

**Meeting Minutes
February 15, 2023**

**MINUTES OF MECKLENBURG COUNTY, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS**

The Board of Commissioners of Mecklenburg County, North Carolina, met in Budget/Public Policy Session in Conference Center Room 267 on the 2nd floor of the Charlotte-Mecklenburg Government Center located at 600 East Fourth Street, Charlotte, North Carolina at 2:30 p.m. on Wednesday, February 15, 2023.

ATTENDANCE

Present: Chair George Dunlap and Commissioners
Leigh Altman, Patricia “Pat” Cotham, Arthur Griffin,
Mark Jerrell, Vilma D. Leake, Laura J Meier, Elaine Powell,
and Susan Rodriguez-McDowell
County Attorney Tyrone C. Wade
Clerk to the Board Kristine M. Smith

Absent: Commissioner Laura Meier
County Manager Dena R. Diorio
Deputy Clerk to the Board Arlissa Eason

CALL TO ORDER

The meeting was called to order by Chair Dunlap at 2:32 p.m., followed by introductions and the Pledge of Allegiance to the Flag.

23-0108 COVID-19 RECOVERY AND RENEWAL TASK FORCE UPDATE

The Board received updates on the recovery and renewal task force implementation plan for recommendations.

Background: In October 2020, the Mecklenburg Board of County Commissioners (BOCC) appointed the COVID-19 Recovery and Renewal Task Force to identify recommendations on the County's response to the pandemic. Over approximately a year, the Task Force developed

Meeting Minutes
February 15, 2023

recommendations that included three focus areas - Health, Economy, and Community - supported by 13 strategies and 60 actions. In September 2021, the BOCC approved the Task Force recommendations. Subsequent direction by the BOCC included accountability for the County Manager to determine a process for implementing and tracking progress on the actions. The presentation highlights current and recent work for two focus areas - Economy and Community. A second presentation, tentatively scheduled for March 14 to the BOCC, only includes an update on the Health focus area.

Monica R. Allen, PhD, Director for Strategic Planning & Evaluation, gave the presentation.



COVID-19 Recovery and Renewal Task Force Recommendations

Implementation Update

Focus Areas: **Economy** and **Community**

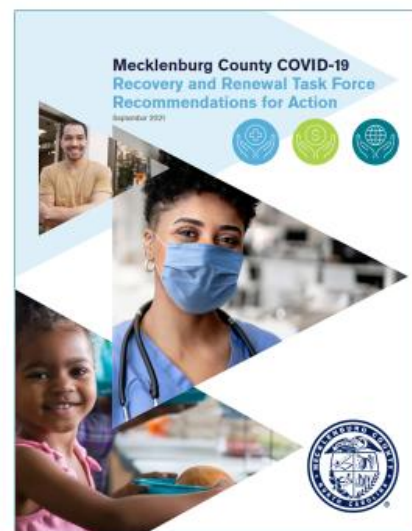
Overview

1. COVID-19 Recovery and Renewal Task Force Background
2. COVID-19 Strategic Recovery Plan Background
3. Task Force Implementation Project Timeline
4. Implementation Status: **Economy** and **Community**
5. COVID-19 Strategic Recovery Plan Priority Areas
6. Action Implementation Details
 1. **Behavioral Health & Health Equity**
 2. Affordable Housing & Homelessness
 3. **Workforce & Economic Development**
 4. **Parks, Environment & Infrastructure**
7. Next Steps

2

COVID-19 Recovery and Renewal Task Force Background

- The Board of County Commissioners (BOCC) appointed the Recovery and Renewal Task Force in 2020.
- Task Force developed three focus areas:
 - **Health**,
 - **Economy**, and
 - **Community**.
- Thirteen strategies and 60 actions were recommended.
- The BOCC approved the Task Force recommendations in September 2021.
- Accountability for implementing these recommendations was placed within the County Manager's FY2022 and FY2023 Work Plans.
- A strategic approach was pursued to integrate and align the implementation work to the:
 - COVID-19 Strategic Recovery Plan
 - County Department Strategic Business Plans and annual Work Plans



COVID-19 Recovery and Renewal Task Force
Recommendations for Action

3

3

COVID-19 Strategic Recovery Plan Background

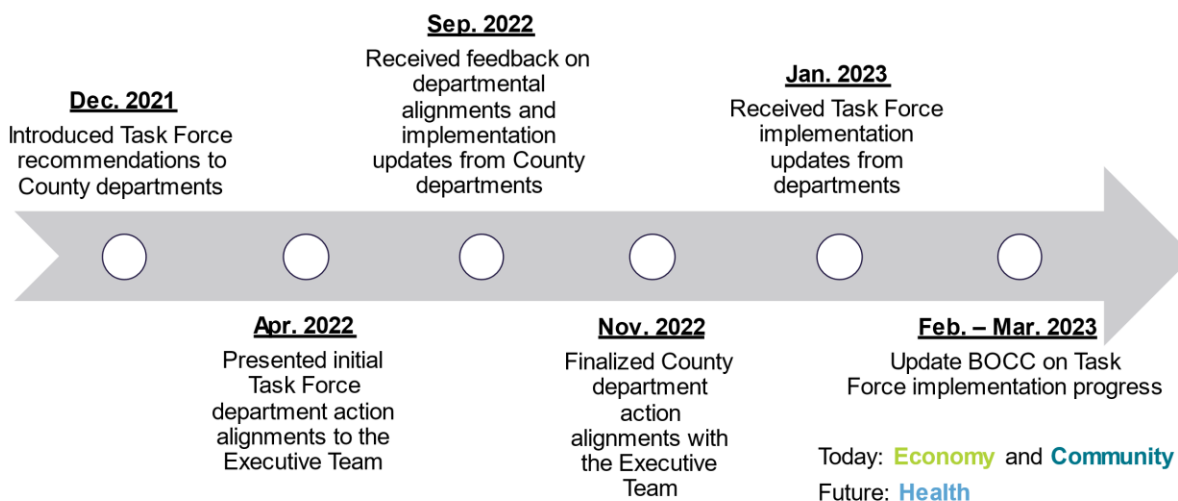
- In response to the COVID -19 pandemic, Mecklenburg County developed the COVID -19 Strategic Recovery Plan to focus the County's recovery efforts.
- The COVID -19 Strategic Recovery Plan was created using inputs from:
 - community conversations,
 - business roundtables,
 - public hearings,
 - internal research,
 - federal American Rescue Plan Act (ARPA) guidance, and
 - the COVID-19 Recovery and Renewal Task Force recommendations.



[Mecklenburg County COVID19 Strategic Recovery Plan](#)

4

Task Force Implementation Project Timeline



5

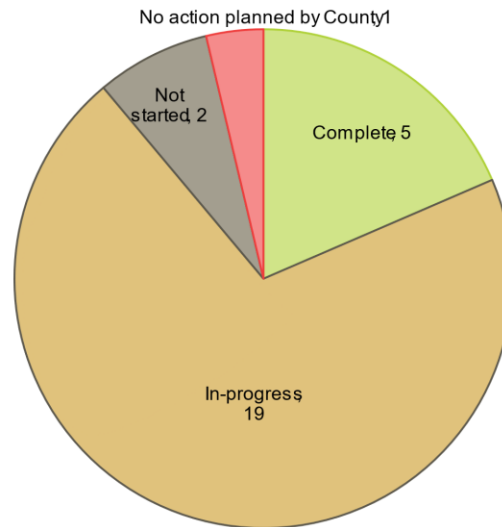
Meeting Minutes February 15, 2023

Implementation Status: Economy and Community

Focus Areas	Number of Strategies	Number of Actions
Health*	8	33
Economy	3	18
Community	2	9
Total	13	60

*Health focus area actions will be presented in spring 2023

Chart Legend	
Status	Definition
Complete	Work related to an action has been accomplished
In-progress	Work related to an action is currently underway
Not started	Work related to an action has not begun
No action planned by County	No steps toward completing an action are recommended



6

COVID-19 Strategic Recovery Plan Priority Areas

The COVID -19 Strategic Recovery Plan consists of the following “priority areas” and goals:

Behavioral Health & Health Equity	Affordable Housing & Homelessness	Workforce & Economic Development	Parks, Environment & Infrastructure	Childcare & Early Childhood Education*
Goal 1: Improve behavioral health outcomes by increasing access to resources, services, and programming	Goal 1: Reduce and prevent homelessness & housing instability	Goal 1: Increase access to training and employment opportunities to meet workforce demands of now and in the future	Goal 1: Enhance the land and water quality through strengthened infrastructure	Goal 1: Increase access to affordable, quality childcare and education for children and families
Goal 2: Reduce health disparities through expansion of access to healthcare and health literacy		Goal 2: Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services	Goal 2: Improve the physical infrastructure for parks, amenities, and greenways	
Goal 3: Increase food security with individuals and families				

*No COVID-19 Task Force actions were aligned to the Childcare & Early Childhood Education goal.

