

Wake County Health and Human Services Board Meeting Minutes
July 23rd, 2026

Board Members Present:

Dr. Ojinga Harrison
Wanda Hunter
Christine Kushner
Terry McTernan
Dr. Jim Peterson
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Irv Trust
Dr. Kelcy Walker Pope

Guests Present:

Kathy Warner

Staff Members Present:

Mikayla Crawford
Kevin Harrell
Duane Holder
Brittany Hunt
Rebecca Kaufman
Lee Little
Dr. Jason Mahoney
Annemarie Maiorano
Ken Murphy
Shanta Nowell
Toni Pedroza
Melissa Pullen
Mike Ranck
Catherine Rivera
Dauline Singletary
Yolanda Thacker
Dana Webb-Randall
Rochelle Whitaker
Diamond Wimbish
Ross Yeager
Jahaziel Zavaleta

Call to Order

Chair Ann Rollins called the meeting to order at 7:39 a.m.

Next Board Meeting – August 27th, 2026

Approval of Minutes

Chair Ann Rollins asked for a motion to approve the June 25th, 2026 Board meeting minutes. There was a motion by Mr. Irv Trust and Ms. Christine Kushner seconded. The minutes were unanimously approved.

Treasurer's Report

Treasurer Terry McTernan provided the Treasurer's Report. In June, the fund was reported as \$9,467.95. Since then, there had been no change. Thus, the fund remained at \$9,467.95.

Eastern Regional Center (ERC) Director Introduction: Mr. Jahaziel Zavaleta

(Presented by Ms. Annemarie Maiorano)

Ms. Annemarie Maiorano (Deputy Director of Social Services – Operations) introduced Mr. Jahaziel Zavaleta (Eastern Regional Center (ERC) Director. Mr. Zavaleta began this role on July 16th. He came from Lincoln Community Health Center (LCHC), a Federally Qualified Health Center (FQHC) in Durham where he served as Population Health Director. He had, however, served in Wake County previously from 2017 to 2021 within Public Health's Maternal and Child Health (MCH) section within the ERC. He also previously served as Co-Chair for Best Baby Wake. Mr. Zavaleta's work history included time with the State of North Carolina as well as experience with Davidson County.

Mr. Zavaleta expressed appreciation for the warm welcome back to Wake County. He shared how it felt less like taking a new role and more like continuing a journey to make a difference advancing the Eastern Region. He looked forward to continuing to work with the Community Advocacy Committee (CAC) as well as Board members.

Upcoming Wake County Health and Human Services Board Application: Dr. Katherine Warner (Veterinarian)

(Presented by Ms. Ann Rollins)

The Nominating Committee was currently reviewing the application of Dr. Katherine Warner for the vacant veterinarian seat on the Wake County Health and Human Services Board. Board members would review the application at a future meeting.

Wake County 2027 Outreach Plan

(Presented by Ms. Felicia Downing)

Ms. Felicia Downing (Economic Benefits Manager) provided an overview of the Energy Assistance program for the past fiscal year. She noted that the agenda packet for the meeting had contained the Energy Assistance Outreach Plan – a compilation of the year’s successes and collaborations with community partners. This presentation required signatures by both the Board Chair and the Director of Social Services (Ms. Toni Pedroza).

Ms. Downing began by acknowledging the supervisors of the Energy Assistance team, listed below. The success of the program depended on them.

- Ms. Darnisha Young (Administrative Supervisor)
- Ms. Maria Sierra (Economic Benefits Supervisor)
- Ms. Erica Jennings (Economic Benefits Supervisor)
- Ms. Jannie Bennett (Economic Benefits Supervisor)
- Ms. Sireda Richardson (Economic Benefits Supervisor)

Ms. Sierra, in particular, oversaw the billing for Energy Assistance which was critical for the outcome of customers. It ensured quality assurance before vendors were paid and followed policy. Without that quality assurance, there would be delays to payments to vendors.

Next was a review of funding available as well as trend data (see below).

Wake County Social Services Energy Assistance Program

Program	FY '26 Funding Allocation	FY '25 Funding Allocation	FY '24 Allocation	Residents Served to date FY 26	Compared to FY'25
Crisis Intervention	\$1,356,827.74 Received \$13,116.74 (7/11) Received \$1,343,711.00 (8/14) Exhausted 2/4/2026	\$ 1,471,480.00	\$1,898,309.20	20,199	16,714
LIEAP	\$1,909,334.00 (remaining \$19,041) (4/29/2026)	\$ 2,921,512.00	\$4,077,497.00	12,245	13,113
**WCEA (Wake County Emergency Assistance)	\$ 1,000,000.00 (Remaining \$2,400) (6/15/2026)	\$1,000,000.00 (exhausted May 2025)	\$1,000,000.00 (spent \$948,836)	2,811	2,887

Total apps processed to date for FY '26, **32,444
compared to FY'25 , **29,827**
LIEAP reallocated \$200,000.00 6/1/2026

UCAP processed to date, **4,422** compared to
4,293 in FY'25

***Totals are based on 6/30/2026, 2026 data

Funding was, admittedly, trending downward. Staff were relieved that as of Monday, July 6th, there had been \$1.6 million monies received for the Crisis Intervention Program (CIP) for fiscal year (FY) 2027. This was a slight increase from FY 2026. Ms. Downing pointed out that the \$19,000 remaining for the Low Income Energy Assistance Program (LIEAP) in FY 2026 was an unprecedented success. The state evaluated monies for LIEAP and reallocated them as needed. Most recently, \$200,000 had been reallocated on June 1st, 2026. These were exhausted before June 30th when the new fiscal year began. The image above also includes the number of applications processed as well. Despite growing or stable application numbers, the funding was decreasing.

Ms. Downing noted that many residents were still carrying bills over from the COVID-19 pandemic. Some had installment plans in place that had to be paid alongside monthly bills. This compounded the amount owed into something residents were unable to pay back in full.

The Utility Customer Assistance Program (UCAP) was a partnership with the City of Raleigh. Wake County reviewed eligibility, not funding, to assist residents with water bills.

Fiscal Years 2024 – 2026 Funding Allocations



Next, demographics from the recipients of the Wake County Energy Assistance (WCEA) program were shared. While there were still some challenges getting these datapoints, WCEA had been administered to 1,590 renters as opposed to 217 homeowners. The age breakdown of the recipients is included below.

