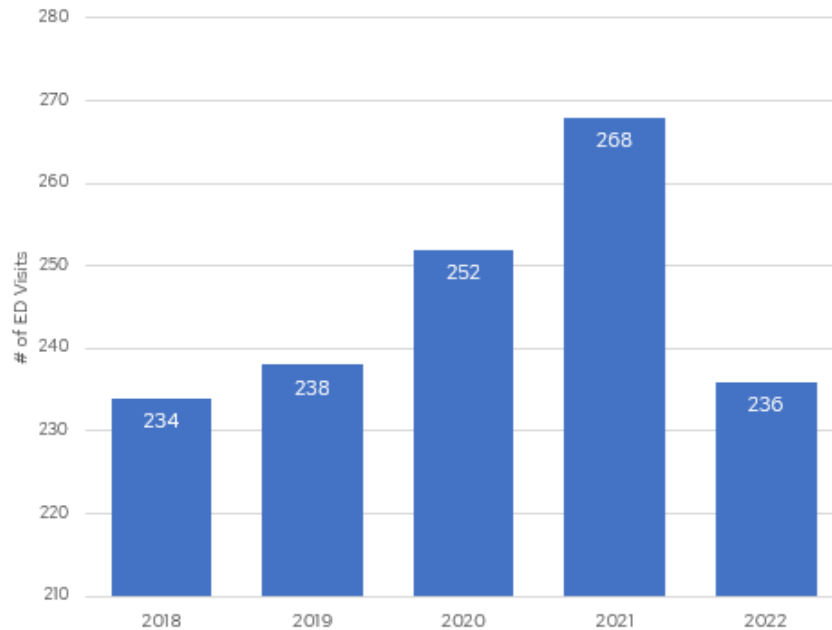
Of note in the graph above are the downturn rates for 2022 compared to 2021. Wake County is below the statewide rate of all-intent overdose death rate per 100,000 residents. More information regarding overdose deaths in Wake County can be found in both the full 2023 Injury Report and 2022 Drug Overdose Integrated Epidemiological Profile that was published on Wake County’s website earlier this summer

(<https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/CountyOverdoseDeathSlides/wakecountyoverdosedeadthslides.pdf>).

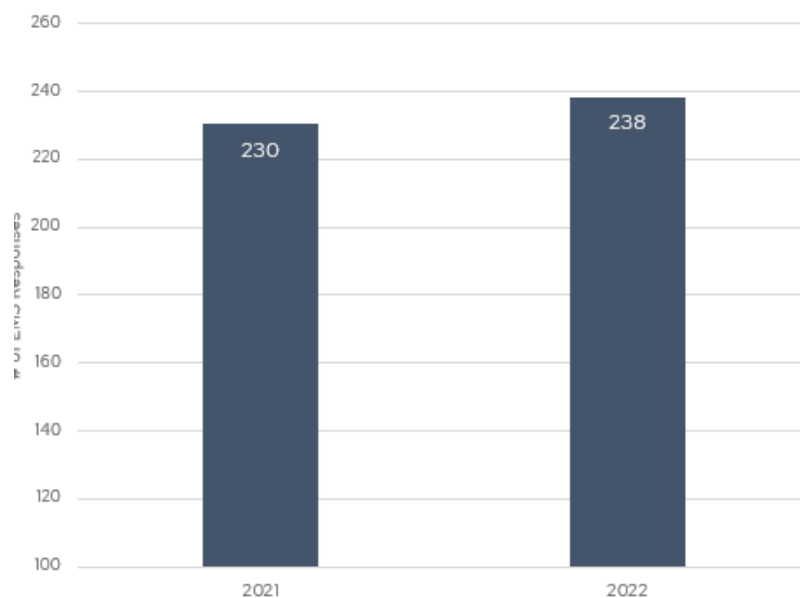
Descriptions for firearm injuries as they are included in the Report were then shared.