7

5

Behavioral Health & Health Equity

Strategic Recovery Plan Goal: 3

Increase food security with individuals and families

Task Force Focus Area: Community

Task Force Strategy:

Bolster community food security efforts and reduce the footprint of food deserts

Task Force Actions

5C: Expand access at the neighborhood level with more small pop- up markets, gardens, and mobile fresh food buses **[In progress]**

- Mecklenburg County Public Health (MCPH) is focusing on several initiatives to make healthy food more accessible, including but not limited to: the Edible Landscape Initiative, the Double Bucks Initiative to double SNAP dollars used at farmers markets, the Healthy Corner Store Refrigeration Program, and the Eat Well Food as Prescription Program.
- MCPH and Social Services (DSS) are collaborating through the Senior Nutrition Program to provide culturally sensitive meals to seniors of South Asian, Latin American, and African American descent.

6C: Expand awareness of available food and nutrition resources and locations **[In progress]**

- MCPH completed a 16 -week "Fresh, Healthy, Local" communication campaign in partnership with the Charlotte Area Transportation System (CATS) to build awareness of food security programs and is planning future campaigns for Spring 2023.
- MCPH, DSS, and Community Support Services regularly work with the Public Information department to keep community stakeholders and residents informed of programs to address food insecurity.

7C: Provide transportation resources and options to get people to food resources **[In progress]**

- The Mecklenburg Transportation System (MTS) program within DSS provides free Quality of Life Trips to local farmers markets. DSS also partners with Loaves and Fishes and CATS to operate the Senior Nutrition Program.

8

Behavioral Health & Health Equity

Strategic Recovery Plan Goal: 3

Increase food security with individuals and families

Task Force Focus Area: Community

Task Force Strategy:

Bolster community food security efforts and reduce the footprint of food deserts

Task Force Actions

8C: Provide resources for volunteer recruitment and deployment among food providers **[Complete]**

- SHARE Charlotte connects the community to 17 non -profits that have food pantries or offer food in the community and connects those non -profits with volunteers to help them to distribute and enhance access to food.

9C: Partner with trusted organizations serving undocumented residents **[In progress]**

- The County partners with several organizations to serve the unique needs of immigrant residents by providing nutritionally balanced meals, engaging in community events, coordinating with Spanish -language media, and more.
- Mecklenburg County Health and Human Services agencies provide 20 direct services that serve undocumented migrant communities as a part of its core target populations.
- The County is currently exploring opportunities for enhanced cross -department collaboration to serve these communities better and expand services to a more diverse population of immigrants.

9

6

Meeting Minutes
February 15, 2023

Affordable Housing & Homelessness

	Task Force Actions
Strategic Recovery Plan Goal: 1 Reduce and prevent homelessness & housing instability	<p>1E: Provide direct financial assistance as eviction moratoriums end [In progress]</p> <ul style="list-style-type: none"> The eviction moratorium ended in August 2021. The County has partnered with both Crisis Assistance Ministry and DreamKey Partners to administer emergency assistance funds (rent and utilities) to aid those households who meet the requirements to avoid eviction. <p>2E: Provide increased supports to organizations providing temporary or crisis assistance to those experiencing homelessness or in imminent threat of homelessness [In progress]</p> <ul style="list-style-type: none"> In addition to the work detailed in Action 1E, Community Support Services (CSS) partners with the Charlotte Center for Legal Advocacy and Legal Aid to provide low-cost legal services to individuals, including immigrants, at risk of losing their housing to aid them in preventing or deferring evictions. <p>3E: Expand resources for deposit, application fee, and service fee waivers that are often barriers to those experiencing homelessness [In progress]</p> <ul style="list-style-type: none"> The Client Benefits Fund consists of short-term, limited financial assistance administered by CSS to assist eligible clients experiencing homelessness or a housing crisis to maintain permanent housing or address unmet basic needs.

10

Affordable Housing & Homelessness

	Task Force Actions
Strategic Recovery Plan Goal: 1 Reduce and prevent homelessness & housing instability	<p>4E: Increase resources to agencies involved in supporting tenants' awareness of rights, responsibilities, and resources in times of need [In progress]</p> <ul style="list-style-type: none"> The County partners with Legal Aid and the Charlotte Center for Legal Advocacy to hold tenant/landlord education clinics for the public and provide other legal education and outreach for low-income households. <p>5E: Advocate for changes in use of background checks and criminal history as criteria for rental approvals [In progress]</p> <ul style="list-style-type: none"> County Intergovernmental Affairs continues to engage key stakeholders in the North Carolina state government on the potential for advocacy for changes in the use of background checks and criminal history as a criterion for rental approval. <p>6E: Explore prioritizing HOPE program awareness efforts and requests by zip code [No action planned by County]</p> <ul style="list-style-type: none"> This action is not being pursued as Mecklenburg County did not receive HOPE funding from the State, and the program is no longer available.
Task Force Strategy: Provide aid and assistance for affordable housing, support for renters, homeowners, landlords, and people experiencing homelessness in our community	<p>18E: Lead a strategy focused specifically on enabling access to affordable housing for full-time artists in our community [In progress]</p> <ul style="list-style-type: none"> The County continuously works to increase support for affordable housing in the community. It is important to note that the County provides equal housing opportunities to all residents for affordable housing.

11

Workforce & Economic Development

Strategic Recovery Plan Goal: 1

Increase access to training and employment opportunities to meet workforce demands of now and the future

Task Force Focus Area: Economy

Task Force Strategy:

Increase access to work and employment opportunities by reducing technological, transportation and workforce barriers

Task Force Actions

7E: Revisit and analyze the recommendations of the Opportunity Task Force (now Leading on Opportunity) to grow economic mobility. Identify specific areas, programs, or initiatives that the County could leverage for expedited progress **[In progress]**

- Strategic Planning & Evaluation staff are reviewing the recently released “Opportunity Compass” data visualization tool created by Leading on Opportunity to understand which remaining initiatives the County can leverage.

8E: Invest more resources in closing the digital divide in our community faster through efforts in place now **[In progress]**

- The Charlotte Mecklenburg Library works with local organizations to get high -need residents early access to MeckTech applications. The MeckTech program aims to lessen the digital divide by providing access to free refurbished laptops to county residents 18 years+.
- Through CARES Act funding for the MeckTech program, the Library distributed an initial 1,400 laptops to qualified households. Additionally, as of December 2022, 6,378 laptops have been distributed through the MeckTech program using Emergency Connectivity Fund dollars.
- The Library is also using \$2.9 million in ARPA funding to support digital literacy, internet connectivity, expanding device accessibility, and enhancing programming infrastructure to reduce the digital divide.

12

Workforce & Economic Development

Strategic Recovery Plan Goal: 1

Increase access to training and employment opportunities to meet workforce demands of now and the future

Task Force Focus Area: Economy

Task Force Strategy:

Increase access to work and employment opportunities by reducing technological, transportation and workforce barriers

Task Force Actions

12E: Increase investments in programs for job training, workforce preparedness, and connecting job seekers to employers with open positions **[In progress]**

- The County funds 23 workforce development programs across nine departments for an FY22 total of \$10.2 million. Additionally, eight workforce development programs were funded through the round one distribution of American Rescue Plan Act funding.

13E: Support efforts to invest in local infrastructure as a tool for job creation and for expanding transportation access to employment opportunities **[Not started]**

- Once the plan is finalized, the County will determine whether new transportation infrastructure projects align with the FY24 -FY28 Capital Improvement Plan.

13

Workforce & Economic Development

Strategic Recovery Plan Goals: 1 & 2

1. Increase access to training and employment opportunities to meet workforce demands of now and the future
2. Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services

Task Force Focus Area: Economy

Task Force Strategy:
Increase support for artists and the organizations that support them in the community

Task Force Actions

15E: Expand support for the Culture Blocks program to provide more direct employment opportunities for artists and creatives **[Complete]**

- Mecklenburg County increased funding to the Culture Blocks program from \$950,000 in FY21 to \$1,092,500 in FY22 and FY23. Culture Blocks supports cultural experiences that are planned with resident involvement and can take place at libraries, recreation centers, parks, and relevant community spaces.

16E: Create or partner to resource and sustain existing community arts centers in challenged local areas and neighborhoods **[Not started]**

- The County will explore future opportunities to address this recommendation.

17E: Increase funding [to the] Arts & Science Council (ASC) with specific focus on arts equity, inclusion, access, and connection to challenged communities **[In progress]**

- The County continues to fund the Arts & Science Council, providing \$2,192,500 in FY23.

14

Workforce & Economic Development

Strategic Recovery Plan Goal: 2

Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services

Task Force Focus Area: Economy

Task Force Strategy:
Increase access to work and employment opportunities by reducing technological, transportation, and workforce barriers

Task Force Action

10E: Invest with partners in additional rounds of Open for Business programs and Small Business Partner Support, Access to Capital, Workforce Partner and Innovate Business grants **[In progress]**

- The Revolving Loan Program (also known as " MeckLending "), administered by the Office of Economic Development (OED), launched in October 2019 with BOCC appropriations of \$2.75 million to support small businesses. However, new financial support available to small businesses during the COVID -19 pandemic significantly reduced program applications at the program's start. Activity in FY22 -23 has exceeded expectations in the anticipated number of loans projected. As of December 2022, 30 loan applications have been approved for a total of \$1,717,993.

- The Business Launchpad and Get Up and Grow programs administered by OED serve up to 60 small business owners annually.

