

**Wake County Human Services Board  
Meeting Minutes  
May 25, 2017**

**Board Members Present:**

Edward Buchan  
Frank Eagles  
Fiorella Horna  
John Myhre  
Margaret Raynor  
Stephanie Treadway  
Dr. James Smith, III  
Angie Welsh  
Commissioner James West  
McKinley Wooten  
Commissioner Sig Hutchinson

**Staff Members Present:**

Lisa Cauley  
Dr. Caroline Loop  
Dr. Edie Alfano-Sobsey  
Dr. Sue Lynn Ledford  
Brian Gunter  
Ken Murphy  
Antonia Pedroza  
Regina Petteway  
Geraldine Larkin  
Ginny Satterfield  
Brandon Williams  
Michael Orbon  
Paula Snelling

**Guests Present:**

Betsy Van Benthuisen

**Call to Order**

Chairman Dr. James Smith called the meeting to order at 7:34 am.

**Reflections**

Dr. Smith read a poem that spoke of having and finding hope in remembrance of the victims of the bombing in Manchester, England this week.

**Chairs Privilege**

Dr. Smith waived the Chairs privilege as he presented reflections in its place.

**Approval of Minutes**

Dr. Smith asked for approval of the meeting minutes from the April 27, 2017 meeting. Dr. John Myhre motioned and Ms. Margaret Raynor seconded. The minutes were unanimously approved.

**Next Board Meeting – June 22, 2017**

## **Human Services Board Member Oath of Office**

(Presented by Kenneth Murphy)

Mr. Ken Murphy administered the Wake County Human Services Board Oath of Office to newly appointed Board member Dr. Betsy Van Benthuyzen. Dr. Smith, Ms. Petteway, Commissioner West and Commissioner Hutchinson welcomed the new member.

## **PH Quarterly Report: Communicable Disease [PH Accreditation Benchmark #2.4]**

(Presented by Dr. Edie Alfano-Sobsey)

Dr. Alfano-Sobsey explained the definition of communicable disease: Communicable diseases are illnesses caused by infectious agents (bacteria, viruses, parasites, fungi and prions) or their toxins that are transmitted from an infected person, animal, plant or from the environment. Because communicable diseases can have so much impact on populations, they are tracked and the information analyzed (called surveillance) so that measures can be put in place for protecting the public's health. Certain communicable diseases are required by law to be reported to local health departments by:

- physicians
- school administrators
- child care center operators
- medical facilities
- operators of restaurants and other food or drink establishments and
- persons in charge of laboratories (G.S. § 130A-135 through 130A-139)

There are 74 reportable diseases and conditions specified in the N.C. Administrative Code rule 10A NCAC 41A .0101 (<http://epi.publichealth.nc.gov/cd/index.html>) that are required by Public Health law to be reported by Public Health. After initial notification about a case or cases of a communicable disease, an investigation begins to collect details such as demographic, clinical, and epidemiological information. A case, meeting the reporting requirements in the standardized case definitions, is reported electronically to the N.C. Division of Public Health via the North Carolina Electronic Disease Surveillance System (NCEDSS) and then to the Centers for Disease Control and Prevention's (CDC) National Notifiable Diseases Surveillance System. This report focuses on all diseases that have been reported in Wake County from 2012 through 2016 along with other information about selected communicable diseases of public health significance for Wake County.

Dr. Edie Alfano-Sobsey then pointed out some important points in the report:

- **Hepatitis B:** Chronic hepatitis B cases and rates were at their lowest levels in the last 5 years. The demographic groups most affected by hepatitis B continued to be males, people ages 30-39 and Asians. One possible reason for the increase in cases in the Asian population is because the Asian percentage of Wake County's population increased from 5.4% in 2010 to 6.7% in 2015.
- **Influenza:** The 2016-2017 flu vaccine formula was reported by CDC to be a good match for the circulating strains. For 2016-17, nasal flu vaccines were not recommended by the CDC because of concerns about the vaccines' effectiveness. The peak of flu season for 2016-2017 was in late February, due to a late surge of illness during late February and early March. There have been 210 deaths in North Carolina

this flu season, 22 of these deaths have been in Wake County. Ms. Raynor asked if the vaccines were still effective for the late flu season. Dr. Alfano-Sobsey said that the vaccine should have lasted throughout the flu season and that it was a good match but that a lot of the individuals that died due to the flu were immune compromised.