- “A firearm injury is a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile”
 - Weapons that use a powder charge include handguns, rifles, and shotguns.
 - Injuries from air- and gas-powered guns, BB guns, and pellet guns are not considered firearm injuries as these types of guns do not use a powder charge to fire a projectile.
- Self-Inflicted vs. Assault firearm injuries
 - Self-inflicted: Self-inflicted includes firearm suicide or nonfatal self-harm injury from a firearm.
 - Assault: Assault is defined as a firearm injury when the injured person was not the one holding or in charge of the weapon when it was fired.

**Figure 6: ED Visits Involving
Firearm Injuries (All Intent),
Wake County, 2018 - 2022**



**Figure 10: EMS Responses Involving
Firearm Injuries (All Intent), Wake
County, 2021 and 2022**



The next two images include geospatial analysis of firearm injuries in Wake County comparing 2018 through 2022 and 2021 through 2022.

Figure 11: Firearm Injury ED Visits by Patient Residential Zip Code, Wake County, 2018 - 2022

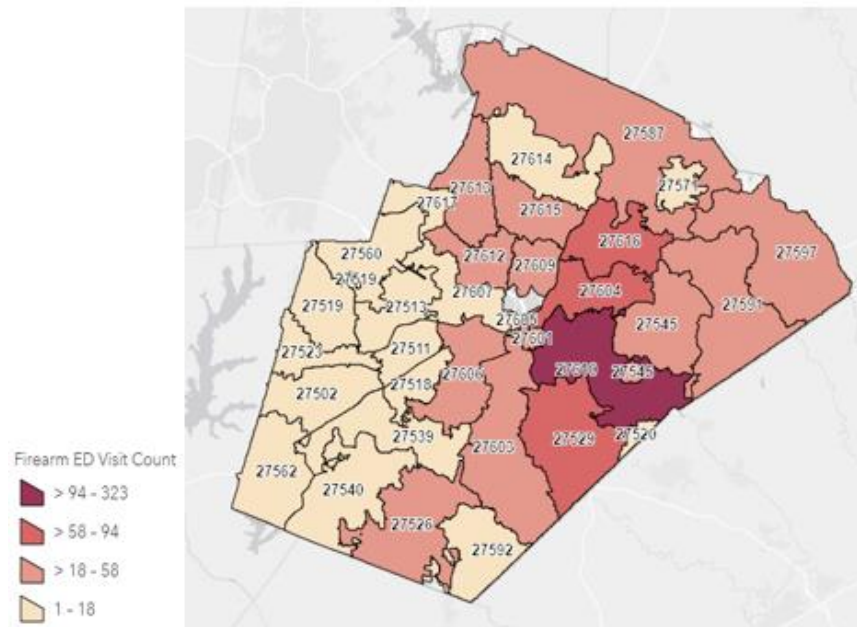
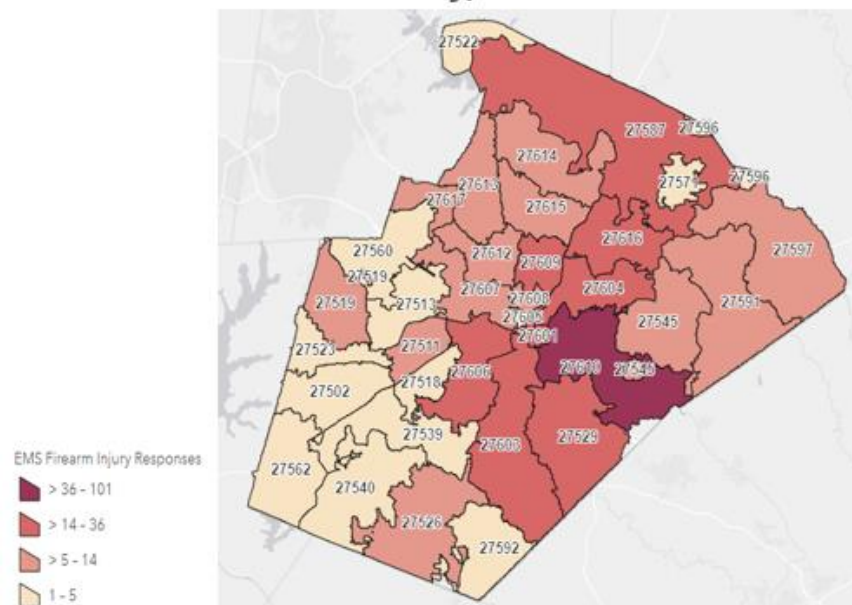
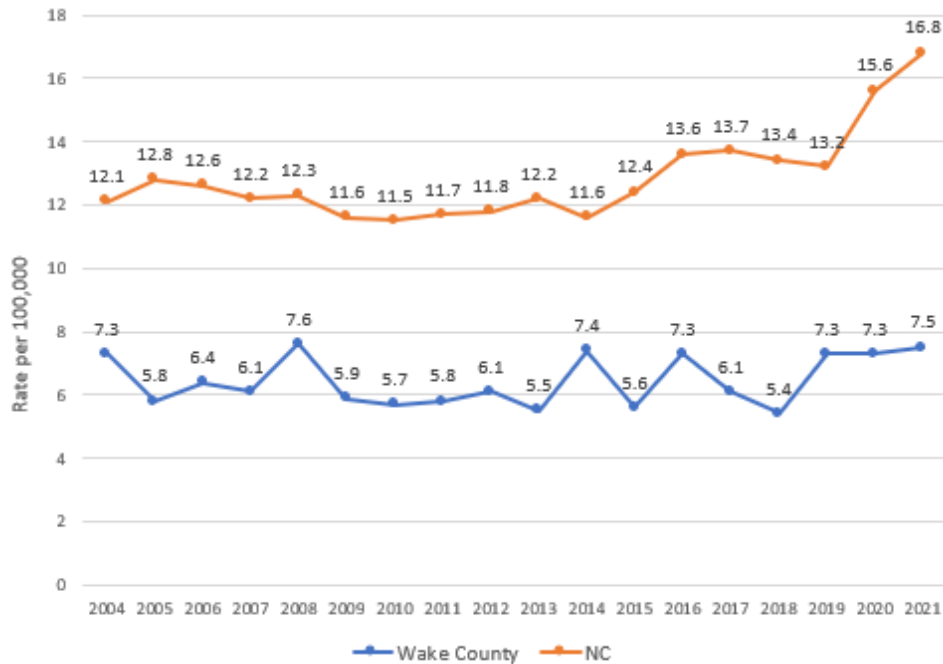