15

Workforce & Economic Development

Strategic Recovery

Plan Goal: 2

Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services

Task Force Focus Area:

Economy

Task Force Strategy:

Increase access to work and employment opportunities by reducing technological, transportation, and workforce barriers

Task Force Actions

11E: Incentivize training and hiring of second- chance workers for Mecklenburg County employment opportunities, companies doing business in Mecklenburg County today, and for companies considering locating to Mecklenburg County **[In progress]**

- The County no longer uses criminal histories as an exclusionary factor when hiring for County positions ("Ban the Box"). As part of the Business Investment Grant Program, the Office of Economic Development (OED) inquires if companies have policies related to the hiring of justice-involved individuals and encourages companies who want to do business with Mecklenburg County to consider such policies.
- Additionally, the County works with the Center for Employment Opportunities, the Center for Community Transitions, City Startup Labs, the National Center on Institutions and Alternatives, and TransTech, who directly support hiring and training second -chance workers.
- The Criminal Justice Services (CJS) department staff will help deliver a workshop at the NC Re-entry Conference in April 2023 on the benefits to employers of hiring justice -involved individuals and how to recruit and retain this underutilized talent pool.

14E: Explore programs to sustain small businesses in our local economy by matching these small businesses that offer goods and services to community customers with large corporations in our area (such as Amazon) that have marketing, logistics, and distribution capacity **[In progress]**

- OED is implementing the Disparity Study recommendations regarding contracting with MWSBE vendors. In addition, OED is exploring opportunities to create Business Diversity and Inclusion (BDI) collaborative programming with external stakeholders to further develop program goals and expand supplier diversity partnerships and efforts externally.

16

Workforce & Economic Development

Strategic Recovery

Plan Goal: 2

Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services

Task Force Focus Area:

Community

Task Force Strategy:

Prioritize assistance for non -profit organizations and boost investments in agencies meeting critical needs for people most impacted by COVID -19 and in areas most historically challenged

Task Force Actions

1C: Make special effort for, and focus resources towards, non- profit organizations located in towns and rural areas of the county that serve residents outside the urban core and Charlotte city footprint **[In progress]**

- The County partners with many non -profits that serve residents outside the Charlotte city footprint, including but not limited to the Ada Jenkins Center, the Lake Norman Community Health Clinic, Comfort Keepers (senior care), Pineville Neighbors Place, and Matthews Help Center.
- It is important to note that geography is just one factor considered when deciding which partners the County will work with, and for most programs, services will be provided regardless of a client's location.

2C: Expand awareness, use, and resources of 211 **[Complete]**

- The County uses NCCARE360 as a preferred portal alternative to 211.

3C: Create a digital hub or establish a partnership with an existing provider (such as Share Charlotte) that can link non -profits to each other for sharing of information and resources, as well as to donors and volunteers who can help **[Complete]**

- SHARE Charlotte and Unite Charlotte (a United Way program) provide services to increase opportunities for non -profits to connect with the community and other non -profits.

4C: Establish a non-profit/grassroots mentorship program or partner with existing mentorship programs (such as Unite Charlotte) **[Complete]**

- See Action 3C.

17

Parks, Environment & Infrastructure

Task Force Action

Strategic Recovery Plan Goal: 2

Improve the physical infrastructure for parks, amenities, and greenways

Task Force Focus Area: Economy

Task Force Strategy:
Increase access to work and employment opportunities by reducing technological, transportation, and workforce barriers

9E: Require publicly available, broadband access to Wi-Fi in all County public spaces **[In progress]**

- All County buildings and facilities (134) have internet service and provide free public Wi-Fi access at those locations. The County also strives to include Wi-Fi capabilities in any new construction or upfits of purchased facilities where there is a substantial public presence .
- Round one ARPA funding was allocated to improve Wi-Fi at eight County recreation centers and to enable Wi-Fi access at six County parks. These park and recreation facilities are all located in federal Qualified Census Tracts (QCTs)* and in "priority communities"**. .

* Under section 42(d)(5)(C) of the Internal Revenue Code of 1986, a Qualified Census Tract is any census tract (or geographic area defined by the Bureau of the Census) in which at least 50% of households have an income less than 60% of the Area Median Income (AMI).

** Priority communities are defined as having two or more of the following characteristics: more renters, higher rate of poverty, youth, more seniors, and/or greater proportions of communities of color when compared with the County at large.

18

Next Steps

Present **Health** Focus Area Task Force strategy and action details to the BOCC in spring 2023



Invite local organizations to partner with the County on the implementation of certain Task Force actions

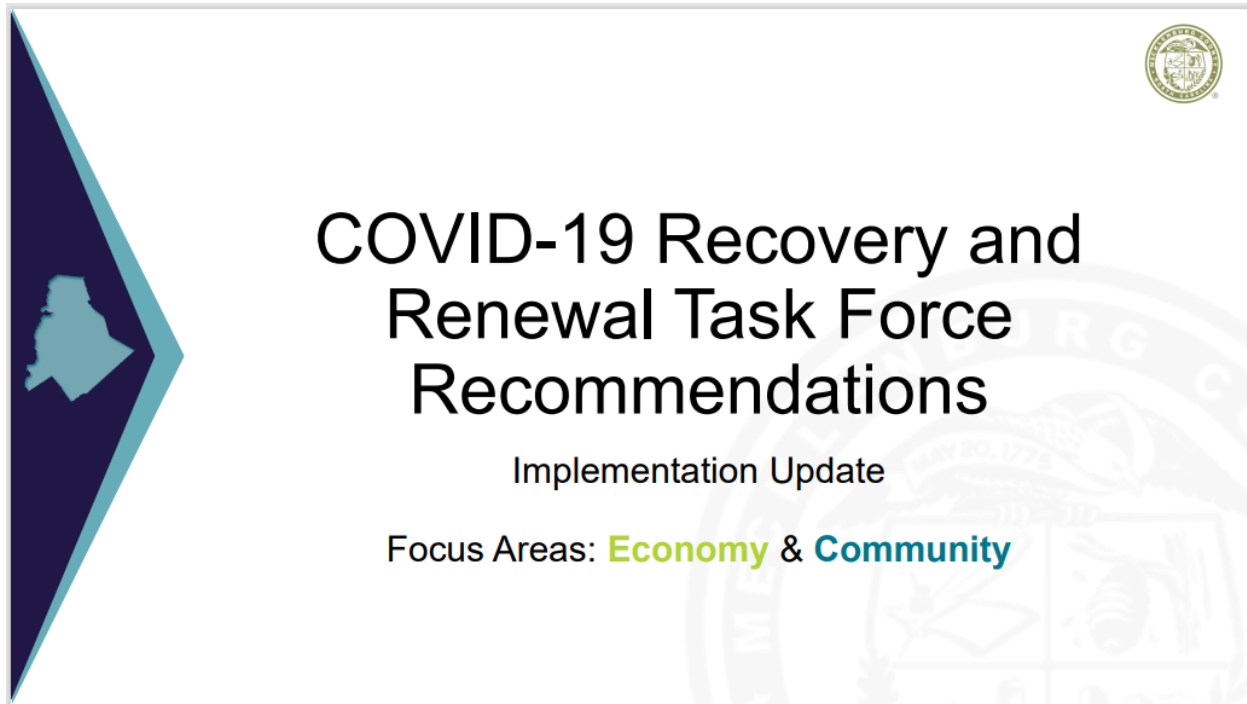


Provide bi-annual updates on progress made on Task Force actions



19

11



Comments

Chair Dunlap said the purpose of the task force was to make sure the community recovered as a result of COVID-19.

Commissioner Leake discussed the food desert, she stated that this initiative would be a tremendous step forward, and thanked Dr. Allen for her leadership, her staff, and the task force for all their work. She thanked the Board for its efforts to change the lives of the people in District 2.

Commissioner Griffin asked about the Smart Goals and asked with regard to the 17 additional farmers' markets that accept EBT cards if they looked at the actual food stamp recipients that were utilizing farmers' markets.

Commissioner Griffin asked if there were specific census tracks for those six parks with Wi-Fi and do they relate to the disparity of people not being able to have access to Wi-Fi services. *Dr. Allen reported that specific strategies are broken down within departmental strategic business plans and the departments put the actions into the plans. She said when they report out, they can get greater insight into the impact and what the specific goals were. She said a lot of the work that was already being done was just enhanced with the task force recommendations. She*

Meeting Minutes February 15, 2023

said the six County parks were in the Federal qualified census tracts and those were very specific zip codes and could provide the information at a later date along with the SNAP benefit participation information.

Commissioner Jerrell asked how they were following up with the task force and if there was still a working group communicating with them. *Dr. Allen said that when the task force was established the goal was to create recommendations and not continue to work as a task force, however the County Manager committed to keeping them updated on what was going on. She said they received today's presentation and would continue to be updated as they would stay in communication.*

Commissioner Jerrell asked how they were going to approach the measurement of the impact. He said when the specific investment in a category was looked at, what had the cumulative impact been. *Dr. Allen said it would be an evaluation focused on task force recommendations specifically and working with the finance department on the ARPA investments because they wanted to tie ARPA money to the task force actions.*

Commissioner Cotham asked about quantifiable results. She asked that the report have a little more detail. *Dr. Allen reported that the impacts may not be fully known until Year Two as they had to get the money into the community and find the people who needed to be served, serve them, and then impact.*

Chair Dunlap said while some of the ideas were tied to money, the purpose of the task force was to make sure that there was business recovery and that the community recovered as a result of the issues that occurred due to Covid. He said some ideas that would be implemented had no ties to ARPA dollars or Cares Act dollars.