- Foodborne Diseases: Compared to 2015, *Salmonella*, *Shigella* and *Campylobacter* cases dropped in 2016. *E.coli* rose slightly and hepatitis A remained stable. *Salmonella* and *Campylobacter* accounted for 88% of foodborne disease cases in 2016. Further demographic analysis of the two most commonly reported foodborne diseases shows that they were most prevalent among children and older adults, whites and race/ethnicity unknown, and evenly split between males and females. All foodborne outbreaks are required to be reported to the local health department and the NC Division of Public Health. In 2016, the Communicable Disease Nursing Team investigated six suspected (non-laboratory confirmed) norovirus outbreaks with 143 sick individuals and 3 lab-confirmed norovirus outbreaks with 138 sick individuals. In a 2015 study of risk factors associated with foodborne illness, the Wake County Environmental Health and Safety Division (EH&S) evaluated 447 randomly selected food service establishments representing nine different types of facilities. The study evaluated the Centers for Disease Control and Prevention (CDC) risk factors that contribute to foodborne illness outbreaks:
  - Food from unsafe sources (ex. USDA approved meats)
  - Inadequate cooking (foods fully cooked (not served raw))
  - Improper holding/time and temperature
  - Contaminated equipment/prevention of contamination
  - Poor personal hygiene (no sick employees, hand washing, etc.)

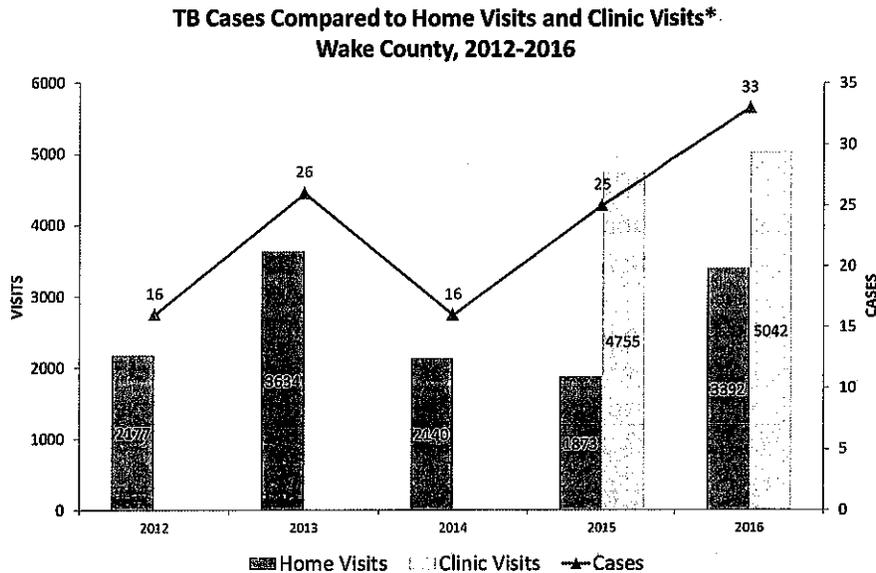
Compared to the 2010 study there was improvement in each category. Improvements stemmed from a significantly strengthened FDA food code in 2012.