Figure 12: EMS Responses to Firearm Injuries by Response Location (Incident) Zip Code, Wake County, 2021 and 2022



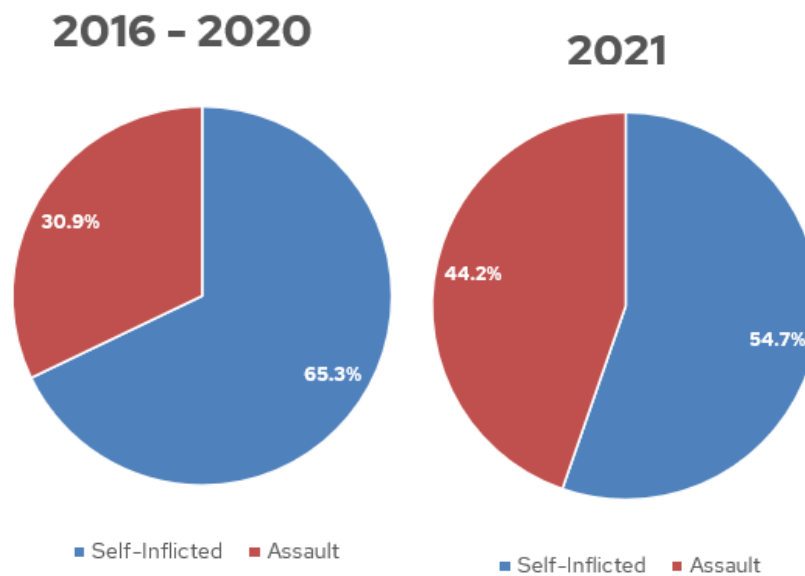
**Figure 13: Firearm Death Rate
(All Intent) per 100,000 Residents,
Wake County vs. NC, 2004 - 2021**



