Wake County Health and Human Services Board
Meeting Minutes
November 20th, 2025

Board Members Present:
Lily Chen
Dr. Ojinga Harrison
Wanda Hunter
Christine Kushner
Trey McBrayer
Dr. Tonya Minggia
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Tanyetta Sutton
Irv Trust
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

Guests Present:
Dr. Jananne O'Connell

Staff Members Present:
Jennifer Brown
Barbra Gonzalez
Duane Holder
Brittany Hunt
Evan Kane
Rebecca Kaufman
Katie LaWall
Lee Little
Jason Mahoney
Jenelle Mayer
Shanta Nowell
Toni Pedroza
Morgan Poole
Melissa Pullen
Mike Ranck
James Smith
Yolanda Thacker
Lechelle Wardell
Rochelle Whitaker
Diamond Wimbish
Stantavia Wright

Call to Order
Chair Ann Rollins called the meeting to order at 7:34a.m.

Next Board Meeting – December 18th, 2025

Approval of Minutes
Chair Ann Rollins asked for a motion to approve both the September 25th, 2025 and October 23rd, 2025 Board meeting minutes. There was a motion by Ms. Christine Kushner and Mr. Irv Trust seconded. The minutes were unanimously approved.

Treasurer's Report
In the absence of Mr. Terry McTernan, Treasurer, Ms. Ann Rollins (Board Chair) provided the Treasurer's Report. In September, the fund was reported as $10,367.95. Since that report, there had been an addition of $300 due to donated Board stipends. Thus, the fund was still at $10,667.95.

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 was one nomination for Board Chair – Ms. Ann Rollins. Mr. Murphy asked if there were any other nominations and, seeing none, asked if Ms. Rollins would like to approve the motion making her Chair. She accepted. Ms. Rollins was then reinstated as the Health and Human Services Board Chair by unanimous vote.

Mr. Murphy then proceeded with the Vice Chair nominations. There were two nominations – one for Ms. Wanda Hunter and another for Ms. Maty Ferrer Hoppmann. Both Ms. Hunter and Ms. Ferrer Hoppmann had accepted the nomination. Mr. Murphy asked if there were any other nominations and, seeing none, asked for a vote. Ms. Hunter was then reinstated as the Health and Human Services Board Vice Chair by unanimous vote.

Mr. Murphy then proceeded with the Treasurer nominations. There was one nomination for Mr. Terry McTernan. Mr. McTernan had accepted the nomination. Mr. McTernan was then made the Health and Human Services Board Treasurer by unanimous vote.

The Board Officers will formally assume their positions in December 2025.

Ms. Christine Kushner requested, with the reinstatement of the Executive Committee of the Wake County Health and Human Services Board, that the Public Health Committee and Social Services Committee attendees be reviewed to ensure all Board members are on a subcommittee of the Board.

Nesterenko Appeal
(Presented by Mr. Ken Murphy)
Mr. Ken Murphy (Senior Deputy County Attorney) briefly reviewed the current standing of an appeal from Mr. Andrei Nesterenko who had applied for an improvement permit for a conventional septic system. This application was denied by Wake County Onsite Wastewater on three separate grounds. Once notified of this denial, Mr. Nesterenko exercised his right to appeal the decision to the Wake County Health and Human Services Board. Per the Board's rules of appeal, he was granted an appeal hearing with a three-member panel of Board members that took place over two days in August and September respectively. Upon completion of the hearings, the panel unanimously voted to uphold staff's decision to deny Mr. Nesterenko's permit.

In October, the Board did not meet quorum and could not make a decision on the panel's findings. Prior to this meeting, Mr. Nesterenko had submitted an argument that the Board had no statutory authority to hear this appeal and that it should have been sent to the Office of Administrative Hearings with the State. Staff were prepared to go forward with the Board discussing the panel's decision as this argument was not factual. Because quorum was not reached in October, the panel's decision was moved to the Board's November agenda. Yesterday, Mr. Nesterenko submitted a different argument as to why the Board should not continue to vote on whether to adopt the panel's written recommendation.

Ninety-eight of North Carolina's one hundred counties operate solely under the State's septic rules as outlined in the North Carolina Administrative Code. Only two – Wake County and one other – have local septic rules in addition to the State's rules. Wake County rules adopt, by reference, the State rules but also include more stringent rules in limited areas which is allowed by statute. There is a statutory provision in the statute that governs wastewater permitting that says if the County health department denies a septic permit application, the applicant whose application has been denied can ask the State of North Carolina

for an informal review of the County's decision to deny the permit. Up until yesterday (November 19th, 2025) at 4:00 p.m., the interpretation from the State has always been that this does not apply to Wake County because of the local rules in place. However, at approximately 4:00 p.m. on November 19th, the State notified Wastewater staff that this interpretation had changed. The State had been contacted by Mr. Nesterenko who asked for an informal State review of the County's decision to deny his septic permit. The State, in turn, inclined to grant him that review. The State communicated to the County to delay bringing the panel's decision before the full Board until that informal review had been completed.

Mr. Murphy, as the Board's legal counsel, advised that the Board follow this advice. There was no harm in waiting on more details from an informal review with the State before the Board heard the panel's written recommendation for a final vote. He stressed that there was no public health threat or potential issue in waiting.

Vice Chair Wanda Hunter asked if there was any timeframe on the appeal (insofar as a decision being required by a certain date after the appeal panel hearing). Mr. Murphy stated that the only timeframe requirement had already been met with the appeal hearing itself. There was no time limitation on the full Board hearing the panel's recommendation.

Board members were particularly concerned with this possibly setting precedent for future cases. The interpretation shared from the State was, notably, limited to septic appeals. Mr. Murphy's caution came from wanting to ensure whatever action the Board took was actually final as what appeal panels submit are always recommendations to the full Board. There was a request for clarity as this change in interpretation had currently only been expressed through phone and e-mail instead of more formal conversations. Some Board members felt it was an overreach and worried that the County would lose their control if clarity was not established. Mr. Murphy state that the statute cited here – North Carolina General Statute (NCGS) 130A-335 – did plainly say when the County denies a septic permit application, the applicant can ask for a State evaluation of that denial. It had just previously been interpreted by the State to apply only to counties without local rules.

Chair Ann Rollins asked on what grounds did the interpretation change. Unfortunately, Mr. Murphy was not able to communicate with the lawyer from the Attorney General's Office who advises the State Onsite Wastewater staff due to the last minute notification. However, the State did indicate that they would be forwarding reasoning for the change in interpretation in writing to County staff. As of that morning, this had yet to happen. It was possible (though not verified) that the interpretation may have changed as the long standing attorney advising many of the Public Health programs in the North Carolina Department of Health and Human Services (NCDHHS) had retired around a year and a half ago. The change in interpretation could be as simple as the new counsel seeing the statute differently, thereby giving different advice. This was not uncommon and could be solidified through reasoning provided in the State's follow-up communication.

Mr. Irv Trust asked if the State's determination could supersede the decision of Wake County. Mr. Murphy shared that the State acknowledged that they cannot force the County to write a permit as the County has local rules. What the State evaluation could potentially do is recommend some other options to secure a septic permit. This may include seeking a different type of septic system than the one applied for or seeking to build the system in an offsite easement instead of the land indicated. Of note, Mr. Nesterenko only applied for a conventional septic system. A conventional septic system was what the County denied. County staff have informed Mr. Nesterenko that other options – such as a different system or location – could still be applied for to review for further consideration. This denial is specifically for the system he applied for – a conventional septic system. Ms. Rebecca Kaufman (Director of Public Health) did voice concern that the County could only evaluate the site for what the applicant applied for. It would only make sense that the State, too, would review the site under these parameters. There might

be confusion if the State's results approve Mr. Nesterenko for a different system outright instead of recommending he pursue alternative applications or approaches.

Adding context to the building unknowns, Ms. Christine Kushner and Ms. Lily Chen, both members of the three-member panel, spoke of their takeaways from the two appeal hearings. There was a feeling of disconnection and Ms. Kushner suggested clearer guidelines surrounding how appeals were conducted.

When asked if Mr. Nesterenko had been told that he could apply for another type of system or return with a solution that might be more amenable, it was confirmed that he was aware of these options.

Ms. Tamara Wilson asked if the Board voted and chose to uphold the panel's recommendation, could the State reverse the Board's decision? While Mr. Murphy could not definitively say one way or another, it was, theoretically, a possibility. This was, admittedly, very new territory as this appeal had been unique among those Mr. Murphy had advised the Board on during his fifteen years with the County. Ultimately, the State would do an informal evaluation and would have recommendations from that evaluation. The one assurance the County has is that the recommendations will *not* include the County writing a permit for a conventional system on the property due to its local rules.

Of note, the County had two experienced staff – one of whom is a licensed soil scientist – who did the evaluation on the site. While Mr. Nesterenko questioned the qualifications of these staff members during the appeal hearings, he himself did not have a comparable evaluation done by qualified contractors, a licensed soil scientist, or anyone other than himself. When asked if Mr. Nesterenko had been encouraged to pursue an appeal by a company looking to install the system, Mr. Murphy clarified that no evidence indicated this. The system was more conceptual and, as the permit had been denied, could not be pursued or built without securing a permit.

When asked if the Board can put a time period on the State's evaluation, this was stated to not be an option.