- 18-29: 325
- 30-39: 515
- 40-49: 345
- 50-59: 204
- 60 and over: 385

Next, collaborations were shared. First was the presentation for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) at the new Public Health building. Ms. Downing herself had appeared on Spectrum News. On January 9th, the team visited Triangle Family Services and Oak City Cares. On March 31st, there was a Meeting of the Minds group meeting at the Southeast Raleigh YMCA. And on June 17th, the latest Interagency Partnership meeting was held with 20 in attendance. A goal is to increase attendance at this meeting with the next one occurring in December 2026. Finally, she shared a photo representing the Energy Assistance team highlighting their dedication to accessibility.

Chair Ann Rollins asked for a motion to approve the 2027 Wake County Outreach Plan. There was a motion to approve the amended policy by Mr. Irv Trust. Dr. Ojinga Harrison seconded. The plan was unanimously approved.

Maternal and Infant Mortality Update

(Presented by Ms. Dauline Singletary)

Ms. Dauline Singletary (Maternal and Child Health (MCH) Section Manager) provided a maternal and infant mortality update as well as an update from the Wake County Maternal and Infant Mortality Workgroup (MIMW). A new Workgroup was launched in 2025 to improve care, particularly for vulnerable populations within Wake County, aiming to make the county a safer place for childbirth. The statistics were alarming. Black infants in Wake County are twice as likely to die in their first year compared to babies of other races. Black or African American infants in Wake County experience higher rates of preterm birth, low birthweight, and infant mortality compared to other groups. Black women in Wake County face the highest rates of severe pregnancy complications (139.5 per 10,000 delivery discharges).

The Wake County Epidemiology team do an annual report to look at different maternal and child health data. The MIMW used this as an initial look to identify root causes and formally convene the Workgroup. Commissioner Shinica Thomas and Ms. Singletary served as Co-Leads while Dr. Lindsey Yates of UNC helped to facilitate the meetings. The Workgroup convened for over ten months beginning in March 2025. Members consisted of local leaders with diverse partners including people with lived experience, health department staff, public health providers, researchers, community advocates, etc. The goal was to identify evidence-based recommendations to improve maternal and infant health broadly and to lessen the disparities faced by birthing people in Wake County.

The purpose of the Workgroup was to:

- Address maternal and infant health disparities in Wake County
- Assess and coordinate existing and new county efforts
- Identify evidence-based practices to close gaps and develop specific recommendations to reduce inequities
- Examine root causes and structural factor driving racial disparities in maternal and infant outcomes

To end preventable deaths of women and babies, every pregnant woman and newborn need access to skilled care at at birth with evidence-based practices delivered in a humane, supportive environment. Good quality of care requires appropriate use of effective clinical and non-clinical interventions, strengthened health infrastructure and optimum skills and attitude of health providers, resulting in improved health outcomes and positive experience of women and providers. To this end, three health outcomes were focused on:

- Maternal Mortality
 - In North Carolina from 2019-2023 Black women were two to three times as likely to die while pregnant or within six weeks after their pregnancy ended compared to White women
- Infant Mortality
 - In Wake County, from 2019-2023 the rate of infants dying in their first year of life was 5.2 deaths per 1,000 livebirths
 - The infant mortality rate for infants born to Black birthing people is twice as high as the county rate
- Severe Maternal Morbidity
 - In Wake County, from 2020-2024 the rate of near misses for maternal death, known as severe maternal morbidity, have been on the rise
 - Black birthing people had the highest incidents of near misses, with 139.5 near misses per 10,000 deliveries

MIMW includes representation from non-profits, Medicaid plans, hospitals, provider officers, and early childhood development. Some of these organizations included Wake County, Angel Prints, Wake County Smart Start, Neighbor Health, Well Care, Duke Community Affairs, and National Alliance on Mental Health (NAMI) North Carolina.

Below is a list of members that actively participated in the Workgroup. During the duration of the meetings, parents with lived experience actively participated.

WORKGROUP MEMBERS

Shinica Thomas, Workgroup Co-Chair
Commissioner - District 6, Wake County Board of Commissioners

Daune Singletary, MPH, CD(DONA), Workgroup Co-Chair
Maternal & Child Health Section Manager, Wake County Public Health

Cheryl Stallings, PhD
Commissioner - District 3, Wake County Board of Commissioners and Health and Human Services Committee Chairperson

Safiyah Jackson
Commissioner - District 2, Wake County Board of Commissioners

Helen Brewer, BSN, RNC MNN, CLC, CCM
Maternal and Child Health Unit Manager, Wake County Public Health

DaQuanta Copeland
Community Engagement Coordinator, Wake County Housing Affordability & Community Revitalization

Lillian Davis
Director of Public Policy, NAMI

Kenyatta Elliott, MBA, MHA
Associate Vice President, Duke Health

Stefanie Etienne, MD
Medical Director of Utilization Management, WellCare of North Carolina

Denise Foreman
Behavioral Health Director, Wake County Behavioral Health

Zarina Gilchrist-Brown, MSHSA
Administrative and Community Health Worker Supervisor, Wake County Social Services

Laura Harris, BSW, MSA/PA, CHRA, CCM
Maternal and Child Health Unit Manager, Wake County Public Health

Kevin Harrell, MPH, CHES
Preventive Health Director, Wake County Public Health

Gayle E. Headen
Executive Director, Wake County Smart Start

Gregory J. Jones, BS, MS
Family Partner/Kinship Caregiver/Lived Experience Parent & Grandfather, NC Child Welfare Family Advisory Committee (CWFAC)

Rebecca Kaufman, MS
Director of Public Health, Wake County Public Health

Samiyah Kearney, BS
Parent and Community Member

Tiffany Lawrence
Maternal and Child Health Project Coordinator, Wake County Public Health

Dashe Lawton, MSN, RN, CPHN
Nurse Supervisor, Nurse Family Partnership Wake County Public Health

Daniel Lipparelli, MBA
Chief Executive Officer, NeighborHealth Center

Deidre McCullers
Community Member

Morgan Poole, MPH
Epidemiology Program Manager, Wake County Public Health

Danielle Stipes, MSW
Business Analyst, Wake County Public Libraries

Lechelle Wardell, MPH
Population Health Director, Wake County Public Health

Brandon Wiggins
Founder/Executive Director, Angel Prints Corporation

Toshina Wiggins
Founder, Angel Prints Corporation

Brooke Worthey
Project Administrator, Wake County Public Health

SPECIAL THANKS

Lindsey Yates, PhD, MPH
Associate Professor, Dept of Maternal Child Health and Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Whitney Arey, PhD
Postdoctoral Fellow, Maternal and Child Health, UNC-Chapel Hill

Adamari Calixto- Benitez, MPH
Maternal and Child Health Intern, Wake County Public Health

Hanna Erhardt
Practicum Student/Intern, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Kaila Hardin
Wake County Resident with Lived Experience

Jennifer Nancy Morin Tamez
Wake County Resident with Lived Experience

Jordi Wright
Lived Experience

The MIMW Report (<https://s3.us-west-1.amazonaws.com/wakegov.com.if-us-west-1/s3fs-public/documents/2026-01/Maternal and Infant Mortality Report 2025.pdf>) was published in January 2026. It shares lived experiences from Wake County residents, highlights four key focus areas, and outlines a three-year plan to reduce inequities and guide implementation efforts. It also provides a recap of the MCH Toolkit and Resource Map.