23-0117 BOARD OF HEALTH ORIENTATION AND UPDATES

The Board received information from the Public Health Director to provide the required Board of Health orientation and present updates on the Community Health Assessment and proposed Board of Health rule changes.

Raynard Washington, PhD, MPH, Health Director, made the presentation.

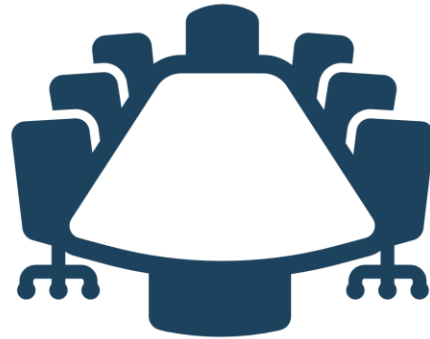
Background: Public Health orientation and updates are required by the NC Consolidated Agreement and NC Accreditation Standards for all new and continuing Board of County Commission members.

Roles and Responsibilities of Boards of Health

Related to North Carolina Local Health Department Accreditation (NCLHDA)



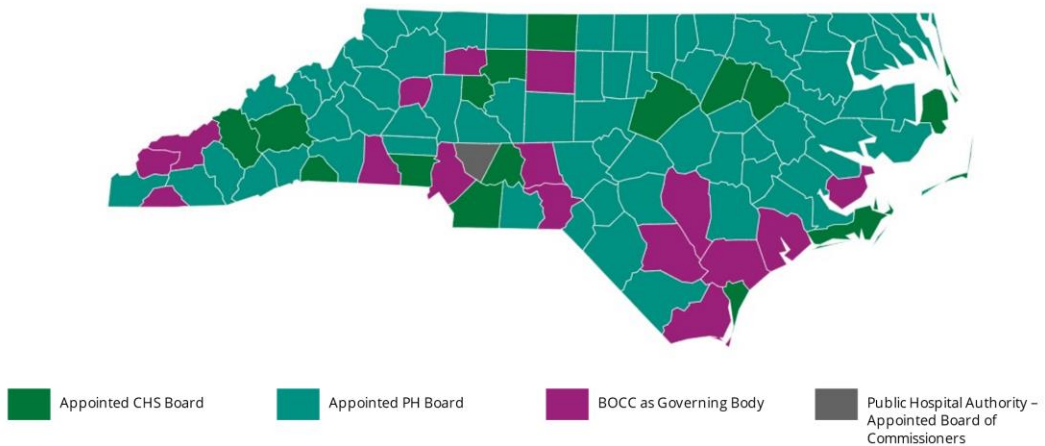
NORTH CAROLINA
Local Health Department
Accreditation



Presentation Overview

1. Review of purpose of accreditation
2. Identification of activities related to Board of Health involvement
 1. Finance
 2. Community Health
 3. Health Director/Staff
 4. Rules and Ordinances
 5. Board Function
3. Questions and Comments

Public Health Governance Structures



Map updated 12/12/2022. Current map available at <https://humanservices.sog.unc.edu/visualization> -all/

Basic Components of the Process

- **Self-Assessment by the Agency**
 - 147 Activities & 41 Benchmarks
- **Site Visit**
 - Peer volunteers
 - Administration, Environmental Health, Nursing, Board of Health (BOH)
 - Review documentation, tour facilities and conduct interviews
 - Site Visit Report — recommendation
- **Board Adjudication**

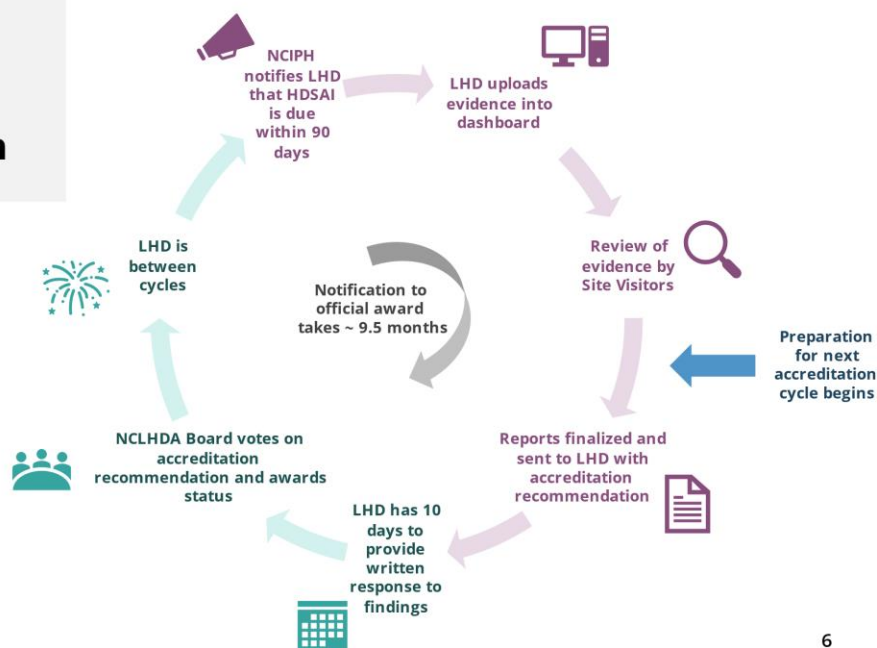


Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**
 - **Assessment:** Department must meet 26 of 29 activities
 - **Policy Development:** Department must meet 23 of 26 activities
 - **Assurance:** Department must meet 34 of 38 activities
- **Facilities and Administrative Services**
 - Department must meet 24 of 27 activities
- **Governance**
 - Department must meet 24 of 27 activities



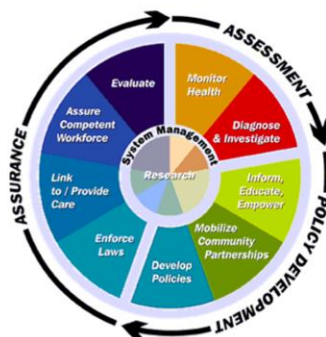
The Life Cycle of Accreditation



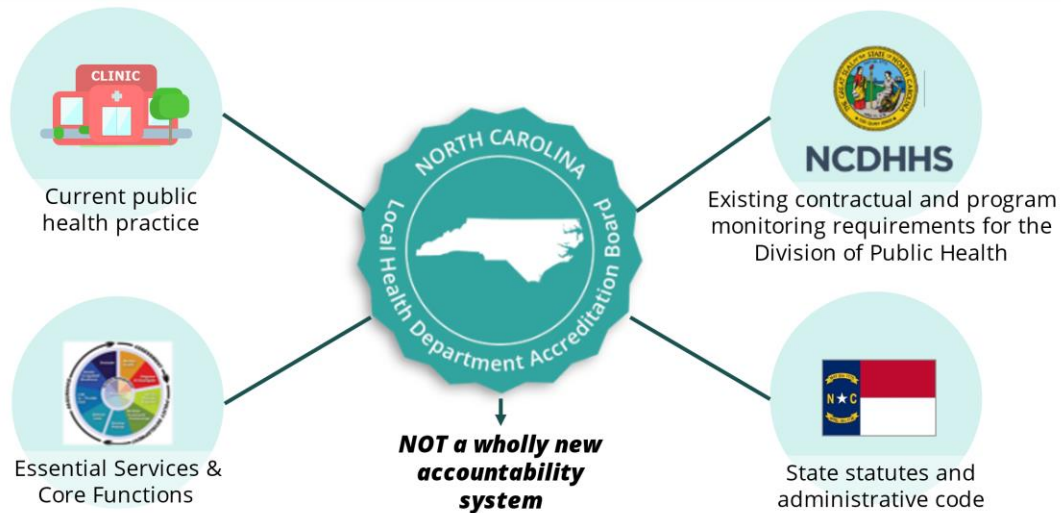
6

Purpose of NCLHDA Program

The focus of NCLHDA is on the capacity of the local health department (LHD) to perform at a prescribed, basic level of quality



Connecting the Dots



Accreditation provides a framework for a health department to:

- Identify performance improvement opportunities
- Improve management
- Develop leadership
- Improve relationships with the community



"The process is one that will challenge the health department to think about what business it does and how it does that business."