- Vector-borne Diseases: are caused by microbes that are spread to people by arthropods like ticks and mosquitoes that feed on human blood. The vector-borne diseases that occur most often in Wake County are transmitted by ticks. Table 3 of the report shows confirmed as well as suspect and probable cases of tickborne disease (ehrlichiosis, Lyme disease and Rocky Mountain spotted fever). For tickborne diseases, many more cases are suspected and investigated than can be confirmed. This is due to the difficulty in getting clinical and/ or laboratory information needed to meet the confirmed case definition. North Carolina reported 98 cases of travel-associated Zika and 0 cases of locally acquired Zika in 2016. Wake County reported 18 cases of travel associated Zika and 0 cases of locally acquired Zika in 2016. As of April 19, 2017 an additional 217 suspected Zika cases have been reported, then investigated by the Wake County Communicable Disease Program. The suspected cases were primarily pregnant women who had traveled to areas of the world where Zika is widespread.
- Waterborne Diseases: Pathogens and chemicals can contaminate water we swim in (pools, hot tubs, water parks, water play areas, decorative water fountains, lakes, rivers and oceans). Pathogens can cause illness when people have contact with contaminated water, breathe in mists from contaminated water, swallow contaminated water. These kinds of illnesses are called recreational water illnesses. Recreational water illnesses represent a wide variety of infections including gastrointestinal, skin, ear, respiratory,

eye, neurologic and wound infections. Diarrheal illnesses are the most commonly reported group of recreational water illnesses. Over the summer of 2016, 62 Wake County residents had symptoms of cryptosporidiosis (crypto) severe enough to go to the doctor for testing. Many others were most likely infected, but they had only mild symptoms or their symptoms resolved before they were tested. A crypto outbreak investigation revealed that those infected had been swimming in pools. Thirty-nine pools at 17 different locations were affected and several pools had to be closed temporarily. To prevent similar outbreaks in the future, Wake County Environmental Services and Wake County Human Services are jointly launching an education campaign in the summer of 2017 that will include:

- Prevention messaging through traditional and social media
  - Prevention posters for pools in English and Spanish
  - Emails to swim team parents
  - *Cryptosporidium* testing information for medical providers
  - Recommendations for the regular hyper chlorination of pools
- Sexually Transmitted Diseases: Five of the largest six counties in NC saw decreases or only a slight increase in early syphilis from 2015 to 2016; only Mecklenburg County experienced a significant increase. Wake County's rates for other STDs (HIV, chlamydia and gonorrhea) continue to be lower than the other largest counties in NC. Wake County has increased STD prevention efforts, going beyond the traditional clinic model to reduce the numbers of new cases. Dr. Ledford also informed the Board about a recent cluster outbreak of syphilis cases, about 12-15 cases, that appeared together in Wake County the week prior to this meeting. This is unusual and overall the number of cases seems to be levelling off. Ms. Alfano-Sobsey then pointed out a Hepatitis C Initiative and that Wake County implemented hepatitis C virus screening into normal clinic flow, according to the new CDC guidelines, to test baby boomers (those born between 1945-1965) in addition to the current targeted approach to only test those with certain risk factors. Ms. Horna asked how the changes in funding for HIV prevention and treatment are affecting the at risk population (Latinas and African American women) as the focus seems to be on the population that is already infected. Ms. Horna asked how Public Health is capturing the baseline to know that we are keeping the uninfected at risk population (Latinas and African American women) educated and uninfected. Dr. Alfano-Sobsey stated that the data in the report did not dig that deep however Dr. Petteway mentioned that she has asked that Dr. Alfano-Sobsey do a report on disparities and that they will be able to dig deeper into these numbers. Dr. Ledford stated that Public Health actually goes out into the community and assesses areas where they need to concentrate more.
  - Tuberculosis (TB): The number of tuberculosis (TB) cases in Wake County has risen dramatically in the last three years, more than doubling from 16 cases in 2014 to 33 cases in 2016. The number of TB home visits in 2016 rose sharply compared to 2015. Home visits must be done because TB Directly Observed Therapy (DOT) is mandated by NC Public Health Law (10A NCAC 41A .0205(g)). In a DOT home visit, a TB nurse:
    - observes the patient take their medicine
    - assesses the patient for adverse medication side effects
    - administers monthly vision and liver function tests