The four focus areas are as follows:

- Quality Perinatal Health Services
- Women's Health Promotion and Education
- Community Engagement and Wrap-Around Care
- Early Childhood Education, Development, and Care

These were, admittedly, not all the contributing factors to infant mortality and morbidity. But they were major contributors narrowed down not only by data from Epidemiology but also from a survey to residents with lived experience. Each focus area was then broken down further.

- Quality Perinatal Health Services
 - Improve access to high quality, patient-centered perinatal and postpartum care
 - Train providers and deliver trauma-informed care
 - Reduce disparities and infant health disparities

This focuses on improving access to high-quality, patient-centered, and culturally competent prenatal and postpartum care to reduce maternal and infant health disparities. It emphasizes provider training, trauma-informed care, and targeted support for populations most impacted by severe maternal morbidity, preterm birth, low birthweight, and infant mortality.

- Women's Health Promotion and Education
 - Increase education on women's health
 - Build partnerships and community awareness
 - Improve access to support and resources

This emphasizes increasing education and awareness about women's health issues that disproportionately impact maternal health across the preconception, prenatal, and postpartum periods. It uplifts partnerships and community education such as "Hear Her Campaign" to help women, families, and providers recognize urgent maternal warning signs and access supportive resources.

- Community Engagement, Continuity of Care, and Wrap-Around Care
 - Strengthen care coordination
 - Expand community-based doulas, home-visiting transportation, and support networks
 - Ensure continuous, comprehensive care for birthing people and families

This focus area highlights strengthening coordination and access to family support services across the prenatal and postpartum period. It emphasizes expanding community-based doulas, Community Health Workers (CHWs), transportation, home visiting programs, and support networks to ensure continuous, comprehensive care for birthing people and families. Ms. Singletary pointed out that after having a baby, a birthing parent did not see a doctor themselves for six weeks. The baby would have doctor's appointments and check-ins, but not the birthing parent.

- Early Childhood Education, Development, and Care
 - Expand access to affordable, high-quality childcare and early education
 - Support families and childcare workers
 - Help children build skills for kindergarten and future success

This last focus area aims to increase access to high-quality, affordable early childhood education and childcare, especially for infants, toddlers, and children with special health care needs. It emphasizes supporting families, strengthening the childcare workforce, and improving early developmental outcomes and to prepare children for kindergarten and beyond.

Next, the MCH Toolkit (https://www.canva.com/design/DAGqhwBh9uk/-UmUicfIQ8ALbvZBLRXCKQ/edit?utm_content=DAGqhwBh9uk&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton) was reviewed. This toolkit guides maternal and child efforts, provides tools for prenatal and postnatal care, and improves health outcomes through collaboration and advocacy. One vital part of the toolkit was the MCH Community Resources Google My Maps (https://www.google.com/maps/d/edit?mid=1LJINVul_CqKcezcgooSPtdyfXnebE-s&usp=sharing). This resource lists maternal and child health resources in Wake County including OB/GYN providers, lactation rooms, breastfeeding support, doula services, women's and children's shelters, food pantries, childcare, and more. It had already amassed over 9,000 views. This resource provided timely updates given that it was directly housed in Google. If hours changed for a holiday or if an address was updated, the map would automatically be updated in turn.

Ms. Singletary was now able to give a six-month update on the MIMW. Another update would be provided at the one-year mark. It was important to the Workgroup that the focus areas and goals be stressed to the community, especially those impacted by infant mortality and morbidity. To this end, the MCH team conducted several town halls (marked in yellow in the image below). The hope was to hold

these town halls within every region and as many municipalities as possible. Since January 2026, the following events and turnout were recorded:

MIMW Report Outreach

- **Community Members reached: 756**

		MIMW Report Presentation Log		
Date	Event Name	Location	Community Partners	# of people reached
1/22/2026	Better Together Community Town Hall	St. Michael's Episcopal Church	Better Together 4 NC	43
3/17/2026	ATD: MCH Cary Spanish Town Hall	Cary, NC	Connecting Community & ATD	32
3/21/2026	Angel Prints Community Baby Shower	Zebulon, NC	Angel Prints & Best Baby Wake	169
3/26/2026	Live Well Wake-Community Health Worker Symposium	Raleigh, NC	LiveWellWake	51
4/13/2026	Wake Tech Community College CHW Spanish Presentation	Raleigh, NC	Wake Tech CC	15
4/23/2026	MCH Spring Retreat	Raleigh, NC	Wake County MCH	69
5/7/2026	MCH ATD English Women's Health	Tarboro Rd Community Center	Health Lit 4 Wake	13
5/16/2026	Wake Smart Start Block Party	Raleigh, NC	Wake County Smart Start	176
5/30/2026	Fiesta Family Services X Wheels for Health Event	Apex, NC	Health Lit 4 Wake	44
6/9/2026	North Regional Library	Raleigh, NC	Best Baby Wake	9
5/29/2026	Perinatal Region IV Nurse Leaders Meeting	Raleigh	UNC Rex	40
6/15/2026	Rotary Club	Wake Forest	Rotary Club	35
6/15/2026	Board of Commissioners Meeting	Virtual		35
6/20/2026	NC Fatherhood Conference	Raleigh/Wendell	Family Resource Center South Atlantic	25

There was another town hall scheduled for August. Ms. Singeltary commended staff with two on the MCH making all of the community outreach events happen. She then shared the following key community partner highlights:

- Health Lit4Wake
 - Hosted “Ask-the-Doc” sessions in English and Spanish (critical due to Hispanic babies also being impacted by the health disparities)
 - Supported community outreach and engagement
 - Collaborated on progress tracking and reporting
- Carolina Complete Health
 - Reoccurring panelist support
 - Provides support on managed care plan updates and engagement
 - Raleigh Welcome Room
- Advance Community Health
 - Reoccurring panelist support
 - Met with OB/GYN team to create Continuum of Care (COC)
 - Partnering with Centering Program to offer Doula and Postpartum Parenting support to families
- Wake County Public Libraries
 - Outreach space
 - Hosting August ATD and Immunization event
- Wake County Smart Start
 - Supported community outreach and engagement
 - Collaborated on data collection
- Rotary Club of Wake Forest
 - Hosted MIMW town hall
 - Supported community outreach and engagement

Emerging initiatives and community updates were then provided.