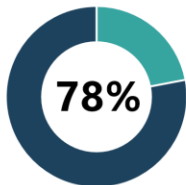
Public Health Accreditation Board, 2013

Results of 2022 Survey:

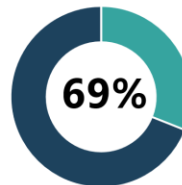


Quality Improvement

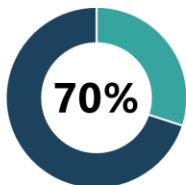
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



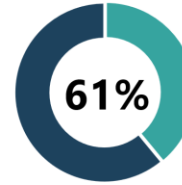
Improves Specific Processes and Policies within Agencies



Stimulates QI and Performance Improvement Opportunities within Our Agency



Helps Our Agency Become More Effective



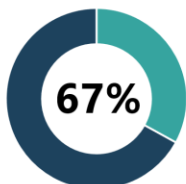
Helps Our Agency Become More Efficient

Results of 2022 Survey:

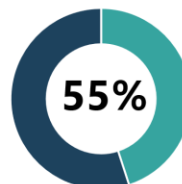


Strategy Development

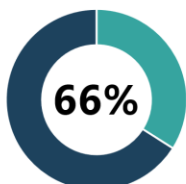
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



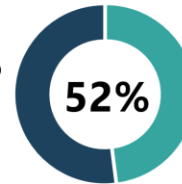
Helps our agency focus on key priorities



Gives our agency objective information to request funding and/or other resources



Encourages our agency to think about what business our agency does



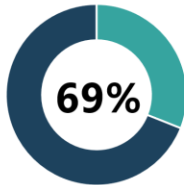
Helps our agency address health equity

Results of 2022 Survey:

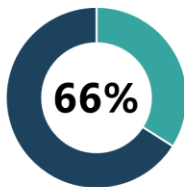
Relationship Building



The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



**Gives Our Agency
Credibility with Our
Partners**



**Gives Our Agency
Credibility with Our
Community**

Results of 2022 Survey:

Other Identified Sources of Value



"Assists with documenting, tracking, and presenting our story"



Helps prepare for grant and PHAB accreditation applications



Quality improvement steps enhance processes and create standardized work across areas

Being accredited helps position health departments and give them credibility as a respected player in the future of integrated healthcare and population health initiatives.



The Law

- **Senate Bill 804**

- Established NCLHDA Board within N.C. Institute for Public Health (17 members appointed by N.C. Department of Health and Human Services Secretary)
- Directs Commission to adopt rules establishing standards for LHDs
- Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation

- **10A NCAC 48B**

- Defines scoring requirements by core function
- Describes Benchmarks and Activities

§ 130A-34.4. Strengthening local public health infrastructure.

(a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:

- (1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1

Board Role

1. Ensure you have required policies, procedures or materials.
2. Hear or review LHD reports.
3. Discuss service costs, need for new/amended rules or ordinances.
4. Approve fees and budgets.
5. Take other actions or be involved with efforts to assure the health department has what it needs to do its job.

Finance

The Board must:

- Review financial reports.
- Discuss service costs as well as approve fees and final budget.
- Advocate with a wide array of funders in support of LHD efforts to secure financial resources to provide essential services.



Community Health

The Board must:

- Ensure input on community health improvement efforts.
- Hear reports on community health.
- Support partnership and coordination of resources.
- Educate and advocate with community leaders about community health issues and support for these issues.



Health Director/Staff

The Board must:

- If the Health Director position becomes vacant, make and implement plans to recruit and secure a credentialed and qualified new Health Director.
- Review and approve the Health Director's job description and performance evaluation.



Board Function

- Board members must receive initial (within the first year of appointment) and ongoing training on BOH roles and responsibilities.
- Board must have Operating Procedures, an annually updated handbook and a training policy/procedure.



Rules & Ordinances

The Board must:

- Have access to legal counsel and statutes.
- Have policies for rulemaking and appeals and demonstrate it is following said policies.
- Along with the LHD, evaluate the need for additional or amended rules/ordinances.
- Support prohibition of tobacco within 50 feet of all LHD facilities.



Meeting Minutes
February 15, 2023

Questions
&
Comments



Mecklenburg County Community Health Assessment

The Ten Essential Services of Public Health: **Assessment**

ESSENTIAL SERVICE 1: *Assess and Monitor population health.*

- Surveillance
 - Description and Trends
 - Reporting
- Weekly, Monthly, Annually
Every Three Years ➡
Community Health Assessment



MeckNC.gov

24

Alignment with the Healthcare Systems

*In 2019, Public Health and the Healthcare Systems began the work to **align their assessments***



Commitment to address identified priorities together

- Eliminates survey fatigue
- Declares a foundation for shared work
- Exchanges duplication of efforts for efficiency, collaboration, and collective impact
- Conducted every 3 years



MeckNC.gov

25

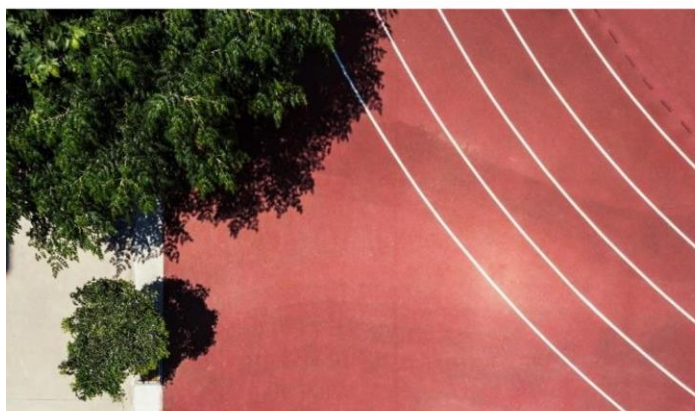
2022 CHA PROCESS SUMMARY



MeckNC.gov

Mecklenburg County Top 4 Priority Areas

Consideration of the topic areas alongside community input resulted in the top Priority Areas



MeckNC.gov

CHA Prioritizing Process

- Significant change is difficult to achieve in three years.
- The pandemic's disruption of health services and community initiatives slowed efforts to address top priority health issues.
- Rather than selecting new priorities at this point, previous priorities were validated through systematic review of data alongside community input.
- New priorities will be revisited during the 2025 CHA.



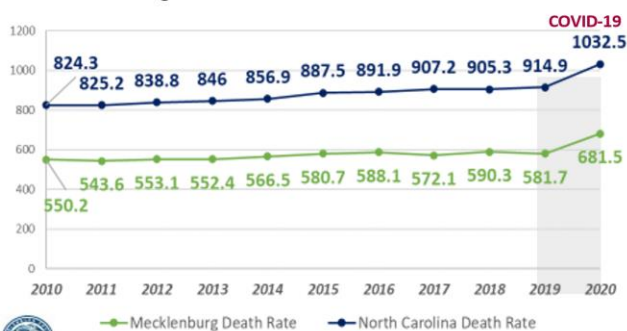
MeckNC.gov



Leading Causes of Death

The **Mortality Rate** has increased by **31%** over the past decade, partially driven by COVID-19. (2011-2021)

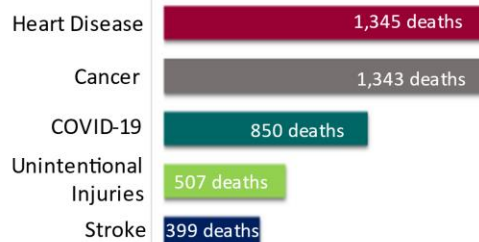
Annual Death Rate per 100,000 Population, 2010 - 2020
Mecklenburg and North Carolina



MeckNC.gov

7,951 deaths were reported in 2021 for a death rate of **712.9** per 100,000

Five Leading Causes of Death in Mecklenburg, 2021



Data Source: NC DHHS, State Center for Health Statistics

Chronic diseases remain leading causes of premature death



CAN PREVENT UP TO 50% OF PREMATURE DEATHS



MeckNC.gov

Health Begins

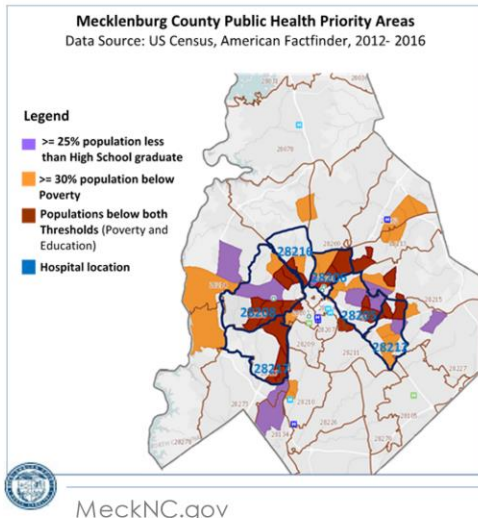
Where People Live, Learn, Work, and Play

County Health Rankings Model



MeckNC.gov

Residents of low-income neighborhoods are exposed to risk factors that increase chances for chronic diseases



2021 Chronic Conditions in Mecklenburg County By INCOME

Health Condition	Persons	
	Making Less than \$50,000 a year	Persons Making \$50,000 a year
Overweight	29.8%	38.8%
Obese	42.9%	29.2%
Current Smoking	22.9%	5.7%
No Physical Activity	31.2%	9.6%

2021 Chronic Conditions in Mecklenburg County By EDUCATION

Health Condition	Persons with	
	No High School Diploma	Persons with College Education
Overweight	32.7%	35.1%
Obese	39.1%	32.3%
Current Smoking	24.7%	7.2%
No Physical Activity	32.7%	15.7%

Source: 2020 Local Behavior Risk Factor Surveillance System, Mecklenburg County

32

10 Health Areas of Interest

- ACCESS TO CARE
- CHRONIC DISEASE PREVENTION
- EMERGING HEALTH ISSUES
- HEALTHY ENVIRONMENT
- HEALTHY PREGNANCY
- HIV AND OTHER STIS
- INJURY PREVENTION
- MENTAL HEALTH
- SUBSTANCE USE DISORDER
- VIOLENCE PREVENTION