If a test is abnormal, DOT is discontinued and the patient is referred to the TB clinic for follow-up with the TB physician. As in previous years, the 2016 percentage of foreign-born TB cases was much higher than for US-born cases. Of the foreign-born cases (N=25), the countries of origin were as follows: Mexico (6), India (4), Philippines (2), Honduras (2), China (2), Nigeria (2), Guatemala (1), Gambia (1), Burma (1), Korea (1), Ethiopia (1), Kenya (1) and Bangladesh (1). Dr. Alfano-Sobsey then pointed out the data and trends for TB cases as noted in Figure 18 below:



Ms. Welsh thanked Dr. Alfano-Sobsey for the report and for her explanation of the information and stated that the report was greatly improved and that it was much easier to read and understand how it was written. Dr. West also complimented the way that the report was written then asked about most people pushing away the information on disparities and asked Ms. Petteway what the requirements are for looking deeper into disparities. Ms. Petteway spoke about the data being collected and available but that the reports that are presented are difficult to fit the information in to the format. Ms. Petteway stated that we have the information and that we need to bring it to the Board more often. Ms. Lisa Cauley spoke about the things that come into play when gathering the data. One important piece is to have a very good data analyst that can look into the data and then have the ability to recognize the disparity and know what to do about it. Our data is difficult to gather and interpret due to the multiple systems. Once you have the data you have to have the ability to communicate back to the community in a way that is understandable. Once you do these things you need to build a team around all of these processes so that you can engage the community in a solution. This is the direction that we have started to go under Ms. Petteway's leadership and although it has been difficult to get to this point we are progressing in this area.

**Chair, Dr. James Smith, stated that the Board had received and discussed this report and asked for a motion to approve. Ms. Margaret Raynor motioned and was seconded by Mr. John Myhre. The Board approved this report unanimously.**

### **Consumer Affairs Complaint Review and Satisfaction Report**

(Presented by Brian Gunter)

Mr. Gunter went over the sequence of how customers report complaints. There are about 70 unduplicated customers per day that have a difficult time with their services. These customers either call the call center on the first floor directly or they contact the complaint service directly by either calling a dedicated phone number or by completing an online complaint form. There is a small group of assigned staff who researches these complaints and then pushes the complaint to designated individuals according to the service issue so that it can be addressed. A high number of these daily complaints are able to be resolved within the same day. Once the complaint is resolved the employee attempts to speak directly with the client and the complaint is closed. The information about the complaint and resolution is documented and returned to the complaint service to be entered into the system and if the client has not been reached directly there is another attempt to call them to close it out. There are a number of cases that are caught up in computer systems that are out of our control, such as NC Fast and NC Tracks. Unless these complaints are caught up in these two systems complaints are normally closed out within 1-10 working days although more complicated issues may take longer.

Mr. Gunter then went over the breakdown of complaints and pointed out the top complaints received were for Medicaid and Food and Nutrition Services. Mr. Gunter and Ms. Petteway pointed out that in the 2<sup>nd</sup> and 3<sup>rd</sup> quarter the number of Medicaid complaints spiked due to the large increase of applications in response to the Affordable Care Act deadline. These applications must be reviewed and denied Medicaid before they can be processed into the system. Mr. Gunter also pointed out that the data in March shows the lowest amount of complaints and this is very encouraging.

Mr. Gunter then pointed out that you can see from one of the graphs that approximately 60% of the 1100 complaints were of delayed benefits due to the State systems NC Fast and NC Tracks. Human Services staff is looking in to this to see how many of these issues start on our end and how many are processing issues with the State systems that are out of our control. Mr. McKinley asked what happens if he calls with a problem that is within the NC Fast system, would he be directed to the State complaint desk or would the County still assist him. Mr. Gunter let him know that although it is an issue with a State system that the County would be the contact for these issues and that we have an employee that is almost exclusively assigned to work with issues in the State's systems. He also stated that the vast majority of these issues are resolved within two weeks. Mr. Gunter noted that complaints are down from 1% in 2016 to about ¾ of a percent at this time.