- Best Baby Wake has launched a Postpartum Doula Program
- Father's Community Baby Shower is being planned to support and engage fathers
- Carolina Complete Health is participating with NC Nurture to maximize additional benefits across all Medicaid plans
- Community Health Impact Assessment (CHIA) will launch in the coming year, with focus on breastfeeding
- Children's Immunization Event: August 5th at the Southeast Regional Library
- Streamlining MCH Workforce Development piloting programs with NC A&T Human 2 Human Lactation Program and Wake Technical Community College (WTCC)

Wake County Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) submitted a Maternal Health Center Grant request for applications (RFA), heavily using the MIMW Report. WIC State and/or local agencies will be funded up to \$200,000 over a 24-month period. Funds are available for WIC State and/or local agencies to choose one of four maternal health initiatives:

- The Centers for Disease Control and Prevention (CDC) Hear Her Campaign
- Urgent Maternal Warning Signs Education
- Blood Pressure Screening and Referral
- Psychosocial Screening and Referral

MCH wrote Wake WIC a letter of support.

Best Baby Wake partnered with the North Carolina Department of Health and Human Services (NC DHHS) Maternal Health Innovation Program to host an informational session on "I Gave Birth Initiative." This is a statewide initiative aimed at improving awareness of post-birth warning signs and symptoms. The training is open to all perinatal providers. A flyer from the event is included below.

WAKE COUNTY **NCDHHS** **BEST BABY WAKE**

Do You Support Pregnant or Postpartum Individuals?

The I Gave Birth Initiative Training is a 40 minute, in-person session, provided by Zakeyah Gear with NCDHHS, that increases awareness and improves recognition of post-birth warning signs and how to respond to signs and symptoms.

I Gave Birth Training

- HEAVY BLEEDING
- CHEST PAIN
- SHORTNESS OF BREATH
- SEVERE HEADACHE
- VISION CHANGES

Register Here!

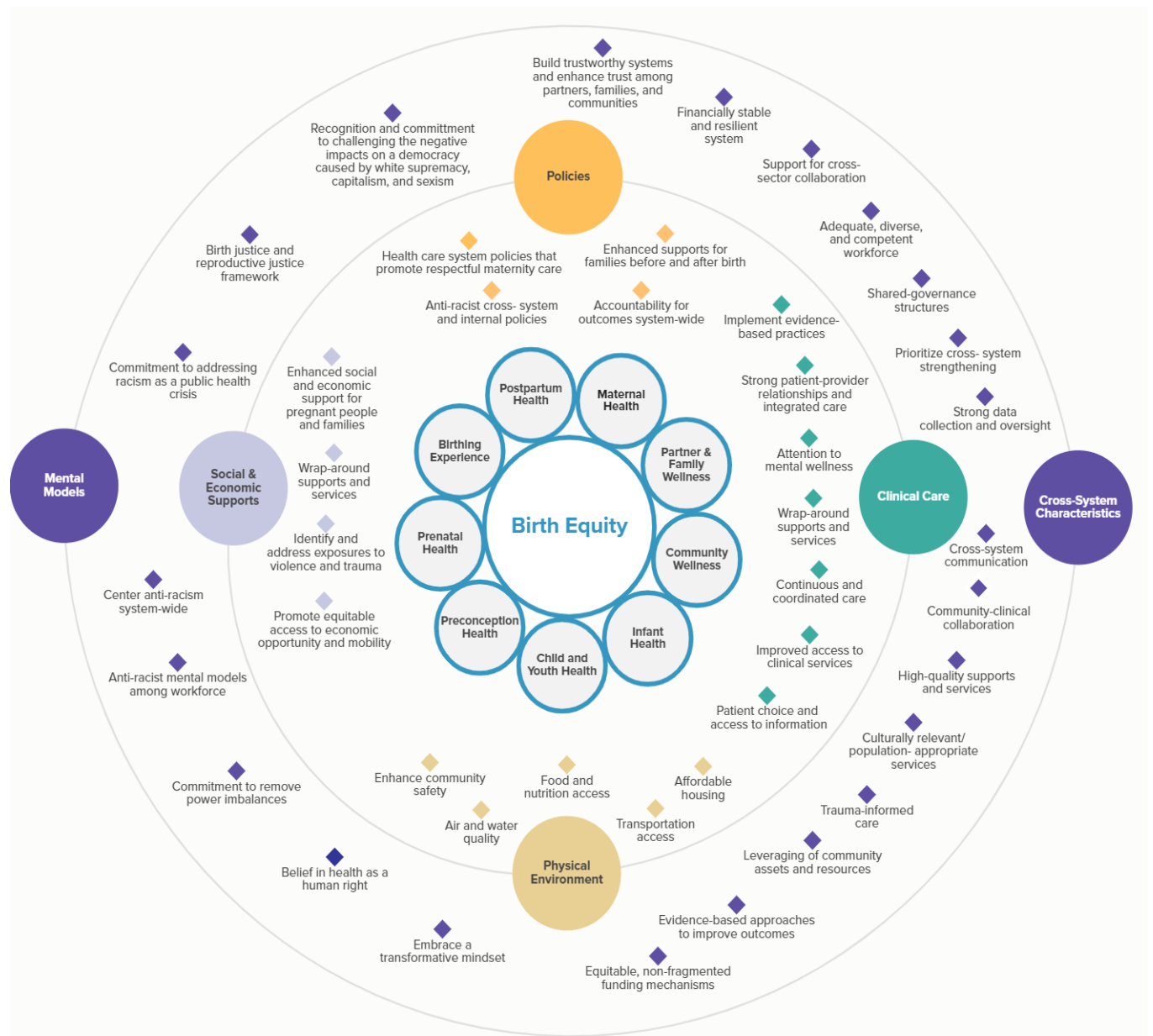
Tuesday, July 21st
10 a.m. – noon

Wake County Public Health Center
200 Swinburne St, Raleigh, NC 27610
Room 4014 A/B

Please contact **Ahliyah Walton**, ahliyah.walton@wake.gov for more information

The I Gave Birth Initiative, a component of the NC Maternal Health Innovation Program, is supported by funding from the Health Resources and Services Administration (HRSA).