MeckNC.gov

ACCESS TO CARE: HEALTH INSURANCE COVERAGE



105,060 ADULTS WITH NO ACCESS TO HEALTH INSURANCE

Source: US Census, American Community Survey, 2020

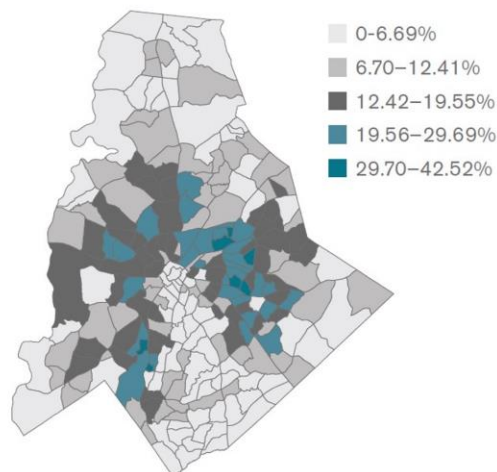
"Even with Medicare the cost is still a growing concern especially if you're on a fixed income, a health care deductible can crush your budget, and make things like buying food and fuel very hard"

Mecklenburg Resident
2022 Community Health Opinion Survey



MeckNC.gov

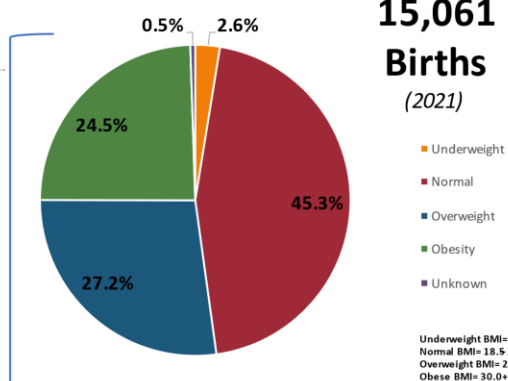
PERCENT UNINSURED:
Census Tract, All Ages



Healthy Pregnancies Begin with Healthy Mothers

- **Overall birth rate has declined by 8% over the past decade** (2011 – 2021)
- Over **50% births** in 2021 were to **mothers with an unhealthy preconception body weight** (BMI Overweight/Obesity) .
- Nearly **1 in 5 moms had inadequate prenatal care** during pregnancy in 2020 (Kotelchuck Index).

% of Births by Mother Preconception BMI, 2021
Mecklenburg County



Data Source: NC DHHS,
State Center for Health Statistics



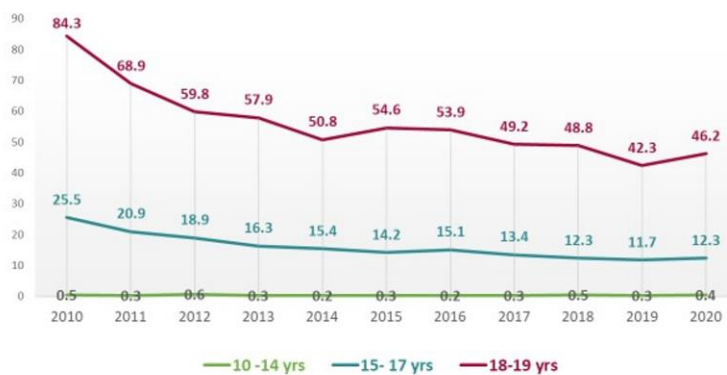
MeckNC.gov

Teen birth rates continues declining

- Over the past decade, the number and rate of teen births have declined



Trends in Teen Birth Rates per 1,000 population, 2010 -2020
Mecklenburg County



Data Source: NC DHHS, State Center for Health Statistics



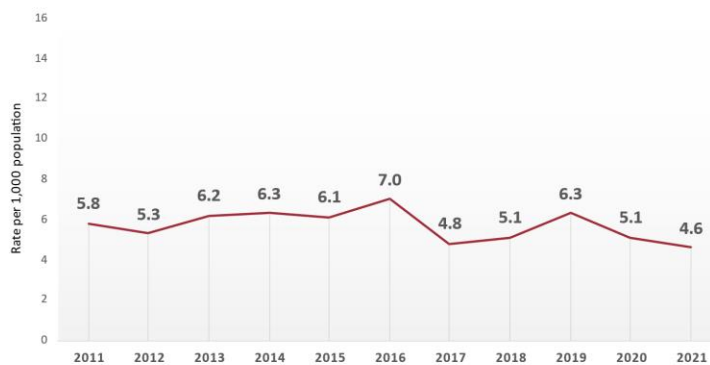
MeckNC.gov

Infant deaths have declined overall but racial disparities persist

For every 1,000 births
5 infants die
before their first birthday
(Mecklenburg, 2021)



Trends in Infant Death Rates per 1,000 live births, 2011 -2021
Mecklenburg County



Data Source: NC DHHS, State Center for Health Statistics, CDC Wonder

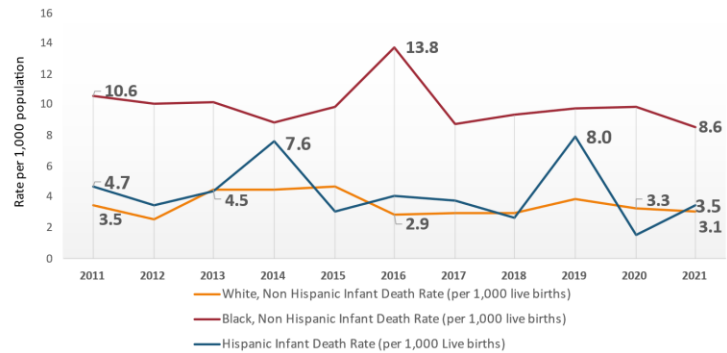


MeckNC.gov

Infant deaths have declined overall but racial disparities persist

Black Infant death rates
were almost
3x higher
than
White Infant death rates
(Mecklenburg, 2021)

Trends in Infant Death Rates per 1,000 live births, 2011 -2021
Mecklenburg County (By Race/Ethnicity)



Data Source: NC DHHS, State Center for Health Statistics, CDC Wonder



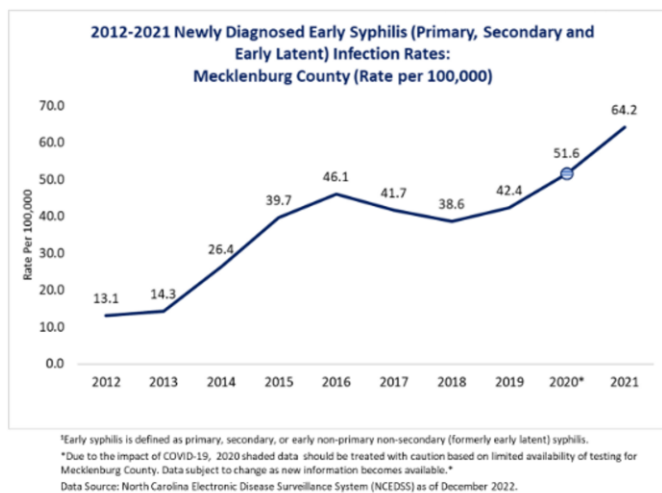
MeckNC.gov

STDs *on the rise*
in the **Nation**,
State and **County**



Syphilis infections have increased dramatically

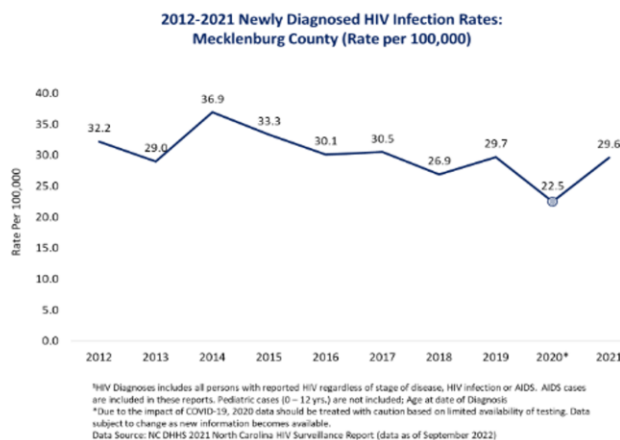
54% Increase
*Newly Diagnosed Syphilis
rates within the past 5 years
(Mecklenburg, 2021)*



MeckNC.gov

HIV Infections have declined since 2014

3.4% Decrease
*Newly diagnosed HIV
infections have declined
since 2014. The low in 2020
may be the result of a
disruption in testing in the
first year of the COVID-19
pandemic
(Mecklenburg, 2021)*



MeckNC.gov

Injuries are often **predictable** and
preventable



Deaths due to Unintentional Injury are increasing

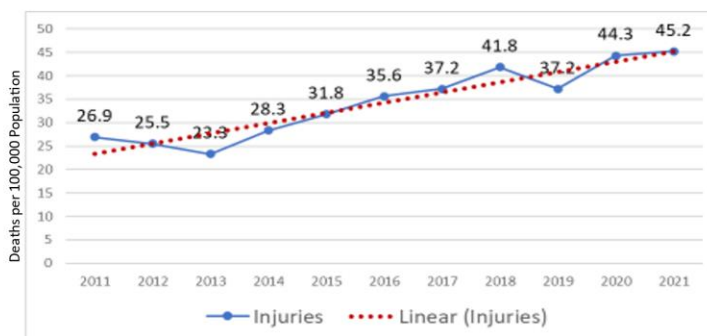
Unintentional Injury death
rates have

Increased by 68%

in the past decade, driven by
motor vehicle crashes and
drug overdose

(Mecklenburg, 2011 -2021)

Unintentional Injury Death Rate per 100,000 Population, 2011 -2021
Mecklenburg County



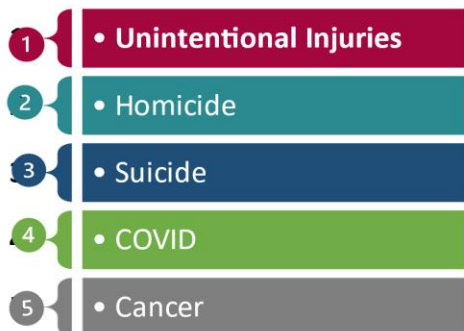
Data Source: NC DHHS, State Center for Health Statistics



MeckNC.gov

Injury is the Leading Cause of Death for Persons 1 – 44 yrs.