In closing Mr. Gunter pointed out the statistics for third quarter FY 2017:

- Medicaid and Food Stamps customers remain well over 90% of all persons contacting the Complaints Service
- Food Stamps customers with concerns have decreased substantially since the First Quarter of the year (approximately 25%)
- Medicaid customers with complaints have ticked up since the First Quarter (12%)
- March 2017 saw the lowest number of customers with concerns this FY (385)
- The most common concern is the delay in issuance of benefits (1089 cases this quarter)
  - Over half of these reports appear to be related to state systems (NC TRACKS and NC FAST)

Dr. Smith thanked Mr. Gunter for presenting this report.

### **Board Committee Chairs' Reports**

- Social Services Committee – Ms. Angie Welsh reported that the Social Services Committee has been taking a deep look into the issues of Foster Care and the need for more Foster Parents. Ms. Welsh spoke about the information that they had been receiving on recruitment of Foster parents and how the Social Services Committee members can help with this effort. Ms. Welsh asked that in the future there be agenda time assigned at the Board meeting for her Committee to speak and present what they have learned and to present the issues to the Board and it was discussed that this could be put on the Board agenda for the July meeting. Mayor Eagles asked about the marketing funds available and if we could advertise in the community, possibly on billboards throughout the County. Ms. Cauley stated that for Foster parent marketing it would be totally County level funds that are used. Ms. Petteway also let the group know that the County has access to resources at the County level such as a County communications office. Ms. Welsh spoke about the best marketing that they could have is current or former Foster parents speaking about their experiences.
- Public Health Committee - Mr. John Myhre emphasized that there will be a joint Social Services Committee/Public Health Committee meeting on June 2<sup>nd</sup> and that the Public Health Committee will also be having their regularly scheduled meeting on June 16<sup>th</sup>.

### **Human Services Directors Report**

- Regina asked Board members to thank the County Commissioners and County Managers for their support and for understanding the work, challenges, and impact of growth in the budget expansion requests. She stated that she had worked for the last several months with program managers, Division Directors and leadership to come up with a total list of what would be needed to deliver the best services we can deliver and to address some of our challenges. There were over 88 expansion items on the original list. They then looked at the list and narrowed down how we could utilize current resources and how we could change business practices to utilize current resources and this cut the list in half. This list was then vetted three times with the County Managers office and the budget office and it was refined down to what was really specifically needed in this fiscal year. We have these expansion items for this fiscal year but we also requested a 3 year plan for

what we need in terms of expansion and this will take care of the bulk of the needs for Communicable Disease, Economic Services, Adult Services and Child Welfare in the upcoming years. Ms. Petteway then thanked the Board members for their advocacy and for their emphasizing what the needs are to the Commissioners and County Managers.

- Dr. Smith and Commissioner West spoke about Wake Smiles and Dr. Smith informed the group that the only way we could assist Wake Smiles is to go in front of the Board of Commissioners and request funds. The North Carolina Dental Society has let us know that they will not be contributing funds towards a full time dentist for Wake Smiles. Dr. Smith spoke about money found for prevention services but not for people that need treatments. He spoke about pushing this in front of the Population Health Task Force and that he is already starting conversations with the members.
- Ms. Petteway spoke about a security concern that the members may have seen on TV about an employee arrested at the Human Services Horizon facility. She also praised Antonio Pedroza and her leadership and staff for their quick response to the issue once the employee reported an issue. In terms of security Ms. Petteway spoke about working with the County Managers and GSA as well as others to look into increasing employee security including adding regular emergency drills at all locations.
- Ms. Petteway updated the group on the Food and Nutrition timeliness rates which are now up to about 98%. In comparison one year ago the timeliness rate was about 74%. She then asked Ms. Pedroza to speak about an employee recruiting event that was just held. Ms. Pedroza spoke about the event that was held to fill vacant positions as well as to provide some over hires to compensate for resignations. It takes approximately 3 months to train new hires for Food and Nutrition Services and there are resignations and retirements monthly that these over hire positions will be able to fill. Mr. Eagles asked about the reason employees are leaving. Ms. Petteway spoke about the work being grueling as well as some employees leaving for pay. Ms. Petteway also spoke about pay being adjusted after a recent Human Resources compression study.
- Ms. Petteway gave an update on the Forest Hills apartment complex, a low income housing complex that was sold and the residents are being evicted. She stated that there is a team of nonprofits and Human Services staff that is working with residents to find affordable housing. She stated that there was a press conference held and the word was put out that there were still individuals that need affordable housing. Ms. Petteway stated there is a group that is meeting twice a week to try to resolve this issue and that the majority of the residents have found housing. There are many families that are harder to place that have not yet found housing, such as those with criminal records. They are looking at organizations such as the Salvation Army that can temporarily house individuals that have not yet found housing. Ms. Petteway stated that in the future they will begin to look more strategically at some of the existing affordable housing apartment complexes that they think may possibly change in the future to a higher rental rate so that there can be some advocacy and planning in advance to help prevent another mass eviction such as the one in Forrest Hills.
- Ms. Lisa Cauley reported that in June there are 28 children in the foster care program that will be graduating high school. She then asked if the Board would like to contribute funds for graduation gifts.