Next was a Birth Equity Ecosystem. This is a work given form by UNC to answer questions such as what are the characteristics of an *ideal system* to advance birth equity? What is going well in Wake County to advance birth equity? Where are the greatest opportunities for change? Each layer represents a different level for consideration. A snapshot of the ecosystem is provided below. The blue rings around “Birth Equity” (the ultimate goal to see a reduction in infant mortality and morbidity) represent key outcomes. The middle rings are system structures while the diamonds are strategies or recommendations. Finally, the outer rings provide system context.



The following flyers showed a snapshot of future events surrounding MCH and the MIMW’s work.

ASK THE DOC | A Wake County Town Hall Meeting

National Breastfeeding Awareness Month

Join us for a town hall on women's health, where trusted doctors will share the latest news and answer your health questions.

AUG 13 | Thursday 6 p.m.

Southeast Regional Library
908 7th Ave, Garner, NC 27529

Dinner will be provided for attendees RSVP today!
Giveaways and Prizes! Kids are welcome!

Scan here!

Panelist
Brenda Gerrell, FNP-C, FACOG
Advanced Community Health
Family Nurse Practitioner
Women's Health

Panelist
Dr. Marsha Lewis-Gould, DNP, MSN, RN, COHC-C, NCCPH
Wake County Public Health
Nurse Supervisor - Family Planning Clinic, Adult Nursing Instructor at NCCU

Panelist
Dr. Sherelle Ellison, MD
Carolina Complete Health
Family Physician and Medical Director, Utilization Management

Register today!
Register now to secure your spot! Scan QR code!

wake.gov/AskTheDoc

Questions? Email Lois.Lyons@wake.gov for more details

Community Breastfeeding Essentials Training

Best Baby Wake and Eastern AHEC are offering a FREE training for community members, public health staff, and community professionals.

This course provides essential knowledge on breastfeeding benefits, techniques, and common challenges — all through a community-centered perspective. Register today to guarantee your seat!

Thursday, Aug. 20, 2026
from 10:00 a.m. - 12:00 p.m.

Wake County Public Health Center
(Room 4014A/B): 200 Swinburne Rd., Raleigh, NC 27610

REGISTER HERE

<https://forms.office.com/r/4202b2b394>

EASTERN AHEC
Area Health Education Center

WAKE COUNTY
North Carolina

BEST BABY WAKE

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

In closing, Ms. Singletary provided her contact information.

E-mail: Dauline.Singletary@wake.gov

Phone: 919-510-1173

Mr. Irv Trust asked if staff were able to identify what percentage of those impacted by infant mortality and morbidity were unintended pregnancies. Ms. Singletary said that the data had not been provided to that level. Mr. Trust pointing out that it could help shed light on the need for education or more targeted efforts to provide to support to those who were not intending to be a parent.

Chair Ann Rollins thanked Ms. Singletary and her team for their work. She asked if there was some factor that stood out more than others impacting infant mortality and morbidity. Ms. Singletary referred to the four focus areas mentioned but noted that there seemed to be a sense that the system had failed the mothers. Even those who did receive care felt that it was not the same quality or level that others received. It was not that a patient could not see a provider necessarily but that the provider gave them poor treatment because of their race and/or ethnicity. This extended to hospitals where some mothers would praise one hospital while warning others to stay away from those that had performed poorly. This all came down to personal experience and word of mouth. Local hospitals were made aware of the feedback and could grow from what the community was sharing to address any biases present. Statistics showed that education level and socio-economic levels meant far less than race when it came to health disparities. Those in the healthcare system were now given the task to receive this feedback, understand it, and address it.

Ms. Rollins asked if there was any workforce development plans with encouraging more OB/GYNs or doulas to help bring diversity into those fields. Ms. Singletary confirmed that there was an effort to increase access to doulas as well as hopes to connect with high schools and colleges to elevate the public health system as a career path.

Ms. Christine Kushner noted just how long these disparities had been persisting. It truly remained alarming to see year after year. She asked if there were any shifts anticipated for Medicaid, particularly

around medical training. Ms. Singletary hypothesized that Medicaid could develop such efforts in the future, however the workforce needed to be addressed directly. There were different local high schools who had streamlined the process for internships. If requesting connections with Population Health or MCH through Wake County, they were given interviews and determined if their interests aligned with working with Public Health. Ultimately, it remained about awareness. Public Health encompassed so many different programs and initiatives that most students, even those pursuing degrees related to Public Health, were not aware of. Someone with a passion for maternal and child health issues may simply be unaware of their ability to make a difference in the field.

Ms. Kushner then asked what one thing Ms. Singletary would like to see expanded to address the disparities. Ms. Singletary admitted she could not isolate one focus area and instead had to uplift them all to make actionable change to the long-standing disparities.

Deputy County Manager Duane Holder added that the most recent stat budget was still being reviewed but that the General Assembly had prioritized MCH with authorizing competitive grants through the NC DHHS for local health departments (LHDs). The hope was to leverage some of these grants with a call for the NC DHHS to issue a report in 2027 on how to improve state outcomes. When asked if the disparities for infant mortality and morbidity were included in these grants, Mr. Holder clarified that this was not explicitly stated. Ms. Singletary added that when developing the MIMW Report, the State Prenatal Health Strategic Plan was referenced with a concerted effort to align county work with the state. Wake County was a part of North Carolina. If the state was saying certain efforts should be pursued to address maternal and infant mortality, the question then became how to work those efforts into the focus areas to drive local strategies.

A member of the public asked for clarity around the race and ethnicity being reported. Ms. Singletary explained that, for Wake County, Black families had the highest disparity followed by Hispanic and Native Americans. However, this was for Wake County. Other counties in the state might show higher disparities for Native Americans simply based off of their population. For Wake County, it was the African American community that had the largest disparity. Mr. Ken Murphy (Senior Deputy County Attorney) reminded those in attendance that this was a presentation to the Wake County Health and Human Services Board. Board members were allowed to ask questions with a public comment period available later on in the agenda. That would be the most appropriate place to make comments with questions needing to be limited to Board members.