Leading Causes of Death among Persons 1 – 44 yrs.
Mecklenburg, 2021



Data Source: NC DHHS, State Center for Health Statistics



MeckNC.gov



Deaths due to Motor Vehicle Crashes are increasing

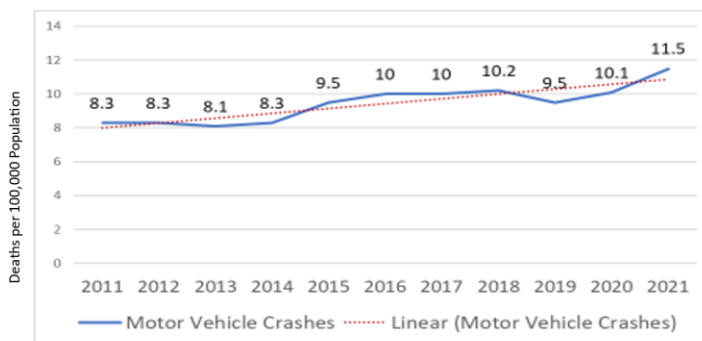
Motor Vehicle Death rates

increased by 39%

between 2011 and 2021

(Mecklenburg, 2010 -2020)

Motor Vehicle Death Rate per 100,000 Population, 2011 -2021
Mecklenburg County



Data Source: NC DHHS, State Center for Health Statistics



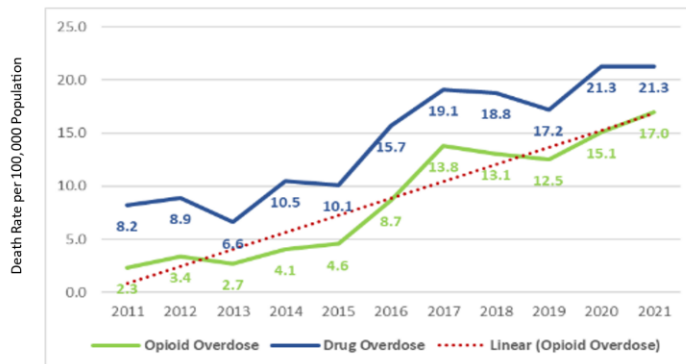
MeckNC.gov

Opioid-related deaths are increasing exponentially

639% increase in
Opioid-related death rates
between 2011 and 2021

80% of Drug Overdose
Deaths are due to opioids
(Mecklenburg 2021)

Drug Overdose and Opioid Deaths per 100,000 Population, 2010 -2020
Mecklenburg County



Data Source: NC DHHS, State Center for Health Statistics



MeckNC.gov

Alcohol-related crashes and ED visits are rising

- **35%** of Fatal Motor Vehicle Crashes in Mecklenburg were alcohol related. (*USDOT Fatality Analysis Reporting System, 2016-2020*)

- **5,332** Alcohol-related ED visits (*NCDETECT Mecklenburg ED visits, 2021*)

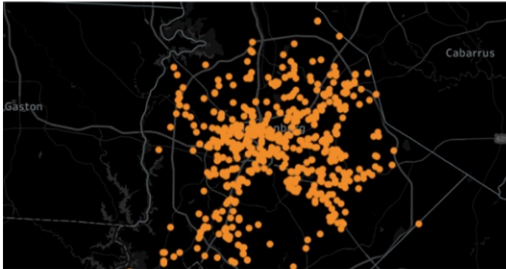


14% Increase
From 2020



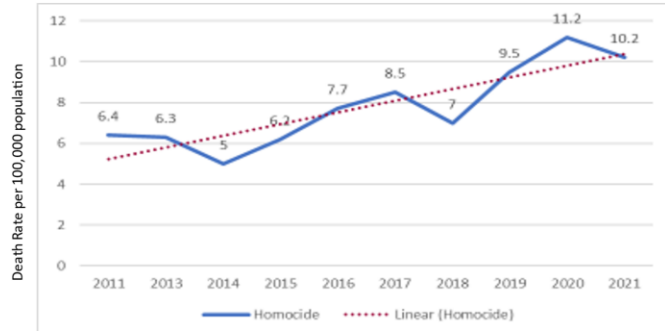
MeckNC.gov

Homicides rate remains high and is increasing



*Homicide is the
2nd leading cause of death for
persons 15 – 24 yrs. (2021)*

Homicide Death Rate per 100,000 Population, 2011- 2021
Mecklenburg County

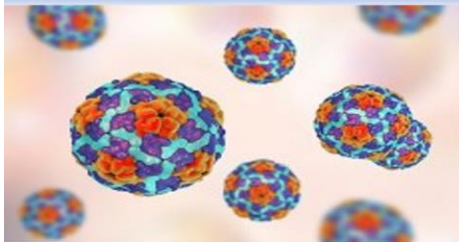


Data Source: NC DHHS, State Center for Health Statistics

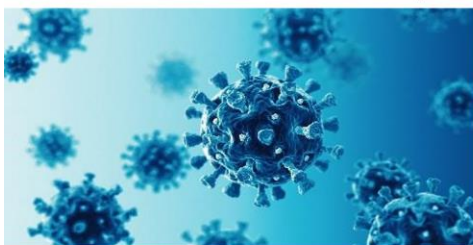


MeckNC.gov

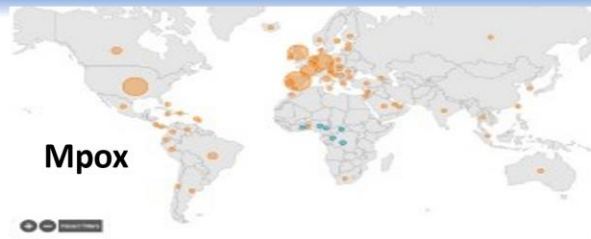
Emerging Public Health Issues



Multi-State Outbreak of Hep A



COVID-19



Mpox

Increase in Antibiotic Resistance

Multi-Drug Resistant TB

Avian Flu

MMR + Polio



MeckNC.gov



Comments

Commissioner Powell asked if there was a change in the way the community health assessment was prioritized. *Dr. Washington said they slightly changed the way they approached it with the questions they asked but not with the plan.*

Commissioner Powell asked to hear stronger recommendations concerning STDs.

Commissioner Griffin asked to see the previous County Health Assessment with the caveat of COVID-19 interference. He asked what the schedule was for accreditation. *Kristen Ryder, Compliance Coordinator, said it was four years but this time it was 6 years because of COVID. She said our last one was 2019 and the next one is winter of 2025.*

Commissioner Griffin said the County Health Rankings Model stated that 20% of health is clinical, going to the doctor and primary care, and 80% is education, environment, and income.

Commissioner Leake thanked him and asked how this report could be disseminated to the general public. She talked about violence in the community and across the country and bullying in schools. She asked how to get around the process of anger and not knowing how to exhibit it. She asked how definitions based on culture could be disseminated. *Dr. Washington said*

Meeting Minutes February 15, 2023

they were in the process of designing several products to go along with the assessment, one being a community version so that people could understand the data in layman's terms and would come back to the Board which will begin their dissemination plan and planning process to find out what kind of strategies would support the priorities that were identified. He said concerning violence prevention, there were several initiatives aimed at reducing violence in both the community and in schools. He said there was a team of violence interrupters in District 2 who were working every day to disrupt those conflicts and build relationships.

Commissioner Cotham said concerning the results of the 2022 survey, seeing the percentages, didn't mean anything if there was nothing to compare it to tell if it was great. *Dr. Washington said it was a survey of local health directors across the state. He said the point of those slides was that most health directors found value in the accreditation process.*

Commissioner Cotham asked about the leading causes of death and unintentional injuries. *Dr. Washington said homicides did "bubble" to the top five but were in the top 10.*

Commissioner Cotham asked if Dr. Washington could give examples of unintentional injuries.

Commissioner Cotham said that from 2013 to 2014 Dr. Plescia stated that the big increases in HIV were between ages 13-17 and over 55. She said the numbers went down then and asked what happened.

Commissioner Cotham asked for more details with regard to alcohol, car crashes, and overdoses.