**Ms. Raynor motioned that \$100 should be given for each child that graduates. Mr. Myhre**

**seconded this motion and Chair, Dr. Smith asked for the Board to vote. The Board voted unanimously to donate money to Child Welfare, a total of \$100 per graduating foster child for a graduation gift.**

### **Environmental Services Director's Report**

(Presented by Dr. Caroline Loop)

Dr. Loop introduced Mr. Michael Orbon and asked him to update the group on Senate Bill 257. Mr. Orbon first spoke about two rule revisions:

1. Rules governing installation of private wells.
2. Septic systems, specifically those with off-site easements.

Environmental Services has partnered with Public Health to create two sub-committees to look into these two rule revisions. Members of these subcommittees include Public Health Committee members as well as members from the Water Partnership, industry representatives and Environmental Services Staff.

Mr. Orbon then proceeded to go over the talking points for Senate Bill 257.

### **Senate Bill 257 – 2014 Appropriations Act of 2017**

Environmental Services is asking that Ask: Remove the language which transfers the On-Site Water Protection Branch from the Division of Public Health to the Department of Environmental Quality.

Environmental Health (EH) laws and rules represent the foundation of public health protection, and the responsibility of implementation and authority for enforcement should rest with public health experts in the Division of Public Health (DPH). Safe drinking water and wastewater treatment are cornerstones of Public Health. By comparison the Department of Environmental Quality (DEQ) bears responsibility for the protection of our natural resources, not for the protection of the public's health.

#### **Concerns:**

- **PH threats:** Unsafe drinking water can quickly evolve into a crisis situation and failed septic systems can be public health threats. These issues are rarely an environmental concern. Transfer of these programs out of DPH to DEQ could have unintended consequences and diminish the capacity of state and local agencies to protect the public's health. Wake County Water Quality works with more than 230 failing septic systems every year. While these do not create a significant water quality problem, each of them is a potential problem for public health.
- **PH water emergencies:** Moving on-site water protection and wastewater programs out of DPH have the potential to hamper efficient response to public health emergencies such as hurricane-related flooding and other water contamination events. Such as hurricanes and floods that affect the safety of wells in Wake County.
- **Logistical issues:** County level Public Health programs would face logistical challenges and would be burdened by reporting to two different State agencies, resulting in fragmentation, inefficiencies, and delays of fundamental local Public Health protection programs, including response to public health emergencies and citizen requests. The

combined effect would be additional cost to the local governments and reduced service to the citizens.

- **Staff training issues:** This change would challenge coordination of mandatory EH training programs. County Environmental Health Specialists must successfully complete the Centralized Intern Training program administered by the DPH, and work with Environmental Health Regional Specialists (DPH regional staff) through several tiers of training to be considered qualified for delegation of authority to enforce complex state public health laws and rules.

Dr. Smith suggested that the Board send a letter to elected officials, there was a motion, Mayor Frank Eagles motioned, Ms. Stephanie Treadway seconded, there was a vote and the motion was approved unanimously.

Dr. Loop then spoke about the formation of a subcommittee to discuss the Zika Virus and Mosquito management in Wake County. She spoke about the County entomologist being a member of this group and that he is able to provide a lot of data on mosquitos.