Vice Chair Wanda Hunter asked if the March of Dimes report had been acknowledged, particularly that the state had received a D+ as a grade (<https://www.marchofdimes.org/peristats/reports/north-carolina/report-card>). She mentioned North Carolina State Senator Natalie Murdock who had also researched and provided data on maternal and infant mortality, much of which was synonymous with the work presented that day. Ms. Singletary confirmed that she had read the March of Dimes report and asked Epidemiology to provide data Wake County specifically. Regional data would be the most beneficial, but unfortunately this level of detail was not always easily accessible. However, reviewing comparisons of data from Cary to Wake Forest or Cary to North Hills could be instrumental in guiding the local community and their efforts. There was some overlap – such as the County the Kicks campaign – that Wake County was looking to promote. However, staff also had to be careful not to contradict themselves with a need to align the messages of the County with local healthcare providers and specialists. Birthing parents needed to hear the same message to really emphasize best practices. The information had to be both correct and consistent.

Commissioner Cheryl Stallings expressed appreciation for the persistence and compassion of the Workgroup members. She and Commissioner Safiyah Jackson who had both served on the Workgroup appreciated the dedication and passion of those who contributed. Ms. Singletary's leadership, too, had made a poignant difference.

Public Health Update

(Presented by Ms. Rebecca Kaufman)

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

- As of that morning, the County had been made aware of 366 cases and five hospitalizations of cyclosporiasis. This month staff had launched a cyclosporiasis dashboard (available for access at www.wake.gov/cyclo). The Communications team was working to get more social media and awareness out
 - Typically, when someone fell ill, they did not seek physician help the first day. However, after a few days or a week, most were likely to seek help from providers. If tested and found positive for cyclosporiasis, the patient went into a queue to be interviewed by the Communicable Disease (CD) team
 - The CD was reaching out to all cases often taking anywhere from an hour and half to two hours per individual for each interview. They were looking back two weeks from when the patient first identified symptoms meaning that it could be around three weeks from present day. This posed difficulties with patients remembering everywhere that they ate or shopped at including grocery stores and farmer's markets
 - Many worried about the rise in cyclosporiasis were looking for one definitive source. However, there did not seem to be one central cause to blame. For Wake County, leafy greens, cilantro, and parsley had all appeared regularly during interviews. However, in the State of Michigan, iceberg lettuce was a higher concern
 - Public Health staff met weekly with the United States Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) and the Department of Agriculture to discuss cyclosporiasis cases. The organizations provided what information they have, often citing the increase as a lesson in food supply. Food is travelling long distances in warm weather. Cyclosporiasis was a seasonal phenomenon with cases expected in the summer. This year was simply higher than the years before but there was hope to see a natural decline come September once temperatures grow cooler
 - Prevention for cyclosporiasis includes washing your hands prior to touching produce and washing the produce. The latter, admittedly, was easier to do with some produce than others with some – like raspberries – being more susceptible to cyclosporiasis lingering simply due to the amount of places the parasite could live. Warming and cooking the produce properly – above 160° - could also help
 - To this end, it was recommended with lettuce, in particular, to peel the first three layers as those were the most easily accessible to the parasite. Fruits and vegetables that can be peeled should be
 - Some people heard the word 'parasite' and immediately assumed it was a worm or some other visible feature. Ms. Kaufman emphasized that cyclosporiasis could not be seen with the human eye. There was no way to tell which produce had the parasite
 - This was a public health concern that was monitored daily. Ms. Kaufman expressed appreciation to the North Carolina Department of Health and Human Services (NC DHHS) which had become a vital partner, especially with investigations. Typically, the CD team was split each summer with half taking on cyclosporiasis cases and the other half overseeing other communicable diseases. This year due to the sheer overwhelming number of cases, the NC DHHS has helped to interview those impacted for faster processing. While staff remained busy with this endeavor, they also remained transparent
 - Anecdotally, other gastrointestinal (GI) illnesses were also on the rise this year. It was assumed this was because more people were worried about cyclosporiasis and went in to test more frequently than in previous years. GI illnesses, too, were expected to rise with the summer months

- A successful hot car event had been held at the Public Health building coordinated by Ms. Dauline Singletary (Maternal and Child Health Section Manager). This was typically a partnership between Public Health, Animal Services, Emergency Medical Services (EMS), and the Fire department. However, this year it had been expanded due to the new facility and parking lot to include Raleigh Fire, Wake County's Sheriff's Office, Wake County Economic Services, WakeWheels4Health, and Cool for Wake. This was a successful event with clients coming from both the Public Health building and Swinburne to receive resources. The Summer Meals program was also distributing meals at the time increasing participation further
 - Ms. Kaufman recalled how there was a shut car with the thermometer inside to monitor the temperature. While she was at the event, the temperature inside the car got to 145°. When the media opened the car to film, this extreme temperature did not drop by much. This event and stark temperature reading emphasize the harms of leaving children and/or pets in cars during hot months. Staff hoped to continue raising awareness and make next year's event even more engaging
- August was Overdose Awareness Month. Health Promotion was teaming up with the Behavioral Health department and would be hosting events surrounding the observance
- Staff are holding Back-to-School immunization clinics which were currently available at the Regional Centers as well as the Public Health building. August and September seemed to be the most requested months for the immunization clinics, but staff continue to monitor community need, especially those with students in year-round schools. The hope is to provide accessibility wherever possible. Immunization is also travelling with the WakeWheels4Health unit and has some partnership with the Wake County Public Libraries
- The dental clinic will be participating in Delta Dental's "Terrific Tooth Day" in partnership with Carolina Courage. Staff anticipate there to be around 200 participants at the event
- Last week, Ms. Kaufman travelled with the Population Health team to Louisville, Kentucky for a National Association of City and County Health Official (NACCHO) conference. There were four presentations from Wake County that were well attended – WakeWheels4Health, Youth Council, Nonprofit Institute, and Live Well Wake (LWW). People from across the country attended the presentations to hear about initiatives and how to replicate the success of the programs
 - Wake County won three Promising Practice awards and had a poster presentation

Dr. Anita Sawhney asked if there were trends with cyclosporiasis with certain restaurants or food supply. Ms. Kaufman shared that these were always things that staff were looking out for. It truly did seem to be centered around fresh produce. Interviews focused on where the person ate but also if they ate fresh vegetables and fresh fruit. Pizza, for example, would not make the list. However, some restaurants, such as those serving Mediterranean food or salads, appeared more often simply based on the food that was being served. Grocery stores, too, appeared often. It was impossible to say with certainty one location, however. All of the samples received by LabCorp were sent to both the state lab as well as the CDC, the latter of which looked at genomic connections between samples. They also test produce. However, this does not happen quickly and results are expected after the season is over. This is typically done by the CDC, but the number of cases in 2026 allows for far more tests to be run. Staff were well aware that many in the community only wanted an antibiotic or quick resolution to their illnesses. However, testing truly provided a better snapshot for public health and prevention efforts. The CDC contributes to the greater study across the country.