Dr. Ojinga Harrison made a motion for the full Wake County Health and Human Services Board to defer its vote on the recommendation of the appeal panel until the appellant, Mr. Andrei Nesterenko, had his informal site evaluation completed by the State of North Carolina pursuant to the State's new interpretation of North Carolina General Statute (NCGS) 130A-335. Mr. Irv Trust seconded. The motion was unanimously passed.

Adult and Senior Services Review
(Presented by Ms. Brooke Blanton
Ms. Brooke Blanton (Senior and Adult Services Manager) provided an overview of Senior and Adult Services programs, which includes the following:

- Adult Protective Services (APS)
- Adult Guardianship Services
- Facility Monitoring
- Adult Placement Services
- Information and Referral
- Special Assistance In-Home (SAIH)

For context, information and referrals fall under APS, Adult Guardianship is considered its own program, and everything else above falls under the umbrella of Adult and Community Services.

APS is mandated by North Carolina General Statute (NCGS) chapter 108A article 6 to investigate reports of abuse, neglect (including self-neglect), and/or financial or personal exploitation of disabled adults who are unable to protect or take care for themselves. APS staff evaluate reports of abuse, neglect (including self-neglect), and/or financial or personal exploitation of disabled individuals who are aged 18 and older. There are three criteria to be considered for APS:

- Disabled adult
- Allegations of current abuse, neglect, and/or exploitation
- In need of protective services

For disability, it is not just about having a diagnosis. APS policy defines a disabled adult as someone who has functional limitations with their activities of daily living. Ms. Blanton gave diabetes as an example – simply having the diagnosis did not mean an adult was disabled per APS policy. If, however, the adult had diabetes and was not able to manage their blood sugar levels and this was causing physical issues, this could be considered impacting functional limitations. This, in turn, could meet the definition of a disabled adult for APS policy.

The following definitions expand upon the allegations required in the criteria:

- Exploitation is the illegal or improper use of the disabled adult or his/her resources for another's profit or advantage
- Abuse is defined as willful infliction of physical pain, injury, mental anguish, unreasonable confinement or willful deprivation by caretaker of services that are necessary to maintain mental/physical health.
- There are two types of neglect: caretaker neglect and self neglect
    - Caretaker neglect is failure of the caretaker to provide services to maintain the physical/mental health of the disabled adult
    - Self-neglect is defined as an adult who lives alone or has no caretaker and is not able to provide necessary services to maintain his or her mental/physical health

It should be noted that a caretaker is defined as someone who has assumed or has been given responsibility to ensure that all of the adult's needs are met, including making decisions for the adults. It does not include individuals or organizations that provide limited services such as a personal care agency or aide service.

Being in need of protective services means that the adult is not willing/able to obtain services for themselves and there is no other willing responsible appropriate person to obtain essential services on their behalf.

Ms. Blanton then reviewed what happened when a report was made to APS. A singular intake worker listens to reporter's concerns. Reports can be made twenty-four hours a day and 365 days a year. If a call meets the criteria to be screened in, the APS Supervisor will assign a Social Worker (SW) to initiate an evaluation and will respond within the mandated timeframe. The SW will complete a thorough evaluation. If allegation(s) are not substantiated, then the report will be closed, and referral(s) will be made as appropriate. If the report is substantiated, then services will be offered. In fiscal year (FY) 2025, APS received 1,736 reports – 949 of which met the criteria for evaluation. With one intake worker, this caseload is staggering. Reports can be made anonymously and the reporter does not have to provide their name when making a report. If the reporter *does* provide their name when making a report, names are *never* revealed to the victim, to the alleged abuser, or to collateral contacts.

If the report is screened in, mandated timeframes to initiate an APS evaluation include an immediate response is required for reports that allege danger of death. A 24-hour response for reports that allege irreparable harm, and a 72-hour response is required for all others.

Some types of services that can be offered if reports are substantiated include Home Health Care, assisting with long-term care placements, case management, and referrals to community resources like Meals on Wheels, Catholic Parrish Outreach, and pharmacy programs, to name a few. Wake County was grateful to the success with many resources and community partners, but, like with everything else, resources were limited and could only go so far.

During the evaluation period, services cannot be provided until a case decision has been made. Staff have thirty days to evaluate a reports of abuse or neglect and forty-five days to evaluate reports of exploitation. Many times staff work to expedite the process as able but acquiring medical records and reaching out to all those who may have information about the allegations takes time. APS remains a voluntary service and can only act with the consent of the client. If the adult has the capacity to understand the consequences of their decisions, they have the right to make poor decisions and may refused services offered by APS. If it is determined that the adult needs protection but does not have capacity to consent to or decline services, the APS SW will obtain a court order for legal intervention or file a petition for guardianship.

While not mandated, two important components of Senior and Adult Services include information and referral (I&R) as well as outreach, detailed below.

- I&R
    - Provides information and resources available through Wake County Human Services as well as those in the community by assessing and evaluating an individual's needs over the telephone or for walk-in consumers
    - In FY 2025, staff completed 1,675 I&R requests via phone calls or walk-ins. Out of these, 478 were true I&R calls where the intake worker provided resources and education to the caller. Again, with one intake worker, this is a lot of work
- Outreach Visits
    - When APS receives reports and the criteria to screen the report for evaluation is not met, there are times in which staff will ask SW to conduct an outreach visit to determine if criteria (disability, for example) is in fact present
    - In cases that it is clear there is criteria, the SW would then enter a new APS report which would likely be screened in for an evaluation
    - Assessing a client's needs and providing them with needed resources is another component of outreach efforts
    - In FY 2025, a total of 104 outreach visits were conducted

Adult Guardianship Services is mandated by Chapter 35A of the NCGS containing North Carolina's laws dealing with the adjudication of incompetency, which is a prerequisite for appointment of a guardian. Guardianship services are provided to individuals who have had a public guardian appointed by a court of law and serve as surrogate decision makers. They may make decisions regarding client needs and living arrangements which can include providing medical consent or decisions on who the person is able to socialize with. Guardians also visit clients, coordinate care, advocate for appropriate treatments and services, and are available for emergencies 24 hours a day. Guardianship clients include people who are elderly; medically frail; developmentally disabled; mentally ill; hearing, speech, and/or visually impaired; and persons with dementia, brain injury, and/or a combination of issues. Wake County Social Services (WCSS) is currently the guardian of person for 498 adults with 16.5 caseworkers. In addition, as of

September 30th, 2025, the County contracts out an additional 512 guardianship cases to five contract agencies.

Chair Ann Rollins asked if those contracted out included those who required full guardianship, limited guardianship, or both. Ms. Blanton explained that it was a combination. No matter if a client required full or limited guardianship, they still received service plans and assessments from dedicated staff members.

Next was an overview of programs provided by the Adult and Community Services team to include monitoring of Adult and Family Care Homes, monitoring of Adult Day Care and Adult Day Health, and Adult Placement Services, all of which are driven by statute and State policy.

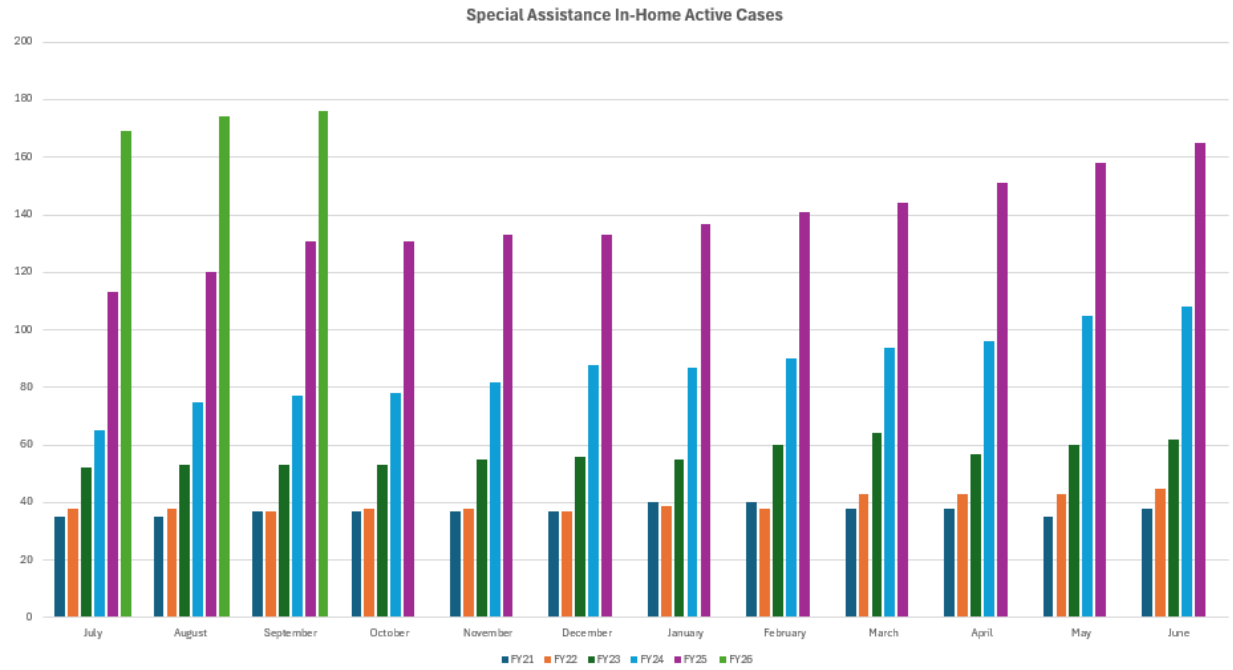
- Adult Care Homes and Family Care Homes
    - N.C. General Statute 131D-21 mandates that the County monitors Adult Care Facilities and Family Care Homes for licensure compliance on a regular basis
- Adult Day Care and Adult Day Health
    - N.C. General Statutes 143B-153 and 131D-6 mandate that the County monitors Adult Day Care programs for certification standards compliance on a monthly basis
    - Registered Nurses (RNs) also monitor the health component in Adult Day Care programs for certification standards compliance on a quarterly basis
- Adult Placement Services
    - N.C. General Statutes 143B-153 mandates that the County provide Adult Placement Services