**Table 11: 2021 Firearm Death Counts and Rates
per 100,000 Residents, Wake County and
North Carolina by Age and Race**

Age	Wake County		North Carolina	
	Count	Rate per 100,000	Count	Rate per 100,000
<10	**	**	13	1.1
10-14	0	0	20	3.0
15-19	12	15.0	180	25.6
20-24	9	12.0	236	32.1
25-34	21	12.5	396	28.0
35-44	12	7.0	233	17.5
45-54	14	8.6	223	16.6
55-64	7	5.2	192	14.1
65-74	7	7.8	150	13.8
75-84	**	**	97	18.5
>84	0	0.0	39	21.1
Race/Ethnicity				
American Indian (NH)	0	0.0	39	35.4
Black (NH)	37	16.3	684	30.5
White (NH)	45	6.6	925	14.1
Asian (NH)	**	**	16	4.5
Hispanic	**	**	111	10.3
Other/Unknown	0	0	**	**
Total Firearm Deaths	86	7.5	1,779	16.8

The next two pie charts represent the percent of firearm-related deaths by manner in Wake County. The first covers 2016 to 2020 while the second views data from 2021.



Finally, there was a review of MVT deaths and pedestrian/automobile crashes. Note that these figures will not equal 100% due to some deaths being unspecified as self-inflicted or assault.

Table 12: Unintentional Motor Vehicle Traffic Deaths, Wake County, 2018 – 2022*

	Number	Percent	Rate per 100,000
Sex			
Female	141	30.9	4.9
Male	316	69.2	11.4
Race/Ethnicity			
White (NH)	201	44.0	327.3
Black (NH)	166	36.3	582.3
AI/AN (NH)	**	**	**
Asian (NH)	13	2.8	1.2
Hispanic	69	15.1	431.5
Other (NH)/Unknown	7	1.5	-
Age Group			
0-14	16	3.5	1.5
15-24	83	18.2	11.0
25-34	92	20.1	11.1
35-44	71	15.5	8.4
45-54	55	12.0	6.9
55-64	58	12.7	8.9
65+	82	17.9	11.8
Total	457	100	8.1

Table 13: Pedestrian Crash Data by Injury Severity, Wake County, 2018 – 2022*

Severity	2018	2019	2020	2021	2022
K: Killed	17	22	26	16	37
A: Suspected Serious Injury	32	54	45	33	61
B: Suspected Minor Injury	149	154	112	109	157
C: Possible Injury	129	142	88	90	90
O: No Injury	35	44	42	32	35
Unknown Injury	**	**	0	**	**
Grand Total	363	417	313	281	382

*2022 data are provisional; data as of 08/01/2023

The following summary outlines highlights from the Report.

- Decrease in the rate of unintentional poisoning deaths
 - Males (74.5%), white non-Hispanics (65.3%), and people ages 25-54 (72.5%)
 - However, the rate of unintentional poisoning deaths is higher among Black non-Hispanics than other racial and ethnic groups
- Increase in the rate of unintentional fall deaths
 - 65+, White non-Hispanic
 - Unintentional falls were also the leading cause of injury ED visits and hospitalizations in 2022
- Slight decrease in the rate of overall MVT unintentional deaths
 - However, pedestrian-crash deaths doubled from 2021 to 2022
 - Suspected serious injuries for pedestrians also nearly doubled from 2021 to 2022
- Slight increase in the rate of firearm self-inflicted deaths while the rate of firearm assault deaths stayed the same as 2021
 - Firearm death rate in Wake County (all intents) was less than half of the statewide rate in 2021 (7.5 vs. 16.8 per 100,000)
 - Disproportionately affects the Black/African American (NH) community in Wake County

Ms. Lily Chen asked if there was data on where falls were occurring as there could be an opportunity to prevent falls through outreach and education. Ms. LaWall said that she could submit a request for State partners to see if such data is available. Anecdotally, while falls were common in those aged 65+, the 85+ age group were at a far higher risk for falls. It is very likely that these falls could occur in an assisted living facility, but additional data would be needed to verify this.