Chair Ann Rollins asked if there was a high percentage of those with positive cases that frequented the farmer's markets. While this was a question that was asked, Ms. Kaufman explained that the cases were appearing among those who were extremely healthy. It was not just someone who had lettuce one day but instead those who consumed many fresh fruits and vegetables. One such case had a person recalling seven grocery stores that they had frequented over the course of fourteen days. To them, this was normal as they

simply stopped to shop for whatever they wished to eat or cook at wherever they happened to be at that moment between work, home, errands, and leisure.

Mr. Irv Trust asked if bagged, prewashed fruits and vegetables were contributing to cyclosporiasis cases. Ms. Kaufman said that while these did appear on the list of food consumed during interviews, it was impossible to pinpoint a specific brand or food simply based on the sheer amount of fruits and vegetables being consumed. When asked about the possibility of reversal surrounding the controversy with Taylor Farms which ended up sickening thousands of consumers and resulted in a voluntary recall of iceberg lettuce, Ms. Kaufman explained that she could not speak to that incident as Wake County was not involved.

Dr. Ojunga Harrison inquired about the source or chain of how fresh fruits and vegetables, in particular lettuce, were distributed among the states. Ms. Kaufman shared that the Department of Agriculture and the FDA were collaborating to look at suppliers and, from those suppliers, look at farms. Cyclosporiasis lived in feces that was then carried and spread through water most likely being reused on farms. The reused water spread the feces and the parasite. Last summer when looking at suppliers, cilantro travelled from its original farm in Mexico to Texas and New Jersey before finally being delivered to Raleigh, North Carolina. If that one produce was spending that much time in travel, it was easy to see how the parasite could replicate. Unless regulation on produce was changed, it was likely that cyclosporiasis would be seasonal. While there was hope that this was simply an anomaly with 2026 having higher than normal cases, cyclosporiasis was seen and expected every year. Around 40% of produce in America came from Mexico. Food was travelling long distances in heat that encourage cyclosporiasis to spread once present.

Vice Chair Wanda Hunter asked if the increase of cyclosporiasis cases might be connected to the rollback of FDA regulations. Ms. Kaufman could not say definitively as cyclosporiasis was a cyclical occurrence. She was encouraged that the FDA and CDC had been so present given the weekly calls and active engagement. These calls were ones that had happened prior to 2026 but had been elevated given the rise in cases. To Ms. Kaufman the calls, at least, were more proactive than reactive.

Social Services Update

(Presented by Ms. Toni Pedroza)

Ms. Toni Pedroza (Director of Social Services) provided brief updates from the Social Services department.

- The state had passed the Dominique Moody Safety Act creating more oversight and responsibilities by the North Carolina Department of Health and Human Services (NC DHHS) to work closely with counties on high risk Child Welfare cases. This will change some policies in Child Welfare as the law states any high-risk case escalated to the state must share decision making. The definition of what made a “high risk” case would be interesting to follow as the County had a Serious Injury Sexual Abuse (SISA) team which, to the County, contained high risk cases. However, the state did not have the capacity to do decision making for every county with the number of cases under SISA. At least initially the high risk cases will be reviewed more through a lens of historical data on the families, repeat reports, and number of reports (even counting those that were screened out)
 - Ms. Pedroza had worked closely with Ms. Shanta Nowell (Child Welfare Division Director) and her team to review the hearings at the General Assembly related to this case. They had an engaged conversation about internal processes and how to move forward. Staff were, understandably, mindful of any high-risk case as well as cases as a whole
 - In Child Welfare, it was very possible to do everything right and still have things go wrong. With an increase in the number of cases, staff had to be prepared to be ready and

- understand queues to properly react to visiting families and perform interviews with children and their families separately for each case
 - Any Child Welfare case deserved care and consideration but high-risk ones held a potential for abuse or serious neglect
- The state budget also added \$97 million for childcare to address the shortage for childcare providers. This improved the ability to pay staff by increasing provider rates. Interestingly, though the monies had been passed, the funds would not be released until October 2026
- The state also passed the Supplemental Nutrition Assistance Program (SNAP) Benefit Responsibility related to the program error rate to the counties. Staff were aware that this was a possibility which had been shared to the Wake County Board of Commissioners (BOC) by County Manager David Ellis and Deputy County Manager Duane Holder.
 - In North Carolina based on the current payment error rate, the initial share in North Carolina was about \$400 million. Because the state was working with counties to bring the error rate down based on the current state fiscal year (FY) and current payment error rate, the state share would now be \$150 million
 - If the state by FY 2026 (which ends in two months) is able to get the error rate to less than 6%, then the state share would be 0%. The last report error payment rate was near 7%. There is mandatory training with the state so that Wake County staff can meet with consultants to discuss technology fixes for NC FAST to avoid payment error rates
 - As an example, an error rate could include someone being marked ineligible that was actually eligible (or vice versa). Another example given was a staff member asking how often a client was paid. The client states twice a month. However, in reality, they were paid every two weeks. This inadvertently left out paychecks due to an innocent misunderstanding. This would be counted toward the error rate once caught. Other times, clients moved. Though they called and reported an address change, the change in the rent charged was mistakenly never documented
 - Ms. Pedroza stressed that this was the reality behind the error rate. It was important to reveal this reality as sometimes the public could perceive an “error” as fraud. While there could be cases of a client purposefully deceiving a worker and lying outright, more often than not the “errors” were human and not meant to harm or create deception
 - When asked if the mistakes were found due to a third-party audit, Ms. Pedroza confirmed that it was the audit by the state that determined the payment error rate. However, it is not statistically significant. The state did not have the capacity to review 5% of the cases in North Carolina. Because of this, the more cases audited meant an increased chance to find errors. Some of these were in the amount of \$10 or \$20. It was the big issues – such as someone who should have been eligible but were mistakenly marked ineligible – that were counted
 - Because the state could not pull enough cases for a statistical analysis, they instead pulled randomly. This meant that some counties had zero cases pulled (resulting in a 0% error rate for that county by default). For a further example, a medium-sized county with 25% of its population eligible for Food and Nutrition Services (FNS) might still have less cases than Wake County with 6% eligible for FNS. Because of this, the medium-sized county would only have two cases pulled. If one of those two cases contained a large error, that would mean the county itself would have a 50% error rate
 - Staff were working regularly with consultants and the state to improve error rates as a whole. Ms. Pedroza also expressed appreciation for the quality assurance (QA) team that looked at data every day to identify common errors to report to staff. A lower payment error rate in any of the one hundred counties was a success for lowering the overall error rate
- Another budget item was the \$25 million added to reinstate the Healthy Opportunities Act. Unfortunately, Wake County was not one of the counties approved for the Act. Despite this, the