Adult and Community Services SWs monitor the overall operations of Adult and Family Care Homes to ensure that the minimum standards for state licensure are met. The program is responsible for completing routine monitoring visits, investigation of complaints, providing technical assistance, and verifying Special Care Unit admission and recertification for Medicaid. In Wake County, there are thirty-five State-licensed Adult Care Homes and eighty-one State-licensed Family Care Homes. There are thirty-seven anticipated family care home licensures on the horizon. For context, Adult Care Homes can be thought of as larger rest homes while Family Care Homes are smaller entities akin to a small group home.

The Adult and Community Services SWs also conduct routine monitoring visits for State-certified day programs that are based in community group settings for the purpose of supporting an adult's personal independence and promoting their social, physical, and emotional well-being. In Wake County, there are nine State certified Adult Day Care/Day Health centers.

Adult Placement Services can assist aging and/or disabled adults and their families or caregivers in locating appropriate assisted living or long-term care facility settings in Wake County. These facilities provide assistance with medication management, personal care, supervision, as well as meals, activities and/or transportation. There is one supervisor overseeing Adult Placement Services. While staff do not go into the community nor tour facilities directly, they do provide education on how to navigate what can oftentimes feel to be an overwhelming process.

Finally, SAIH is a program for adults that provides ongoing case management and a cash supplement to help low-income individuals who would like to remain at home safely but are at imminent risk of entering a residential facility. Applicants and recipients for SAIH must be eligible for Categorically Needy Medicaid. The SAIH case supplement payment is based on income limits. The maximum income allowed to be able to receive SAIH is $1,429 per month for the basic rate and $1,813 per month for the enhanced rate. The enhanced rate is essentially for individuals with dementia-related diagnoses.



The above chart shows SAIH active cases from FY 2021 to FY 2026. There were legislative changes made in 2021 and formally implemented in 2022 that eliminated the ability to have a waitlist for the program due to being a mandated eligibility program. This resulted in a huge increase in the number of people able to receive the service. From the end of FY 2022 to September 30th, 2025, the SAIH caseload grew by a staggering 291%. Projected numbers show a steady rise in the number of SAIH. As of September 2025, SAIH is serving 176 clients with around ten referrals received monthly. While not all are eligible, a good amount – around 70% - are. It is important to note that although Senior and Adult Services provides important services to all adults aged 18 or older, Wake County is seeing a rapid growth in its population aged 65 and older. There was a 12% increase in the 65+ age group from 2021 to 2025 alone and projections anticipate that the population will more than double from 2023 to 2041.

Ms. Lily Chen asked for clarification on the timeframes to expect a response to a report. Ms. Blanton explained that this largely depended on the nature of the allegations. If a report was received for a diabetic without access to medication whose last blood sugar was 400, this would be marked as an "immediate" case due to the danger of death. If someone called about an adult on blood pressure mediation that only had two days' worth of medication left, this might be marked for a 72-hour response. When asked about abuse cases in particular, Ms. Blanton noted that these also varied. A report from a local hospital about a patient being abused by their caretaker but not being discharged from the hospital soon might be a 72-hour case as the adult is safe at the hospital. However, a case where a developmentally disabled twenty-year-old was being abused by their mother whom they lived with alone would likely be an immediate or 24-hour response determined by the allegations and situation.

When asked how close the County worked with senior services in any given area of the county, Ms. Blanton proposed a future focused presentation on education with community partners. The County worked with many entities including Resources for Seniors an Meals on Wheels. In the last two years, Ms. Blanton had worked to develop a multidisciplinary team (MDT) of stakeholders in Wake County including supervisors of local hospitals and local law enforcement officers. Staff from the Cary Police Department recently reached out hoping to join the MDT speaking to the continued growth of the group.

Dr. Kelcy Walker Pope noted that the one intake worker was averaging almost 145 calls per month in FY 2025. Given the upward trend with seniors in Wake County, were there plans for assistance for this intake worker? Ms. Blanton stated that there were. She acknowledged and thanked leadership who saw the need for support. While an expansion request for a second intake worker was not met last year (as the County Manager's Office did not pursue any expansion requests that particular fiscal year), it will be back as an expansion request this coming fiscal year. There are also plans to request additional Guardianship staff as well. If the caseloads for these programs were to grow beyond their current capacity, staff could not maintain the quality of services being provided. Ms. Blanton commended the intake worker on her ability to guide callers to receive information for a thorough report. The worker did occasionally receive assistance from Ms. Blanton and others on her team to help manage the high number of reports.

Dr. Ojinga Harrison inquired about the length of time for guardianship to be pursued and the best way to start and proceed through this process. Ms. Blanton shared that the County typically was not involved at the onset of guardianship (the petition for guardianship) unless APS was involved and saw the person was in need of services while lacking the capacity to make their own decisions. Otherwise, the petitioner was often a family member, hospital staff member, or community agency. The petitioner goes to the court office, files a petition, and a hearing is set, usually within thirty days.

Dr. Harrison asked if there was any guidance for situations such as these for when a person needs someone to step in. He had seen some clients struggle and support surrounding the clients running into a convoluted process that seemed to stretch on for months before reaching a conclusion. Meanwhile, the client was making poor decisions. Ms. Blanton shared that there were resources on the County's webpage (https://www.wake.gov/departments-government/health-human-services/programs-assistance/senior-and-adult-services/adult-guardianship) as well as pages that outlined the steps an form needed to petition for guardianship (https://www.nccourts.gov/help-topics/guardianship/guardianship). Essentially the petitioner would be making contact with the Special Proceeding Division of the Wake County Clerk's Office in order to file a petition. Staff could also provide guardianship referrals which looked like educational resources and guiding the person through the process and steps to petition for a guardian. It was important to note that, in recent years, North Carolina had established new laws around guardianship requiring the family, when going in to petition, to say, under oath, what has been done to avoid guardianship.

Ms. Christine Kushner noted that in the last graph, the increase seemed to occur not just thanks to demographic changes but also the elimination of the wait list by the State. Did staff anticipate the rate to continue to increase so steeply? Ms. Blanton admitted that this was indeed what staff were working to prepare for as the numbers were likely to only rise. When asked if staff work with the five Veteran services workers if the client is a veteran, it was confirmed that connections could be made for additional resources. However, by statute, a SW had to monitor how any SAIH benefits were spent. These benefits could serve a variety of needs from addressing mobility problems to health issues to increasing access to fruits and vegetables – anything that could help keep the client safe and in their home. The SW also had to visit the person regularly to evaluate how the funds were being utilized.

Ms. Toni Pedroza (Director of Social Services) uplifted guardianship, particularly as it could start at age 18 while most Adult and Senior Services were catered to those aged 65+. With guardianship, this could include children in foster care with developmental disabilities that never got adopted or achieved permanency. Guardianship, for them, could be the next step. There was a notable increase of people with disabilities who are adjudicated and found to be incompetent.

Commissioner Cheryl Stallings asked if there were any criteria of who stayed with Wake County for guardianship as opposed to contract agencies. Ms. Blanton clarified that there was not. If a court determines the guardian, contract agencies might be assigned by default. Because Wake County provides excellent services, sometimes families specifically ask for the court to appoint Wake County over a

contract agency. When asked if the County has oversight or collaboration with the contract agency, it was confirmed that the County had to monitor the quality of their work on a quarterly basis as well as every three years with a proposal request through finance to continue to contract with said agencies.

Mr. Trey McBrayer inquired about how clients who were unsheltered or in camps were served. Ms. Blanton stated that staff mobilize to wherever the adult is no matter if in a camp or living from their car. Both APS and outreach did this, though there was admittedly not as many resources towards outreach as this was not a mandated program. Ms. Pedroza added that the County did partner with Emergency Medical Services (EMS) and receive reports if an adult is calling too often for non-urgent concerns. While the adult may not be neglected, abused, or exploited, they may be in need of additional resources. Ms. Blanton added that an EMS supervisor is on the MDT and works collaboratively to ensure communication between the staff.

Ms. Tamara Wilson asked about the APS reports – with 1,736 reports, 949 of which met the criteria for evaluation, how many allegations were substantiated? In FY 2025, there were 130 substantiated cases. Ms. Wilson asked about guardians and caseloads. Currently, the average caseload for guardians is 30. This is higher than the maximum 25 recommended by the State.