Ms. Christine Kushner thanked Ms. LaWall for including the geospatial data for firearm deaths. She expressed interest in data for MVT deaths that detailed which cases were due to substance use/abuse. There was a need to promote designated drivers, driving services, and other alternatives to those under the influence driving. Commissioner Vickie Adamson noted that she had been approached by the Chair of the

Governor's Taskforce on Motor Vehicle Safety who wanted to present to stakeholders on general motor vehicle deaths. Such a presentation could provide insight into how to best provide outreach to the local community. Dr. Anita Sawhney asked if there was a known cause for the doubling of pedestrian crashes. There was not data included to specify why there was such an increase though it was still lower than the number of crashes reported in 2021. There were reports that some high traffic areas – such as Capital Boulevard in Raleigh – were experiencing more deaths due to people trying to run across the road. With hectic traffic, this is a huge safety concern.

Ms. Maty Ferrer Hoppman asked for additional information surrounding unintentional poisoning deaths (i.e., what would be considered under this category). Ms. LaWall clarified that some deaths would be reported twice (such as heroin which would be considered both an overdose death and poisoning) while others could only be counted once (an overdose of alcohol would be an unintentional poisoning but not an overdose). Such nuances helped to report transparently on each of the death rates.

Deputy County Manager Duane Holder added that firearm deaths had gained recognition through the North Carolina Governor Roy Cooper establishing an Office of Violence Prevention out of the Department of Public Safety. The Wake County Board of Commissioners (BOC) had spent a great deal of time discussing firearm prevention. Another potential future agenda item for the Health and Human Services Board was the County's opioid response plan. There was a \$26 billion opioid settlement with drug manufacturers of which Wake County will receive over \$36 million over the next 18 years. The BOC have adopted an initial phase of a plan on how to spend that money and a new hire in the County Manager's Office has been made for an Opioid Response Coordinator to manage the funding. The initial plan currently includes four parts – treatment, care navigation, early identification, and intervention. There will be future opportunities to help, especially around housing access and support. The Wake County Youth Health Council could be a community partner to disseminate information about the opioid response plan.

Commissioner James West stated that an internal assessment could help to outline what has been done, what impact those actions have, and how to work with key stakeholders (such as the North Carolina Association of County Commissioners) to further the work that is shown to be helpful. Such complex problems such as the opioid epidemic required a truly integrated and aligned response from the many entities supporting the initiative. Commissioner Vickie Adamson added that there was a quarterly Wake County Drug Overdose Prevention Coalition meeting that had been held since 2017 (<https://www.wake.gov/departments-government/health-human-services/public-health-and-medical-services/drug-use-and-overdose-prevention/wake-county-drug-overdose-prevention-coalition>). The next meeting would be held on November 1st and was open to the public. The COVID-19 pandemic admittedly had an inverse impact on opioid overdose cases that had remained stable between 2018 and 2019. Commissioner Adamson confirmed Deputy County Manager Duane Holder's comment on gun safety and spoke to the political strife surrounding the issue. There is a great deal of misinformation which leads some to panic and to oppose efforts that could promote gun safety without venturing into removing guns from gun owners. Despite this, gun safety was a crisis that the BOC would continue to discuss.

Dr. Kelcy Walker Pope made a motion to approve the Public Health Report: 2023 Injury Report. Ms. Christine Kushner seconded. The motion was unanimously passed.

Health and Human Services Director's Update

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

- Ms. Nannette Bowler, Wake County Health and Human Services Director, recognized Ms. Toni Pedroza (then Deputy Director of Social Services) who would be the new Senior Deputy Director of Health and Human Services as of November 1st, 2023.