Act promoted preventive healthcare that would inevitably lower the cost of Medicaid for all with potential clients from surrounding clients seeking resources closer to home. The Act strictly looked at housing, food, transportation, and domestic violence to be able to use Medicaid funds to address the Social Determinants of Health (SDoH) in applicable counties

- Another Medicaid change that would impact Wake County was the capping and limiting of the amount of reimbursement for Applied Behavior Analysis (ABA) therapy for nonverbal children with autism. This was therapy that, for many years, was not available to children with autism. When it did become available, the amount of monies around the therapy began rising. Now there were parameters to potentially fund a lot less, especially virtual ABA therapy. This could come up in the community with families trying to continue their services only to find out they could not be reimbursed
 - Vice Chair Wanda Hunter asked if there had been an evaluation of outcomes for ABA therapy such as children becoming more verbal or able to interact with others at a higher level after therapy. Ms. Pedroza shared that she did not think the state was satisfied with the data that they saw, particularly for virtual ABA therapy. Children with autism, understandably, might feel more comfortable with virtual support as there was not a person physically there to interact with. Ms. Pedroza stated that she had only heard good things from providers of ABA therapy and those who received it. However, she understood that this might not be a universal experience, especially given the data
- Staff were planning and in the final stages of editing a Leadership Academy for Social Services. This was intended for those who were interested in becoming or stepping into a leadership position. Management and supervisor training based on supportive accountability (ensuring staff were held accountable but still providing support) was also planned. Ms. Catherine Rivera (Social Services Administrative Director) and her team started a budget training for leaders in Social Services. Many staff were unaware how the budget impacted their work, directly equating to revenue. Leadership also partnered with Human Resources (HR) to provide new supervisors with training around performance evaluation, accountability, and disciplinary action. Often supervisors were hired as promotions from in-house staff. Because of this, the supervisor duties took some time to fully understand, something training could assist with
- Leadership were also working on the development of business plans. In August, sixteen staff members would attend the Social Services Institute (SSI), an annual event where all one hundred counties would send Social Services staff to participate in training in Hickory, North Carolina
- Finally, the Smart Start anniversary event was quickly approaching with staff eager to attend and celebrate with their community partners

Treasurer Terry McTernan asked if HR had a career path that staff could look at to understand where they could aspire to be with their career. Deputy County Manager Duane Holder explained that there was not a formalized pathway but County Manager David Ellis was very interested in getting something solidified. With a new Chief Human Resources Officer (Mr. Sean Womack) now on board for a few months, this could be revisited and revitalized. Ms. Pedroza expressed that the best reflection of a leader was one willing to share knowledge and train people, to see staff's career path as important as their own. This was why the Leadership Academy was such a priority and had such excitement built around it.

Committee Chairs Update

(Presented by Ms. Ann Rollins, Ms. Wanda Hunter, Dr. Anita Sawhney, and Mr. Irv Trust)

Chair Ann Rollins referred to the Regional Networks report and once again welcomed Mr. Jahaziel Zavaleta in his role as Eastern Regional Center (ERC) Director.

Vice Chair Wanda Hunter recalled that the Social Services Committee had received an update around SUN Bucks and the Summer Food program. Food and Nutrition Services (FNS) had decreased their payment error rate from 10.21% to 7.3% for financial fiscal year (FY) 2025. This was one of the largest

drops nationwide. FNS had also served over 77,000 participants last month issuing over \$13 million in benefits with a timeliness rate of 95.38%.

The Public Health Committee had two reports – one from June and one from July. Dr. Anita Sawhney reported that in June the Committee received an update from WakeWheels4Health with a presentation from Ms. May Lample (Project Coordinator – Community Health) and Mr. Glen Cutting (Administrative Coordinator). This was a positive outcome from COVID-19 with a program developing around two mini buses used during the pandemic to deliver vaccinations. Present day, they now provided various public health programs supported through staff and Community Health Workers (CHWs). Working with programs as varied as Smart Start and the HIV/STI teams, WakeWheels4Health helped to spread education to the local community.

Mr. Irv Trust reported on the July 17th Public Health Committee meeting. Ms. Jennifer Brown (Deputy Director of Public Health – Community Health) provided an update on Public Health largely mimicking the one provided by Ms. Rebecca Kaufman (Director of Public Health) during her update (see above). In addition, Ms. Michaela Hoenig (Health Promotion and Chronic Disease Prevention – Public Health Educator) provided an update on tobacco prevention and control. Wake County was working to elevate smoking cessation through the pharmacy in the Public Health building for those who were part of their program. More largely, municipalities were steadily working on becoming 100% tobacco-free or smoke-free. Wake County itself was 100% tobacco-free with the next closest being the Town of Rolesville thanks to the efforts of former Mayor Frank Eagles.

Public Comments

- None

Upcoming Events, Community Highlights, and General Discussion

(Presented by Ms. Ann Rollins)

This was the first meeting honoring retirees from Human Services (Public Health and Social Services). Although they were not in attendance, the Board honored Ms. Linda Bauer, Ms. Annette Chavez, and Ms. Brenda Hales.

Vice Chair Wanda Hunter uplifted 2B's Brains and Brothers (an organization founded by Ms. DaQuanta Copeland, Housing Affordability and Community Revitalization Community Engagement Coordinator) and their back-to-school event scheduled for Saturday, July 25th from 11:00 a.m. to 3:00 p.m. at the Walmart on New Bern Avenue.

Adjournment

The meeting was adjourned at 9:38 a.m.

Board Chair's Signature:



Date: 06/25/2026

Respectfully submitted by Brittany Hunt