Chair Rollins shared comments and questions from Treasurer Terry McTernan who could not attend the meeting. Treasurer McTernan had chaired the Senior Services Temporary Advisory Committee (TAC) when the TACs were active. He shared that while Wake County did not have an overall Aging Adult strategic plan as identified by the American Association of Retired Persons (AARP), there were many services offered through a respectable program. He noted that Ms. Pedroza had planned to have an intern work on an Aging Adult program outline but that this plan had been delayed. He asked where the Wake County Aging Adults plan stood in respect to an overall program plan. He asked about the Resources for Seniors partnership and if there were any issues there. Finally, he asked for next steps, short-term and long-term goals, and what planning was being done to address program needs in 2026.

Ms. Pedroza began by stating that the Resources for Seniors partnership was strong and there were no issues. While there was not yet a formal Aging Adults strategic plan, AARP had designated Wake County as an age-friendly county. In regards to a ten-year aging plan, this is one of the initiatives that Social Services is writing for review by the County Manager's Office. Staff do plan for a consultant in January 2026. However, having said this, it was important to emphasize that the Adult Services department was separate and apart from a ten-year plan. An intern would be secured as Social Services worked to really connect with the community to inform and lead the plan. This includes looping in the Central Pines' Area Agency on Aging (CPAAA) from the Central Pines Regional Council, Resources for Seniors, and others. This cannot only be a Social Services aging plan. Staff anticipate the ten-year plan will take upwards of a year and a half to truly develop. This would begin with the consultant being hired, laying out the framework, and finalizing before presenting to the County Manager's Office for review. The County was aware and wanted to keep in mind that there were many aging people who never sought resources from the County itself. This plan needed to include them – to include everyone aging in Wake County.

Dr. Ojinga Harrison inquired about potential funding impacts facing Adult and Senior Services. Ms. Blanton stated that there were none so far. Adult and Senior Services received federal, State, and County dollars for services provided. While some Medicaid codes are utilized and drawn from, this has so far not been impacted. Mr. Lee Little (Adult and Family Services Assistant Division Director) added in the caveat that though it is not a direct decrease or change in the County's services, many of the community agencies and partners for Adult and Senior Services had been impacted by funding cuts and limitations. This has, in turn, put strain and attention to the support needed and available from the County.

Public Health Report: Injury Report
(Presented by Ms. Morgan Poole and Ms. Katie LaWall)
Ms. Morgan Poole (Epidemiology Program Manager) introduced the presentation reviewing the 2025 Public Health Injury Report. Earlier in the year, the Board received reports focused on chronic disease and communicable disease. The Injury Report was the final report in this series. Before reviewing the data, it was important to acknowledge the vast range of injuries from minor events to outcomes that are devastating and life changing. Behind every statistic presented was a person, a family, and a story. Many in the community have lost loved ones due to injuries. The real individuals were always at the forefront when sharing this information with the goals of raising awareness, supporting prevention, and strengthening education that could save lives. Ms. Poole acknowledged Ms. Alyssa Kitlas (Behavioral Health Program Manager) who oversaw the opioid settlement and was present to answer questions and share more about her work and initiatives. Ms. Poole then turned the presentation over to Ms. Katie LaWall (Senior Epidemiologist).

Injury data is complex and gathered from several data sources such as death certificates, medical examiner reports, law enforcement reports, hospital admissions and emergency department visits. This report analyzes the leading causes of injury death in Wake County, including motor vehicle traffic (MVT) injuries, falls, poisonings, and firearm-related injuries. Unintentional falls surpassed unintentional poisonings as the leading cause of injury death in Wake County in 2024. Reductions in assault firearm injury deaths caused them to fall out of the top five, with self-inflicted suffocation emerging as a leading cause.

In this report, data is limited to Wake County and North Carolina residents with rates per 100,000 population. Figure 1 was shared below for additional context. The purple sections of the triangle – deaths, hospitalizations, emergency department (ED) visits, and outpatient visits – were the one covered by the report. The Injury Report did not cover urgent care or cases where a person sought medical treatment from their primary care doctor for their injuries. It also did not include data for those refusing to seek help at all.

Figure 1: The Injury Iceberg

Source: https://injuryfreenc.dph.ncdhhs.gov/injuryIceberg.htm, retrieved 9/2/2025

Ms. LaWall reviewed Wake County's demographic profile as of 2023. In 2023, the median age of people living in Wake County was 37.7 years. More than half of the population (55.2%) was between the ages of 25 and 64 years. Residents were 51% female and 49% male. The largest racial and ethnic groups were White (Non-Hispanic, single race)(56.0%), Black or African American(Non-Hispanic, single race) (18.6%), Hispanic or Latino (11.5%), and Asian (Non-Hispanic, single race)(8.8%).
Next, definitions and clarity were provided for intentional versus unintentional injuries.

- 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, and
    - 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 (like drowning)

This report largely focuses on unintentional but does discuss intentional injuries in several sections.

Table 3: Top Five Causes of Injury ED Visits (All Ages), Wake County, 2020-2024*

Cause of Injury	2020			2021			2022			2023			2024*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	10,273	908.6	1	11,007	954.9	1	13,341	1,136.3	1	15,558	1,292.8	1	18,423	1,494.8	1
MVT - Unintentional	8,829	780.8	2	9,969	864.9	2	10,730	913.9	2	11,504	956.0	2	11,499	933.0	2
Natural/Environmental - Unintentional	2,108	186.4	3	2,132	185.0	3	2,488	211.9	3	2,680	222.7	3	3,056	248.0	3
Other - Unintentional	1,643	145.3	4	1,624	140.9	4	1,673	142.5	5	1,786	148.4	5	1,957	158.8	4
Poisoning - Unintentional	1,210	107.0	5	1,483	128.7	5	1,683	143.3	4	1,835	152.5	4	1,699	137.9	5

* 2024 data are provisional: data as of 08/01/2025.

Source: The North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT), 2020-2024; US Census non-bridged single race population estimates.

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

Table 4: Top Five Causes of Injury Hospitalizations (All Ages), Wake County, 2020-2024*

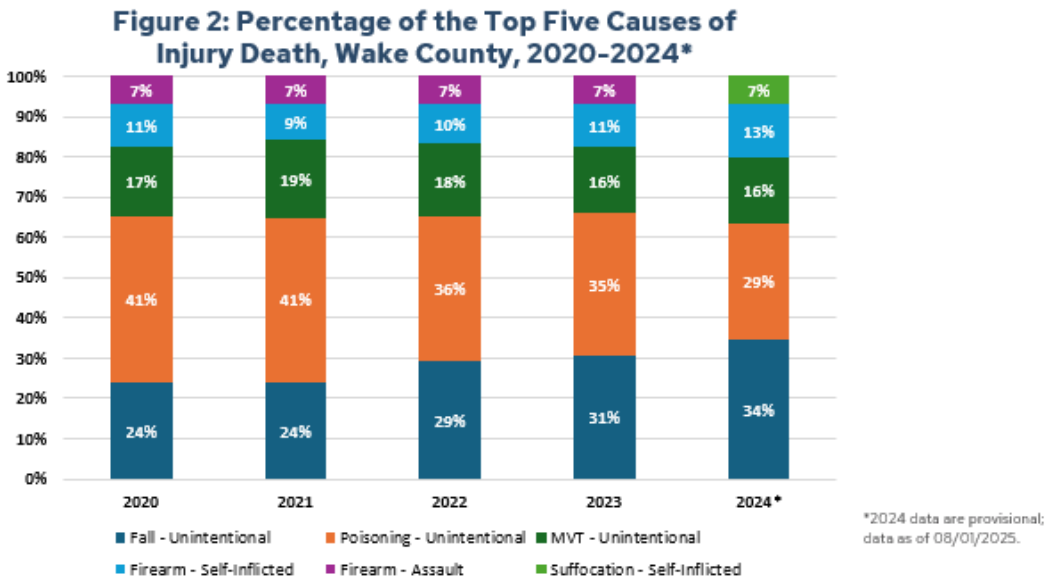
Cause of Injury	2020			2021			2022			2023			2024*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	1,943	171.8	1	2,053	178.1	1	2,067	176.0	1	2,160	179.5	1	2,525	204.9	1
MVT - Unintentional	491	43.4	2	524	45.5	2	509	43.4	2	462	38.4	3	548	44.5	2
Poisoning - Unintentional	317	28.0	3	356	30.9	3	444	37.8	3	499	41.5	2	476	38.6	3
Poisoning - Self-Inflicted	202	17.9	4	223	19.3	4	198	16.9	4	198	16.5	4	224	18.2	4
Unspecified - Unintentional **	151	13	5	146	12.7	5	167	14.2	5	179	14.9	5	185	15.0	5

* 2024 data are provisional: data as of 08/01/2025.

**Unspecific – unintentional is a category of injuries or deaths where the precise cause was not documented or detailed enough for more specific classification other than determining it was not an intentional injury.