### **Community Activity**

- June 3<sup>rd</sup> at the ERC there will be a men's health fair. Dr. Smith will have a table for the prostate cancer prevention group.
- June 10<sup>th</sup> at the Mexican consulate there will be a community event and Dr. Smith will have a table for the prostate cancer prevention group.
- Mayor Frank Eagles spoke about meeting with Dennis Edwards of the Greater Raleigh Convention and Visitor's Bureau. Mr. Edwards had informed him that there are over 700 vacant jobs they are trying to fill in Wake County, mostly in hospitality, such as hotel housekeeping positions. Mayor Eagles asked that Dennis connect with Wake County Human Services as there are many individuals that are looking for jobs and these would be a good fit. Me. Petteway stated that she would talk with Pat Sturdivant of Workforce development and ask him to follow up on this with Mr. Edwards.
- Ms. Raynor spoke about the Summer Food Service Program and that she and Mayor Eagles had recently attended a United Way event that included three middle schools, Dillon, Ligon and Fuquay. Each school put together ideas to raise money to help feed those in need. All of the middle school groups have gardens and at the United Way event there were dunking booths and other things they had thought of that could be purchased with a donation of canned food in order to get food for the needy. Also, Ms. Raynor stated that the Summer Food Service Program has greatly increased the number of open sites this year but that there is a need to recruit more sponsors. She also stated there is a need for people that can help deliver meals to sites as well. The dates for the open sites this year is June 10-August 26<sup>th</sup>.
- The Poe Center is holding an event titled Opioid Epidemic Uncovered: Finding the Prescription for Recovery. The keynote speaker is Sam Quinones, Journalist and Author of Dreamland: The True Tale of America's Opiate Epidemic. There are three dates, 9/13/17, 9/14/17, and 9/15/17 and three locations for this event. Tickets and further information can be found at [opioiduncovered.eventbrite.com](http://opioiduncovered.eventbrite.com).

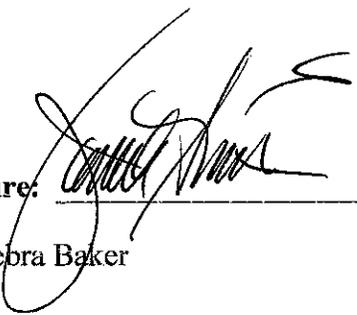
- Commissioner West thanked Ms. Raynor and her team for their efforts and accomplishments with the Summer Food Service Program. He then asked about trying to work collectively to assist those in certain social economic situations in understanding and using services that are available. Ms. Petteway stated that Ms. Cauley's staff is working with community activists to organize a family fun festival in the fall. The information on the event will be communicated by the community activists so that attendees will be more comfortable attending. Ms. Petteway also mentioned that in the future we will be working more closely with community activists to communicate information to communities instead of information coming from officials at Human Services so that they are more comfortable.

**ACTION ITEMS:**

- Ms. Debra Baker to look in to the mental health first aid class for Board members
- Ms. Debra Baker to send event information to the Board members for the June 3<sup>rd</sup> men's health fair taking place at the Eastern Regional Center. Dr. Smith will have a table for the prostate cancer prevention group
- Ms. Debra Baker to send event information to the Board members for the June 10<sup>th</sup> health fair event at the Mexican consulate. Dr. Smith will also be staffing a table for the prostate cancer prevention group
- Ms. Debra Baker to send meeting information for the Board of Commissioners Public Budget session taking place next week.
- Ms. Petteway stated that she would talk with Pat Sturdivant of Workforce development and ask him to follow up with Mr. Dennis Edwards of the Greater Raleigh Convention and Visitor's Bureau. Mr. Edwards had informed Mayor Eagles of over 700 vacant hospitality jobs in Wake County.

**Adjournment**

Chair Dr. Smith asked for a motion to adjourn, a motion was made and seconded. The meeting was adjourned at 9:48am.

**Board Vice Chair's Signature:**  **Date:** 7/12/17

Respectfully submitted by Debra Baker