Commissioner Altman stated that a priority for her was that the public health work was always completely non-partisan and fully guided by science. She said comparing the County's outcomes to other counties in the state that had an appointed public health board to see if there were any lessons to be learned.

Commissioner Altman said it would be good to know if the rise in STIs was parallel with the availability of sex education in middle and high schools.

Commissioner Altman asked if at a future date, they could speak to get lessons learned from the COVID-19 pandemic, a blueprint of what worked and what didn't, to be prepared for the next pandemic.

Commissioner Altman asked if the County met all the minimum requirements for accreditation. *Dr. Washington said the County was accredited with honors, receiving the highest possible*

Meeting Minutes February 15, 2023

score. He said he would be happy to provide the report from the last accreditation. It was also clarified that the manager evaluates the Public Health Director.

Commissioner Rodriguez-McDowell asked about the 39% increase in motor vehicle deaths and how the County ranked nationally. *Dr. Washington stated he would follow up with her with the information.*

Commissioner Rodriguez-McDowell asked about preparedness for the future. *Dr. Washington said the County Manager had shared the after-action review that the County was doing. He said Public Health is separately required to do an internal assessment of the County's response, which had been completed. He said he would be glad to share a copy of that assessment.*

Chair Dunlap spoke about operating as a Board of Health and seeing the trend to having more consolidated boards of health. He said as people learn the differences the number would increase. He said Mecklenburg County was one of the first to do so.

Chair Dunlap said they basically adopted the 10 priorities they had last year, and even though maternal health was one of those issues that had risen to the top it was not added because of adopting last year's priorities. *Dr. Washington stated that additional options to the ten priorities could be added. He said he wanted to acknowledge that this process was done three years ago, and they were back doing it again and wanted people to know what happened in between the three years. He said he would provide the rankings in the full report.*

Chair Dunlap clarified that the Board of County Commissioners sits on a number of different boards, i.e., the Consolidated Board of Health, the Appellate Board for taxes, and other roles.

The Board received a report on the Board of Health Rules from Dr. Washington.

Background: The responsibility of the Board of Health is to pass the Board of Health rules. Only minor and technical changes are needed to ensure alignment with state statutes. The changes will come during Board meetings as actions. The Board of Health rules is local regulations related to health. The recommendations included amending eight rules and repealing two rules.



Board of Health Rules

Presented to the Mecklenburg
Board of County Commissioners
February 15, 2023

Board of Health Rules

Overview of Board of Health Rules

- Local regulations related to health
- Apply throughout County
 - including in municipalities
- Can be adopted by BOCC
 - acting as the Consolidated Human Services Agency
 - exercising the authority of a Board of Health in Mecklenburg County



Board of Health Rules

Overview of Board of Health Rules - continued

- Have the force of law
- Enforcement tools:
 - Criminal - Misdemeanor
 - Civil- Injunction
 - Administrative- Fine



Board of Health Rules

Overview of Board of Health Rules - continued

- Requirements to adopt, amend or repeal BOH Rule
 - 10 days notice
 - Publication in local newspaper



Board of Health Rules

Recommendations for Board of Health Rules

- Amend 8 current Board of Health Rules
 - Carbon Monoxide
 - Mosquito Control
 - Rabies Control
 - Residential Swimming Pools
 - Child Day Care Homes
 - Public Swimming Pools
 - Rat Control
 - Whitewater Systems
- Repeal 2 current Board of Health Rules
 - Milk Sanitation
 - Medical Waste Disposal



Board of Health Rules

Carbon Monoxide

- Rule adopted in 2003
- Purpose of Rule – require CO alarms in child care facilities and dwelling units
- Proposed amendments:
 - Delete provision in Rule effective prior to 2004
 - Update civil penalty for violation (\$50 per day)
 - Update statutory references
 - Revise appeal procedure consistent with state statute



Board of Health Rules

Carbon Monoxide - continued

- Proposed amendments – continued:
 - Add section stating that prior rules repealed
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Child Day Care Homes

- Rule adopted in 1999
- Purpose of Rule – establish minimum health and safety standards for child day care homes; require annual operating permit
- Proposed amendments:
 - Update statutory references
 - Add appeal procedure consistent with state statute
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Mosquito Control

- Rule adopted in 1999
- Purpose of Rule – eliminate breeding sources for mosquitos
- Proposed amendments:
 - Update statutory references
 - Add appeal procedures consistent with state statute
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Public Swimming Pools

- Rule adopted in 1999 and amended in 2018
- Purpose of Rule – establish safety standards for public swimming pools; require annual operating permits
- Proposed amendments:
 - Change expiration date for annual permits from April 30 to May 31
 - Update statutory references
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Rabies Control

- Rule adopted in 1999 and amended in 2019
- Purpose of Rule – control rabies and other zoonotic diseases; supplements state statutes
- Proposed amendments:
 - Add “other local law enforcement agencies” in addition to CMPD
 - Add appeal procedure consistent with state statute



Public Health Rules

Rat Control

- Rule adopted in 1999
- Purpose of Rule – eliminate conditions supportive of rat populations
- Proposed amendments:
 - Add civil penalties for violation (\$100 per day)
 - Update statutory references
 - Add appeals procedure consistent with state statute
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Residential Swimming Pools

- Rule adopted in 1999
- Purpose of Rule - establish safety standards for residential swimming pools
- Proposed amendments:
 - Update definition of “spa”
 - Clarify that building permits are required for construction of pool
 - Remove requirements regarding location of pool near drinking water well



Board of Health Rules

Residential Swimming Pools - continued

- Proposed amendments – continued:
 - Clarify requirements of “service gates” to ensure child safety when barrier is part of a driveway
 - Clarify that barriers around pools must be “permanent structure”
 - not be easily removable
 - not vegetation or bodies of water



Board of Health Rules

Residential Swimming Pools - continued

- Proposed amendments – continued:
 - Clarify Health Director's authority to order that a pool be drained if determined to be an imminent hazard
 - Add civil penalties for violation (\$100 per day)
 - Update statutory references
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Recreational Whitewater Systems

- Rule adopted in 2016
- Purpose of Rule – establish water quality standards; require annual operating permits
- Proposed amendments:
 - Update statutory references
 - Add section stating that prior rules repealed
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Residential Swimming Pools - continued

- Proposed amendments – continued:
 - Clarify Health Director's authority to order that a pool be drained if determined to be an imminent hazard
 - Add civil penalties for violation (\$100 per day)
 - Update statutory references
 - Clarify that this is a Board of Health Rule, not a local ordinance



Board of Health Rules

Recommendations for Board of Health Rules

- Repeal 2 current Board of Health Rules
 - Milk Sanitation
 - Medical Waste Disposal



Board of Health Rules

Milk Sanitation

- Rule adopted in 1982
 - Adopts 1978 FDA regulations on milk pasteurization
 - Amends certain portions of the regulations
- Reasons to repeal Rule:
 - Milk sanitation is regulated by the NC Department of Agriculture
 - The Health Department has no program that enforces any rules or regulations related to milk pasteurization



Board of Health Rule

Medical Waste Disposal

- Rule adopted in 1990
 - Requires Health Department to issue Medical Waste Disposal Permits to facilities operating in the County
 - Requires that at least 70% of medical waste processed at facility be generated within the County



Board of Health Rules

Medical Waste Disposal - continued

- Reasons to repeal Rule:
 - NC Department of Environmental Quality regulates the management of medical waste, including facility permitting
 - The Health Department does not issue Medical Waste Disposal Permits



Comments

Commissioner Cotham asked for clarification on the pools and weekly hotels. She said she learned that when a hotel failed inspection they could become a weekly hotel and didn't have inspections. Commissioner Cotham talked about an incident where a hotel didn't have adequate fencing and green water. She said she contacted the health department but was told they couldn't do anything about it. *Dr. Washington said the incident would be looked into.*

Commissioner Cotham asked about rats in low-income housing. *Dr. Washington reported any complaints about rat infestations were looked into by Daniel Ortiz, the Environmental Health Director explained the process.*

Commissioner Altman asked if the penalty was being raised or lowered from \$500. *Jennifer Patterson, Sr. Associate Attorney for Public Health, clarified that the language referring to misdemeanors was replaced and that it would be up to the court if they were to pursue a misdemeanor charge and the court found someone guilty.*

Commissioner Powell asked if there was a change in the proximity in which a ground well could be built by a pool. *Dr. Washington said there was not as it was determined that a swimming pool was not seen as a source of pollution to drinking water.*

**Meeting Minutes
February 15, 2023**

Commissioner Powell asked if the Health Department could be called if there was an abandoned pool. *Mr. Ortiz said that a residential backyard pool would be considered an imminent hazard in itself if there were no barriers in place but not usually considered one if the water was green.*

COMMISSIONER REPORTS

Commissioners shared information of their choosing within the guidelines as established by the Board, which included, but not limited to, past and/or upcoming events.

ADJOURNMENT

Motion was made by Commissioner Rodriguez-McDowell, seconded by Commissioner Altman, and carried unanimously (8-0) to adjourn the meeting.

With no further business to come before the Board, Chair Dunlap declared the meeting adjourned at 4:50 p.m.

Kristine M. Smith, Clerk to the Board

George Dunlap, Chairman