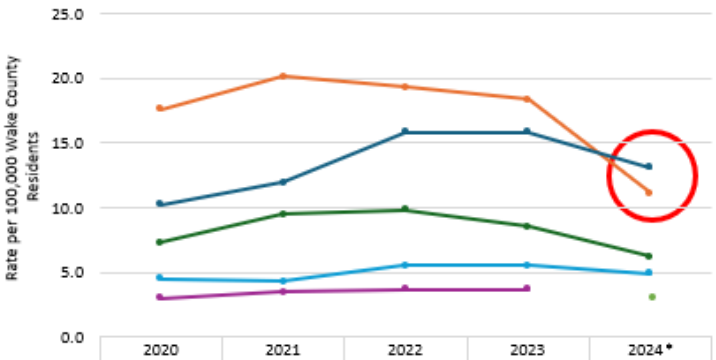
Source: North Carolina State Center for Health Statistics, North Carolina Healthcare Association Hospital Discharge Data, 2020-2024*; US Census non-bridged single race population estimates.

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



Note: Percentages may not sum to 100% due to rounding. Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2020-2024*; US Census non-bridged single race population estimates 2020-2024; provided by NCDHHS DPH Injury and Violence Prevention Branch. Not necessarily that suffocation increased but self-inflected decreased enough to become higher on top five.

Figure 3: Death Rates, Top Five Causes of Injury Death, Wake County, 2020 – 2024*



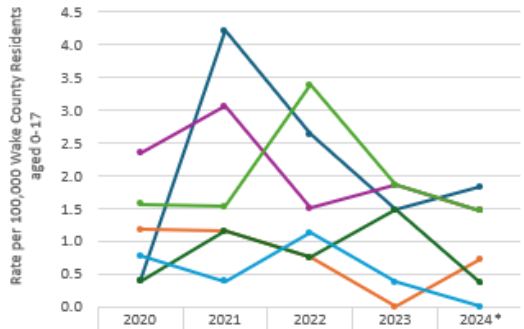
	2020	2021	2022	2023	2024*
Poisoning - Unintentional	17.6	20.1	19.3	18.3	11.1
Falls - Unintentional	10.2	11.9	15.8	15.8	13.1
MVT - Unintentional	7.3	9.5	9.8	8.5	6.2
Firearm - Self-Inflicted	4.5	4.3	5.5	5.5	4.9
Firearm - Assault	3.0	3.5	3.7	3.7	-
Suffocation - Self-Inflicted	-	-	-	-	3.0

* 2024 data are provisional; data as of 08/01/2025.

Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2020-2024*; US Census non-bridged single race population estimates 2020-2024; provided by NCDHHS DPH Injury and Violence Prevention Branch.

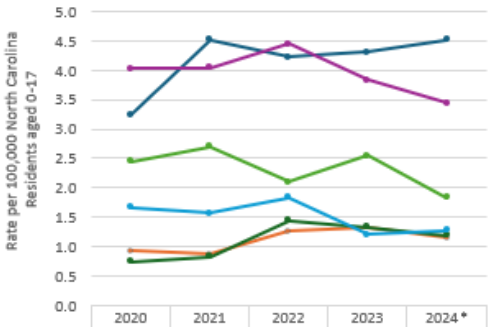
Blank cells: Cause of injury death was not in the top five causes of injury death for that year.

Figure 4: Top Injury Deaths for 0-17 Year Olds, Wake County, 2020-2024*



	2020	2021	2022	2023	2024*
Motor Vehicle	0.4	4.2	2.6	1.5	1.8
Drowning	1.2	1.1	0.7	0.0	0.7
Poisoning	0.4	1.1	0.7	1.5	0.4
Suffocation/Choking/Strangulation	0.8	0.4	1.1	0.4	0.0
Homicide	2.3	3.1	1.5	1.8	1.5
Suicide	1.6	1.5	3.4	1.8	1.5

Figure 5: Top Injury Deaths for 0-17 Year Olds, North Carolina, 2020-2024*



	2020	2021	2022	2023	2024*
Motor Vehicle	3.2	4.5	4.2	4.3	4.5
Drowning	0.9	0.9	1.3	1.3	1.1
Poisoning	0.7	0.8	1.4	1.3	1.2
Suffocation/Choking/Strangulation	1.7	1.6	1.8	1.2	1.3
Homicide	4.0	4.0	4.4	3.8	3.4
Suicide	2.5	2.7	2.1	2.5	1.8

Source for Figures 4 and 5: North Carolina State Center for Health Statistics, provided on 9/12/2025 by request.
*2024 data are provisional.

For more information regarding suicides and youth mental health in Wake County, please see the Epidemiology Program's latest issue briefs on Youth Mental Health and Suicide. Both can be found on the Wake County Epidemiology Program webpage (https://www.wake.gov/departments-government/public-health/epidemiology-program).

Table 5 (below) reviews figures for unintentional fall injury hospitalization and ED visits in Wake County from 2019-2023.

Demographic	Hospitalizations		ED Visits	
	Number	Rate	Number	Rate
Gender				
Female	6,379	216.9	37,865	1,287.7
Male	3,992	141.8	24,172	858.6
Unknown	0	0	29	*
Race				
White (NH)	8,221	245.5	42,238	1,261.2
Black (NH)	1,185	105.1	12,807	1,135.5
AI/AN (NH)	11	68.1	96	594.4
Hispanic	436	67.4	2,230	345.0
Asian (NH)	215	44.4	1,018	210.5
Other (NH)	168	126.9	2,688	2,030.5
Unknown	135	*	989	*
Age				
0-14	295	26.9	5,752	523.6
15-24	159	21.2	2,741	365.9
25-34	245	29.1	3,177	377.0
35-44	361	41.7	3,314	383.1
45-54	462	57.1	4,522	558.8
55-64	1,044	156.6	7,069	1,060.1
65-84	4,779	729.5	23,429	3,576.3
85+	3,026	4,378.4	11,988	17,345.8
Unknown	0	0	74	*
Total	**10,371**	**177.4**	**62,066**	**1,078.4**

The "55-64," "65-84," and "85+" age group had high rates for both hospitalizations and ED visits. Whites (Non-Hispanic) and Other Non-Hispanic had higher rates (compared to other groups) for both hospitalizations and ED visits. Females also had higher rates for hospitalizations and ED visits than males. In this table, numbers and rates are suppressed for counts between 1 and 4 (**). Rates are not calculated for Unknown populations (*). This comes from a report that is updated in March every year, so 2024 will be included in the March 2026 report. Multiple injuries can be identified for the same individual in the hospitalization and ED visit data, therefore injury categories are not mutually exclusive and do not sum to the total number of injuries. Analysis was conducted by NCDPH, Injury and Violence Prevention Branch Epidemiology, Surveillance, and Informatics Unit; 08/01/2025.

Table 6 (below) reviews figures for unintentional fall deaths in Wake County from 2020 to 2024.

	Number	Percent	Rate per 100,000
Sex			
Female	414	52.4	13.8
Male	376	47.6	13.0
Race/Ethnicity			
White (NH)	674	85.3	19.9
Black (NH)	61	7.7	5.3
American Indian (AI)/Alaska Native (AN) (NH)	0	0.0	0.0
Asian (NH)	24	3.0	4.5
Hispanic	28	3.5	4.1
Other (NH)/Unknown	**	**	**
Age Group			
0-14	**	**	**
15-24	**	**	**
25-34	**	**	**
35-44	17	2.2	1.9
45-54	12	1.5	1.5
55-64	47	6.0	6.9
65+	707	89.5	93.1
Total	**790**	**100.0**	**13.4**

* 2024 data are provisional; data as of 08/01/2025.

** Counts, percentages, and rates are suppressed for counts between 1-4.

Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2020-2024*; US Census non-bridged single race population estimates 2020-2024*.

Note: 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).

Analysis by: NCDPH, Injury and Violence Prevention Branch Epidemiology, Surveillance, and Informatics Unit.

The "65+" age group had the highest rate – 93.1 per 100,000 – in unintentional fall deaths. White (Non-Hispanic) had the highest rate per 100,000 of any race/ethnicity at 19.9. Finally, females were close to the rate for males but were slightly higher – 13.8 versus 13.0 per 100,000.

Next for review was 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. Across the United States, illegal and prescription drugs are the cause of nearly 9 out of 10 unintentional poisonings. However, poisonings can also be caused by a variety of other gases, vapors, chemicals, and substances including alcohol, pesticides, and carbon monoxide.

Table 7 (below) reviews figures for unintentional poisoning deaths in Wake County from 2020 to 2024.