- Due to time limitations, Ms. Bowler would be bringing two updates (one on the Child Welfare case management system and one for the budding Neighborhood Networks program) back to the Board during its November meeting.
- Ms. Toni Pedroza presented on the following:
 - December 1st is still the launch date for Medicaid Expansion and staff are working with Communications in order to prepare for community outreach and education. Information is being shared with community partners.
 - Prior to Medicaid Expansion “going live” (i.e., applications being accepted for the first time on December 1st), the State will attempt to review cases for auto-eligibility. These efforts would be focused on individuals who were eligible for Medicaid during the time COVID-19 policies were in place. Thousands may receive letters on auto-eligibility in Wake County once verified in the North Carolina Families Accessing Services through Technology (NC FAST) program.
 - Food and Nutrition Services (FNS) had also been impacted by policies put in place during COVID-19. For FNS, recertification had been waived during the pandemic. For three years, clients did not have to recertify to receive their benefits. FNS recertification is due every six months (unlike Medicaid which is annual). Due to recertifications now being required once more, there is a great deal of education needed in the community. A backlog of 2,300 to 2,500 recertifications and roughly 900 applications were the result of this change.
 - Staff were taking the backlog seriously with some being redirected to prioritize the backlog. Two temp agencies were also contacted to hire around twenty temporary workers to catch up. Ms. Yolanda McNinnis (Economic Services Division Director) was commended for her leadership in this initiative with daily and weekly meetings with staff to address the backlog.
 - Unfortunately, vacant positions in recertifications and applications have added to the stress of the backlog.
 - It is believed that the renewed requirement for recertification is likely going unnoticed due to the length of time it was waived. Staff was working with Communications to send out reminders to clients to update their mailing address so that consistent outreach can be established for those who have moved. This has been expedited with call center staff able to update addresses when notified by phone call.
 - Ms. Wanda Hunter asked if there is a confirmation notice once an application or recertification was received by staff. This was not being done at this time. Ms. Hunter also asked what the backlog meant for recipients. Ms. Pedroza explained that while the client would receive benefits based on the date that the recertification was received, this could be retroactive and benefits would not be added to an Electronic Benefits Transfer (EBT) card for a client in backlog until that recertification was processed.
 - The recertification and application backlog was a statewide problem caused by the shift in FNS policies. Ms. Bowler added that staff are looking into a vendor who could support with staffing needs such as training, interviews, quality assurance, and evaluation.
 - Many individuals received extra benefits through the FNS policies under COVID-19 that some may still have some unused benefits on their EBT card.
 - Unfortunately, there are not funds to provide any supplemental payments in the interim of the backlog being processed. FNS benefit recipients with questions on their recertification or application status were encouraged to contact the County to receive an update on their benefits.

- Ms. Maty Ferrer Hoppmann stated that she had worked with clients who claimed to have no update on their FNS recertification or application for up to six weeks. She stated that these individuals felt the need to reapply in order to have their documentation processed. Ms. Pedroza cautioned that reapplying could lengthen the person's time to receive benefits. If a recertification was not received in a timely manner, staff were also required to treat it as a new application. Timely recertifications do not need to reapply. It was not common for applications or recertifications to become lost. Each electronic submission was searchable the same day as it was received. Hard copy applications were scanned into the system and could be found in NC FAST the following day.
 - Ms. Lily Chen asked if refugees were eligible to receive FNS. Ms. Pedroza confirmed that refugees were encouraged to apply as they could be automatically eligible for benefits.
 - Dr. Ojinga Harrison asked how long staff anticipated the backlog lasting. Ms. Pedroza shared that the goal was to have all of the backlog benefits completed prior to Christmas of 2023. More than 30,000 individuals will be made eligible for Medicaid Expansion during December. It was not known how many people were previously qualified for FNS benefits that would no longer qualify due to COVID-19 policies being phased out.
 - Ms. Pedroza shared that an update on FNS had been made to the County's website and that further contact information for clients had been added as well. <https://www.wake.gov/departments-government/health-human-services/programs-assistance/food-and-nutrition-services>
- Ms. Rebecca Kaufman (Health Director) discussed the following:
 - COVID-19 vaccines are now being made by appointment. All COVID-19 vaccinations must now go through insurance. There are two programs for uninsured and underinsured children and adults to receive free or reduced cost COVID-19 vaccines. There was a reminder that flu shot season was active.
 - The Departure Drive Regional Center now had their clinic open five days a week. Two other Regional Centers (Eastern Regional Center (ERC) and Southern Regional Center (SRC)) would have five-day clinics by the end of November 2023.
 - Ms. Wanda Hunter asked if Wake County was planning on implementing or encouraging clients to visit and self-report any confirmed COVID-19 cases through the National Institutes of Health's COVID-19 Plan (<https://learn.makemytestcount.org/>). While there were funds being put toward COVID-19 community outreach and educating the community on the updated vaccine, no contact tracing was still being conducted. Interested members of the public could choose to self-disclose at the linked website as desired.

Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Mary Faye Whisler, and Ms. Wanda Hunter)

Ms. Ann Rollins (Wake County Health and Human Services Board Chair) briefly reviewed the Regional Networks of Care update. Board members commended staff on the event marking the opening of a five-day clinic at the Departure Drive Regional Center. Ms. Rollins also informed Board members that updates from the Board's five Temporary Advisory Committees (TACs) based on the Board's priorities would be scheduled starting in November. One TAC will present their progress to the full Board each month. Because these TACs were so integral to the 2023 Board Retreat, the 2024 retreat would likely be rescheduled from February to April to allow for all reports to be provided. The continued focus on advocacy included the ongoing conversations with Mr. Ben Canada (Wake County Chief of Staff for the

County Manager's Office). Board members were encouraged to forward items for an opportunity list to Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board) so that they could be forwarded to Mr. Canada to keep the Board abreast of legislation impacting certain focus areas. An advocacy event inviting legislators and other stakeholders would likely be scheduled in January or February of 2024.

Dr. Mary Faye Whisler (Chair of the Public Health Committee) stated that the Public Health Committee had received a wonderful report from Wake County's Maternal and Child Health program. Dr. Whisler also shared that October 28th was National Prescription Drug Take Back Day. While such prescriptions could be turned in throughout the year, it was an opportunity to promote the observance and encourage participation. The following webpage is continually updated with current drop-off sites:

<https://www.dea.gov/takebackday#collection-locator>

Ms. Wanda Hunter (Wake County Health and Human Services Board Vice Chair) provided an update on the Social Services Committee. Committee members heard a presentation from Ms. Brooke Blanton (Senior and Adult Services Manager) on various services offered through Senior and Adult Services. There was an update to the Committee from Mr. Derrick Byrd (Executive Director of the Family Resource Center South Atlantic and Chair of the Aged-out Foster Care Youth Workgroup) on the transitional housing initiative established with St. Augustine's University (SAU). The next Committee meeting would be held on November 3rd where a presentation on adoption would be made by Ms. Sheila Donaldson (Child Welfare Division Director).

Board members were reminded of the two upcoming tours – one for the dental clinic scheduled for October 31st and one for the South Wake Landfill scheduled for November 21st. Interested attendees should contact Ms. Hunt to sign up for the tour(s).

- **Public Comments**

- Ms. Deidre McCullers brought up the following concerns:
 - The parking lot of the Wake County Somerset Health and Human Services Building had two handicap parking spaces. It was believed that, due to the size of the parking lot, that more than two spaces should be designated as handicap spaces.
 - There was concern about the backlog reported for Food and Nutrition Services (FNS). Was there a possibility to establish a firmer timeline for when they would receive their benefits if stuck in the backlog and could those impacted receive gift cards in the interim?
 - While the efforts to assist with animals was positive, Ms. McCullers brought up the need to consider and recognize people's phobias when discussing these topics and attempting to implement initiatives with the public.

Adjournment

The meeting was adjourned at 9:47 A.M.

Board Chair's Signature: _



Date: 11/16/2023

Respectfully submitted by Ms. Brittany Hunt