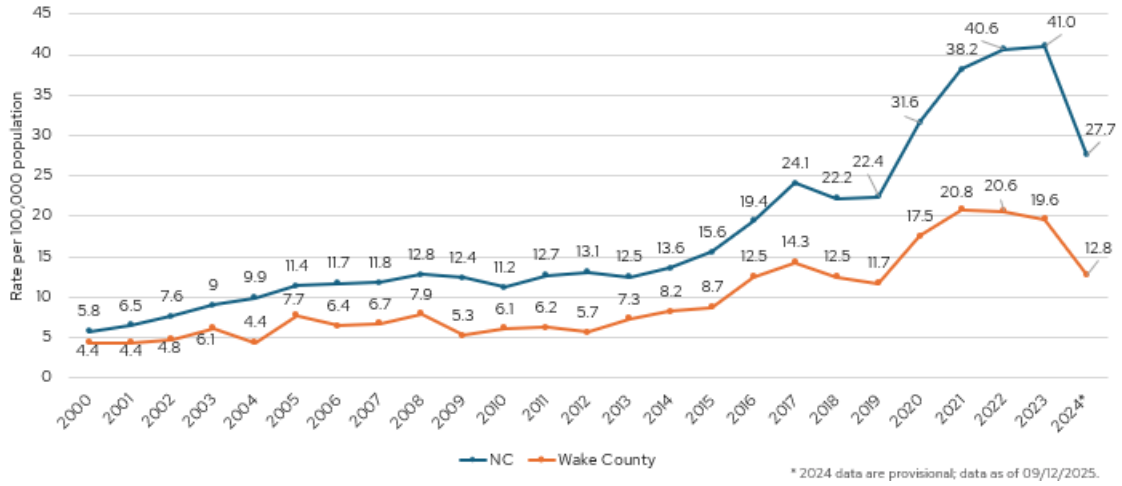
	Number	Percent	Rate per 100,000
Sex			
Female	267	26.3	8.9
Male	748	73.7	25.9
Race/Ethnicity			
White (NH)	581	57.2	17.2
Black (NH)	339	33.4	29.6
American Indian (AI)/Alaska Native (AN) (NH)	**	**	**
Asian (NH)	15	1.5	2.8
Hispanic	65	6.4	9.5
Other (NH)/Unknown	9	0.9	-
Age Group			
0-14	**	**	**
15-24	123	12.1	15.9
25-34	276	27.2	32.0
35-44	281	27.7	31.6
45-54	165	16.3	20.1
55-64	134	13.2	19.7
65+	35	3.5	4.6
Total	**1,015**	**100.0**	**17.2**

* 2024 data are provisional; data as of 08/01/2025.

In Table 7, counts, percentages, and rates are suppressed for counts between 1 and 4 (**) and rates may not be calculated when counts are too low (-). Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2020-2024*; US Census non-bridged single race population estimates. Note: 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). Analysis by: NCDPH, Injury and Violence Prevention Branch Epidemiology, Surveillance, and Informatics Unit.

Notably, there were 1,015 unintentional poisoning deaths in Wake County from 2020-2024, an increase of 8.7% from 2019-2023. Males (73.7%), White Non-Hispanics (57.2%), and people aged 25-54 (83.7%) represented those most often represented in unintentional poisoning deaths. The rate of unintentional poisoning deaths was higher among Black Non-Hispanics than other racial and ethnic groups, with deaths in this group increasing by 16.1% between 2019-2023 and 2020-2024.

Figure 6: All-Intent Drug Overdose Death Rate per 100,000 Residents, Wake County and NC, 2000-2024*



Source: NC Opioid and Substance Use Action Plan Data dashboard, https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

Note the downturn in the rates for 2023 and 2024 and reminding Wake is below the statewide rate. Figure 7 of the report shows unintentional drug overdose death rates from 2020-2024 broken down by substance type. It is important to note that a single overdose death may be counted in multiple substance categories, as many deaths involve more than one substance. Overall, rates of unintentional drug overdose deaths decreased from 2023 to 2024, with all substance categories reflecting this decline. The unintentional drug overdose rate for heroin is not reported for 2024 due to the low count (between 1 and 4).

More information regarding overdose deaths in Wake County can be found in this report and the 2024 Drug Overdose Integrated Epidemiological Profile (DOIEP) that was published on Wake County's website earlier this summer. A 2025 DOIEP will be published around summer of 2025.

Ms. LaWall uplifted the work across the County to address unintentional drug overdose rates, particularly those of the Post Overdose Response Team (PORT) run by Healing Transitions and the programs under the opioid settlement program. Efforts have included Naloxone distribution and trainings, addressing the Social Determinants of Health (SDoH) such as housing and transportation, medication assistance, treatment programs, and more. In this vein, she shared an abbreviated testimonial from a PORT program participant:

"All this started from a simple seed of hope that was planted by the peer-support specialist almost two years ago. If it wasn't for them working for almost two years, I don't believe I'd been living today. These seeds they planted finally grew into a belief that I might be able to change. That led me to get help and now I'm sober and happier than I've ever been in my adult life. They loved me through that even when I didn't love myself."

Next was a review of firearm injuries. 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 injuries include firearm suicides and nonfatal self-harm injuries involving a firearm. Assault

firearm injuries refer to cases in which the injured person was not the individual holding or in control of the weapon when it was fired.

In this report, firearm injury data are classified into two categories: self-inflicted and assault. From 2020 to 2024, self-inflicted firearm deaths were the fourth leading cause of injury death in Wake County. Assault-related firearm deaths ranked fifth from 2020 to 2023. Overall, firearm deaths reported here are largely intentional, including suicides/self-harm and homicides. Statewide, firearms were also the leading cause of violent injury deaths in North Carolina as of 2020. Figures 8-11 present the breakdown of emergency department (ED) visits for firearm injuries in Wake County from 2020 to 2024. Overall, ED visits for firearm injuries decreased in 2024 compared to 2020-2023. As shown in Figure 9, individuals aged 25-44 years were the most affected, accounting for 46.0% of firearm injury ED visits, followed by those aged 19-24 years (21.9%). Combined, ages 19-44 represented 67.9% of all firearm injury ED visits during 2020-2024. The majority of these visits involved males (84%) and Black residents (67.5%).

Figure 8: ED Visits Involving Firearm Injuries (All Intents), Wake County, 2020 – 2024*

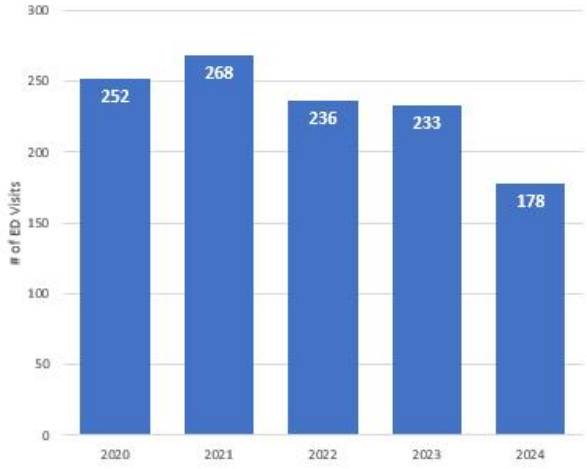
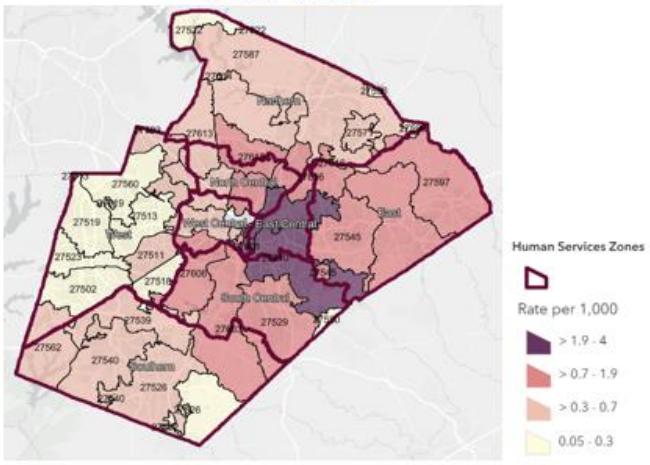


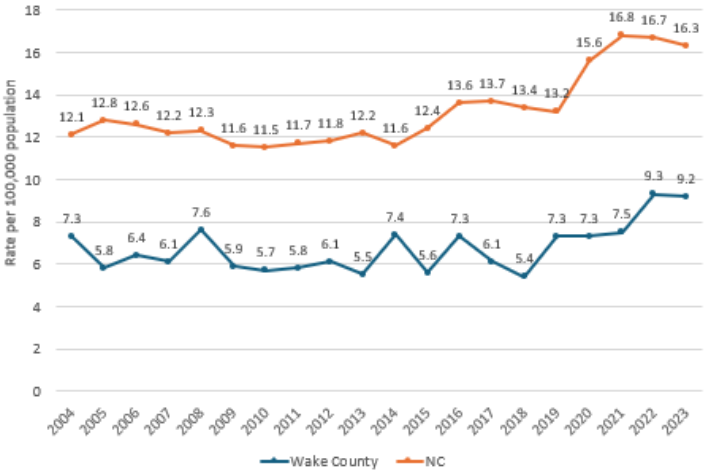
Figure 12: Firearm Injury ED Visits Rate per 1,000 Residents by Patient Residential Zip Code, Wake County, 2020-2024*



Sources: NCDETECT and American Community Survey 2023 Population Estimates by Zip Code; map created in ArcGIS.

Notably, the zip codes in Figure 12 (above) with the highest rates (in dark purple) were 27610, 27604, and 27601. In addition, the 27608 zip code did not have any firearm-related ED visits reported from that residential zip code from 2020-2024.

Figure 13: Firearm Death Rate (All Intents) per 100,000 Residents, Wake County and NC, 2004 - 2023



Source: North Carolina Violent Death Reporting System (NC VDRS) Dashboard.

Table 9: 2023 Firearm Death Counts and Rates per 100,000 Residents, Wake County and North Carolina by Age, Race, and Sex

Demographic	Wake County		North Carolina	
Age	**Count**	**Rate per 100,000**	**Count**	**Rate per 100,000**
<1	0	0.0	3	2.5
1-4	0	0.0	4	0.8
5-9	0	0.0	5	0.8
10-14	0	0.0	21	3.2
15-19	8	*	150	20.7
20-24	12	16.4	222	30.5
25-34	25	14.4	333	22.8
35-44	18	10.0	286	20.7
45-54	14	8.4	234	17.3
55-64	15	10.9	217	15.8
65-74	9	*	145	12.8
75-84	6	*	102	17.1
85+	**	*	45	25.3
Race/Ethnicity				
American Indian/Alaskan Native (NH)	0	0.0	44	39.5
Black (NH)	34	14.8	623	27.4
White (NH)	60	8.8	956	14.5
Asian (NH)	5	*	22	5.6
Hispanic	10	7.6	112	9.4
Sex				
Female	11	1.8	262	4.7
Male	98	16.8	1,505	28.4
Total Firearm Deaths	**109**	**9.2**	**1,767**	**16.3**

Figure 13 (above) shows the firearm death rate in Wake County remained consistently lower than the statewide rate in North Carolina from 2004 to 2023. Within Wake County, the rate increased from 7.5 per 100,000 population in 2021 to 9.3 in 2022 and remained relatively stable at 9.2 in 2023.

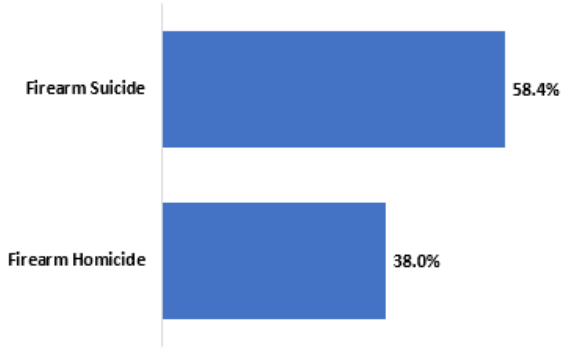
Figure 14 displays the distribution of firearm deaths in Wake County between suicide/self-inflicted and homicide/assault. Suicide/self-inflicted deaths accounted for more than 58% of all firearm-related deaths from 2019 to 2023. Source: North Carolina Violent Death Reporting (NC VDRS) Dashboard.

While overall firearm deaths in Wake County increased in 2022, childhood (<18 years) firearm deaths declined in 2023 and 2024. Figure 15 shows the trend in childhood firearm deaths from 2014 to 2024, rising from zero in 2016 to a peak of nine in 2022 before decreasing again. Figure 16 presents the breakdown of these deaths by intent (homicide, suicide, or accidental). From 2014 to 2024, approximately half of childhood firearm deaths in Wake County were homicides, followed by suicides, which accounted for about 40%. Source for Figures 15 and 16: North Carolina State Center for Health Statistics, provided on 9/12/2025 by request. *2024 data are provisional.

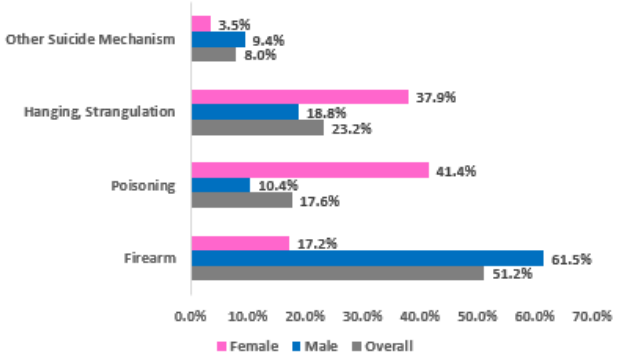
Table 9 (above) shows firearm death rates in Wake County and North Carolina in 2023 by age, race, and sex. These data include firearm deaths of all intents. In both Wake County and the state overall, the highest rates were among individuals aged 20-24 (16.4 and 30.5 per 100,000 respectively). In Wake County, Black (non-Hispanic) residents had the highest firearm death rate (14.8 per 100,000) compared to other racial groups. At the state level, American Indian/Native American residents had the highest rate (39.5 per 100,000), followed by Black (non-Hispanic) residents (27.4 per 100,000). In both Wake County and North Carolina, males experienced higher firearm death rates than females in 2023.
In this table, data are suppressed due to death counts between 1 and 4 (**). Rates may not be calculated due to low counts (*).

Firearms, Poisonings, and Suicide: Making the Connection

Figure 14: Percent of Firearm-Related Deaths by Manner, Wake County, 2019-2023



Part of Figure 17: Percent of Suicide Deaths by Method and Sex, Wake County, 2023



Source: North Carolina Violent Death Reporting System (NC VDRS) Dashboard.

Figure 14 is actually in the firearms section of this report but including these figures together in one slide shows how firearms are commonly chosen as the method of suicide, at least for males. In the report, figure 17 includes this visual along with a similar one for statewide percentages. In both North Carolina and Wake County, a greater proportion of male suicides were due to firearms, while female suicides more often involved poisoning or hanging/strangulation. Overall, firearms had even higher percentages across NC as the most common method of suicide in 2023 and firearms accounted for the largest share of suicide deaths in 2023 in both Wake County and across the state.

Next, data from motor vehicle traffic (MVT) deaths and pedestrian/automobile crashes was shared.

Table 11: Unintentional Motor Vehicle Traffic Deaths, Wake County, 2020 – 2024*

	Number	Percent	Rate per 100,000
Sex			
Female	146	30.0	4.9
Male	340	70.0	11.8
Race/Ethnicity			
White (NH)	224	46.1	6.6
Black (NH)	164	33.7	14.3
American Indian (AI)/Alaska Native (AN) (NH)	0	0.0	0.0
Asian (NH)	18	3.7	3.4
Hispanic	73	15.0	10.7
Other (NH)/Unknown	6	1.2	-
Age Group			
0-14	14	2.9	1.3
15-24	86	17.7	11.1
25-34	106	21.8	12.3
35-44	79	16.3	8.9
45-54	55	11.3	6.7
55-64	61	12.6	9.0
65+	85	17.5	11.2
Total	**486**	**100.0**	**8.2**

Table 12: Counts of Crashes Involving Pedestrians by Injury Severity, Wake County, 2020 – 2024*

Severity	2020	2021	2022	2023	2024
Killed	26	16	37	20	23
Suspected Serious Injury	45	33	61	54	62
Suspected Minor Injury	112	109	158	157	192
Possible Injury	88	90	91	107	100
No Injury	42	32	35	39	43
Unknown Injury	0	**	**	**	0
Grand Total	**313**	**281**	**384**	**379**	**420**

*2024 data are provisional; data as of 07/25/2025.
Source: NC DOT.

Table 11 (above) shows motor vehicle traffic (MVT) death rates per 100,000 residents in Wake County by sex, race/ethnicity, and age group for 2020-2024. During this period, males and Black non-Hispanic residents had the highest death rates. By age, the highest rates were observed among both adults aged 25-34 and those 65 years and older. *2024 data are provisional; data as of 08/01/2025.-Rate not calculated for unknown populations. Source: North Carolina State Center for Health Statistics, Vital Statistics Death

Certificate Data, 2020-2024; US Census non-bridged single race population estimates. Note: 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). Analysis by: NCDPH, Injury and Violence Prevention Branch Epidemiology, Surveillance, and Informatics Unit.

Table 12 (above) shows pedestrian crash data by injury severity in Wake County from 2020-2024. Pedestrian crash deaths decreased in 2023 but rose again in 2024. Suspected serious injuries, suspected minor injuries and crashes that resulted in no injury also increased in 2024, contributing to an overall rise in crashes involving pedestrians that year. In these data, a pedestrian crash is defined as any crash in which one unit was recorded as a pedestrian by the reporting law enforcement officer. **Counts between 1-4 are suppressed. Crashes in this table include those occurring on the roadway and off the roadway.

Ms. LaWall closed the review of the report with the following summary.

- Injury death rates decreased from 2023 to 2024 for all five leading causes of injury death
- Unintentional poisonings saw the steepest decline, while unintentional falls became the leading cause of injury death in 2024
- Unintentional falls have also been the leading cause of emergency department (ED) visits since 2020 and remained so in 2024
- Within unintentional poisoning, deaths involving fentanyl increased through 2022, but both overall overdose deaths and fentanyl-involved deaths declined in 2023 and 2024
- Firearm deaths of all intents remained stable between 2019 and 2021 (7.3-7.5 per 100,000 residents) before rising to 9.3 in 2022 and staying about the same in 2023 (9.2). In 2024, firearm-related emergency department visits slightly decreased compared to 2023. Adults (ages 19-44) and males continued to be most affected
- Pedestrian crashes showed mixed trends in 2024, with deaths increasing but other categories of pedestrian injuries either rising slightly or remaining similar to 2023

Mr. Irv Trust asked if the firearm statistics were shared with the State and if there was legislation on the horizon to impact these figures. Ms. LaWall shared that she received said data from the State, so it was readily available to the North Carolina Department of Health and Human Services (NCDHHS). She could not speak to any potential legislation or how this information was being used statewide.

There was discussion surrounding falls and how these might be closely associated with aging. Ms. LaWall stated that the fall data was pulled from various sources that were compiled by the State. There was currently no funding available with the County to develop a program focused on fall prevention. However, Ms. Rebecca Kaufman (Director of Public Health) suggested that this be a perfect opportunity to build into a potential aging adult plan that was currently being planned (though spearheaded by the community) by Wake County Social Services. If this is developed as an initiative in the aging plan, the hope would be that funding could be established to support prevention efforts. It was noted that other entities – such as clinics and hospitals – possibly do have fall prevention programs, just not Wake County as of yet.

Mr. Birchie Warren asked about possible intervention efforts made and recorded related to suicide and/or firearm deaths. Ms. LaWall did not have this breakdown locally but could ask the State if such data was recorded.

Dr. Ojinga Harrison acknowledged the improvement in overdose deaths thanks to prevention and intervention. He asked if the increase in deaths with African Americans was something seen statewide or just at the County level. Ms. Kitlas confirmed that overdose death rates for African Americans was on the

rise throughout the state. The highest increases had been seen in Black and indigenous populations in North Carolina. Staff want to be intentional about efforts to address this disparity moving forward.

Vice Chair Wanda Hunter thanked Ms. LaWall and Ms. Poole for their consistent improvement with showing the data alongside the stories of the people represented by that data. The reports had become a great deal more palatable since emphasizing that people were not just numbers.

Dr. Kelcy Walker Pope asked about missing figures and tables in the presentation (particularly figures 7,9, 10, 11, and 12). Ms. LaWall explained that all of the figures and tables were present in the full report. The presentation contained abbreviated data from the full report.

Public Health Update
(Presented by Ms. Rebecca Kaufman)
Ms. Rebecca Kaufman (Director of Public Health) provided brief updates from the Public Health department.

- The World AIDS Day masquerade will be held on December 1st from 12:00 p.m. to 3:00 p.m. at the White Magnolia (3761 Sumner Blvd Suite 100, Raleigh). Staff always held a World AIDS Day event each year for the observance.
- Tomorrow (November 21st) was the date of the accreditation board meeting. Public Health will hear the results of its accreditation review which will be shared with Board members.
- The upcoming move to the new Public Health building is quickly approaching with updated workflows being established. The new building will open its doors to the public on February 23rd with a ribbon cutting ceremony anticipated in mid-January. Details about the ribbon cutting ceremony will be shared with Board members. Currently, moving is occurring by floor with non-essential items being taken before moving the rest. Both Sunnybrook (the "old" Public Health building) and the new building would be close from February 16th through the 20th while the formal move take place. Staff will attempt to see clients that cannot risk interruption in services at local Regional Centers. Discussions are still ongoing about an alternative location for the pharmacy to work from in order to allow clients to access medication during that time. Ms. Kaufman spoke highly of the new building and looked forward to welcoming Board members both to the ribbon cutting ceremony and the formal opening on February 23rd.

Vice Chair Wanda Hunter asked if staff anticipated an increase in visits to their clinics with Affordable Care Act (ACA) subsidies expiring. Ms. Kaufman stated that most of the impact of the subsidies expiring would be felt within adult primary care which the County clinics do not provide. Payor mix is anticipated to change overall but the infectious disease and HIV clinic had seen the biggest increases in clients coming with Medicaid when Medicaid Expansion was implemented, so some change is anticipated there. While it is not as drastic as it would be if adult primary care was offered, the impact on the community could not be overstated. Many people will be left unable to seek primary care and illnesses and emergency room visits are anticipated to rise.

Social Services Update
(Presented by Ms. Toni Pedroza)
In the absence of Ms. Toni Pedroza (Director of Social Services) provided brief updates from the Social Services department.

- Staff are working with the State to receive education on some of the policy changes related to Food and Nutrition Services (FNS) and HR1 ("One Big Beautiful Bill Act"). Some of the policy

changes will make it more difficult for people to access food because of work requirements and the elimination of some groups of people who were exempted under the Able-Bodied Adults Without Dependents (ABAWD). Veterans would also no longer receive this exemption. Children aging out of foster care were now being limited to age twenty-four. Many of the policies go into effect December 1st, 2025.

- There is also work being done with the State to address the error rate across the state of North Carolina. Because the fiscal year (FY) 2028 error rate will be tied to how much the State will have to pay of the benefit cost, this is a high priority. The goal of the State is to reduce the error rate statewide to below 6%. If this can be achieved, the State will not have to pay for the benefit cost.
    - It is important to note that this calculation is done based on the size of each individual county. If a county is small, they may only have one case pulled. Whatever the result of that case is counts as the error rate for the county as a whole. Medium counties could have three cases pulled while larger counties (like Wake) could have several cases pulled.
    - The State has hired some consultants to work with staff to address systemic and technological changes needed in NC FAST to address common errors.
- "Public charge" are grounds for those seeking to obtain citizenship to be denied eligibility. This is a topic that has resurfaced after gaining attention during the first administration of President Donald Trump. This creates a "chilling" effect with a decrease in people applying for benefits as these may be used as part of public charges. There are many families whose children are United States citizens. Even if one or both parents of these children are undocumented and therefore ineligible for services, they have always been able to apply for the children in their home. The benefit amount would be determined by only counting the children. But with public charge in the news, many of these parents may be too frightened that seeking services will be counted against them seeking citizenship. Last time this chilling effect was seen in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and other programs.

Vice Chair Hunter asked about the outcome of Food and Nutrition Services (FNS) benefits that had notably been in the news as an uncertainty. Ms. Pedroza stated that when the federal government opened up again, the State issued the rest of the November FNS benefits. When asked if it was the full benefits (as there had been back-and-forth from the federal government about providing only partial benefits), it was confirmed that full benefits had to be issued to electronic benefits transfer (EBT) cards by November 14th.

Commissioner Cheryl Stallings asked what Wake County's current FNS error rate was. Ms. Pedroza shared that it was around 9.5%.

Mr. Irv Trust asked if the news used undocumented individuals applying for benefits of their children when claiming undocumented people were receiving benefits. Ms. Pedroza said that this was a possibility. No matter how much education is done, some mythical narratives continue. Deputy County Manager Duane Holder shared that Ms. Pedroza and her team had been approached by the Fiscal Research section of the General Assembly to gain a better understanding of processing and requirements for Medicaid. While they had arrived with anecdotal information, staff were able to dispel rumors and misinformation to help directly inform the nonpartisan group that, in turn, informs legislators. In January, the group will return with FNS as a focal point. The group was around fifteen people so there was a great opportunity to provide accurate and current information.

Chair Ann Rollins asked if these nonpartisan employees were the ones who had to revisit laws once voted in to edit them. Mr. Holder clarified that these are not legislative staff in that manner but instead those that focus solely on research and informing legislators. Commissioner Stallings asked if staff would be open to legislators coming to visit and Mr. Holder responded that it would depend on the purpose of the

visit. While the County does not do news conferences or press events, it may consider a visit if it was truly focused on fact finding.

Chair Rollins noted that the Board was still working with Mr. Ben Canada (County Manager's Office Chief of Staff) to secure time with the local delegation in the near future. Mr. Canada was forwarding more communication to Board members that was also shared with the Wake County Board of Commissioners to keep them informed of news and developments. Staff had notably been working to increase communication this way.

Ms. Christine Kushner also uplifted concern for WakeMed, particularly with undocumented individuals getting emergency care. The hope was never to turn someone with a life-threatening condition away from the emergency room. Ms. Pedroza shared that around thirty-four Wake County eligibility workers were in different local hospitals. This was a crucial partnership as it ensured anyone eligible could readily apply for benefits in the hospital if they were without insurance.

Committee Chairs Update
(Presented by Chair Ann Rollins and Vice Chair Wanda Hunter)
Chair Ann Rollins shared that the Regional Networks summary was in the Board members' agenda packet.

The Public Health Committee will be meeting tomorrow (November 21st).

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) recalled that the Committee last met on November 7th. Staff presented on National Adoption Month sharing a poignant quote from one of their adoptive families – "We did not give you the gift of life, life gave us the gift of you." Great statistics were shared including services provided. Vice Chair Hunter encouraged others to get the word out about the need for adoptive families to ensure youth in Wake County have a safe a secure home to grow up in. Ms. Vielka Gabriel (Seasonal and Volunteer Supervisor) provided an update about Warmth for Wake which distributes wood and heaters to people meeting their guidelines. Volunteers are still needed to cut and deliver wood. This has been extremely impactful as its connected the Community Health Workers (CHWs) with individuals receiving wood to help educate them on resources that may offer additional assistance. This was also an opportunity to uplift Holiday Cheer. There were still elders and others available for "adoption" for the holidays to purchase items on their wish lists. In hiring news, Ms. Tammy Whitaker had been named the new Assistant Division Director for Child Protective Services (CPS). She formally transitioned into her role on November 17th. Finally, staff had begun implementation of Path NC, the statewide case management system for Child Welfare (CW).

In closing, Chair Rollins stated that the Board's annual retreat would likely be moving to March 26th in 2026 as opposed to February to allow for the Board to utilize the new Public Health building location once technology had been fully established and tested. Ms. Brittany Hunt (Executive Assistant) would be sending out a survey to Board members to determine if the new Public Health building would be the new meeting location for the Board's monthly meeting. Ms. Christine Kushner requested that the start time of the monthly meeting also be polled to determine the best time to meet.

Public Comments
- None

Adjournment
The meeting was adjourned at 9:53 a.m.

Board Chair's Signature:  **Date:** 12/18/2025

Respectfully submitted by Brittany Hunt