



**Wake County Human Services Board**  
**January 25, 2018**  
**7:30 am – 10:00 am**

[www.wakegov.com](http://www.wakegov.com)

**AGENDA**

**Swinburne Human Services Center, Room 2132**  
**220 Swinburne Street, Raleigh, NC 27610**

Dr. James Smith III, Chair  
Ms. Angie Welsh, Vice Chair  
Ms. Margaret Raynor, Treasurer

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**Purpose: Advocacy, Policy, Advisory, Accountability**

**7:30 am Meeting Called to Order**

**Reflections:** Mayor Frank Eagles

**Approval of Minutes:** November 16, 2017

**Board Retreat:** February 22, 2018

**7:35 am Human Services Board New Member Oath of Office – Dr. Randy Marsh, Psychologist**

❖ Mr. Kenneth Murphy

**7:40 am Rebranding- Wake County Transportation (Tracs ) to GoWake Access**

❖ Ms. Alicia Arnold  
❖ Ms. Anita Davis

**7:55 am Annual Housing Action Plan**

❖ Ms. Emily Fischbein

Public Hearing Format:

Introduction  
Open Public Hearing  
Comments from Interested Parties  
Close Public Hearing

**8:25 am Review and approval of Changes to Department of Social Services Records Retention Schedule**

**Action: Review, acknowledge and agree to comply**

❖ Ms. Rebecca Pezzoni  
❖ Ms. Dena Hansley

**8:40 am Subcommittee Review of and Recommendations for Wake County Well Regulations**

**No Action, for review only at this time**

❖ Evan Kane

- 8:55 am     Public Health Report – Chronic Disease (PH Accreditation Benchmark #2.4)**  
**Action Item – 2.4 Review, discussion of local disease incidence and trends, and acceptance of the report.**  
❖ Dr. Edie Alfano-Sobsey
- 9:10 am     Board Committee Chairs’ Reports**  
❖ Mr. John Myhre, Chair, Public Health Committee  
❖ Ms. Angie Welsh, Chair, Social Services Committee
- 9:15 am     Human Services Director’s Report**  
❖ Ms. Regina Petteway  
    • Budget Planning Overview
- 9:30 am     Environmental Services Director’s Report**  
❖ Dr. Joseph Threadcraft  
    • Budget Planning Overview
- 9:45 am     Participation in Community Events**
- 9:55 am     Public Comments**
- 10:00 am   Meeting Adjournment**

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***Human Services Mission Statement***

Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.  
March, 2014

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***Environmental Services Mission Statement***

The Wake County Environmental Services Department improves the environmental quality of life for the stakeholders of Wake County through the following initiatives: Administration, Animal Services, Environmental Health & Safety, Solid Waste and Water Quality.

**Administration:**

The Administration Division leads sustainable and nationally recognized service deliveries for all segments of Environmental Services.

**Animal Services:**

The Animal Services Division is determined to make a difference for the animals and citizens of Wake County through education, adoption, enforcement and community partnership.

**Environmental Health and Safety:**

The Environmental Health and Safety Division improves public health through education, plan review, and inspection.

**Solid Waste:**

The Solid Waste Division protects the public health and safety of Wake County citizens by providing quality solid waste and recycling services that are efficient, cost effective and environmentally responsible.

**Water Quality:**

The Water Quality Division promotes leadership in water management, sustainability, and health by protecting high quality water throughout Wake County.

May, 2016

**Wake County Human Services Board  
Meeting Minutes  
November 16, 2017**

**Board Members Present:**

Angie Welsh  
Dr. Betsy Van Benthuyzen  
Mayor Frank Eagles  
Dr. James Smith, III  
Ed Buchan  
John Myhre  
Dr. John Perry  
Margaret Raynor  
Ronda Bean  
Stephanie Treadway  
Seth Wexler  
McKinley Wooten  
David Cottengim

**Guests Present:**

Randy Marsh  
Craig Stoops  
Michael Doyle  
Jennifer Clayton

**Staff Members Present:**

David Ellis  
Dr. Caroline Loop  
Antonia Pedroza  
Regina Petteway  
Dr. Sue Lynn Ledford  
Commissioner Sig Hutchinson  
Ginny Satterfield  
Debra Baker  
Caroline Harper  
Cassandra Watford  
Ken Murphy  
Elizabeth Harmantzis  
Joseph Threadcraft  
Josephine Rutledge  
Delores Long  
Ann Godwin

**Call to Order**

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

**Reflections**

Mr. Ed Buchan spoke about living in a great time of technology. He quoted from Pope John Paul II and spoke about the diverse variety of issues in Wake County that the Board deals with and that the general purpose is to protect the citizens of Wake County. He then changed the quote from Pope John Paul II to reflect on how the Human Services Board helps the weakest members of society so that they can become the strongest members.

**Chairs Privilege**

Chair Dr. Smith reminded the Board members that the December Board meeting will not be a regular Board meeting but will be the annual windshield bus tour and briefly discussed the time frame of the tour.

### **Approval of Minutes**

Chair Dr. Smith asked for a motion to approve the October 26, 2017 meeting minutes. Mayor Frank Eagles motioned and it was seconded by Ms. Margaret Raynor. The minutes were unanimously approved.

**Next Board Meeting** – December 21, 2017 is the Board Windshield Tour

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

(Presented by Ken Murphy)

Mr. Ken Murphy administered the Oath of Office to Chair Dr. James Smith, III, Vice Chair Ms. Angie Welsh, and Treasurer Ms. Margaret Raynor. The Board members then retreated to take an updated Board photograph.

### **Integrated Mosquito Management Program Recommendations [PH Accreditation Benchmark #28.1 and #34.4]**

(Presented by Dr. Caroline Loop)

Dr. Loop began by reviewing the Board's interest in mosquito management and their concern over the last few years of the Zika virus spreading to North Carolina. Dr. Loop also reviewed the research that had been completed over the last year in partnership with North Carolina State University and other researchers involved with mosquito research and control and briefly spoke about the process. The Wake County Public Health Committee Subcommittee (IMM Subcommittee) was formed to evaluate an Integrated Mosquito Management (IMM) Plan for Wake County and to review the 2004 Regulations Governing Mosquito Control. The Committee met in May, June, July, and August of 2017.

The IMM Subcommittee had broad representation. Members were:

Mr. John Myhre (Public Health Committee)  
Dr. John Perry (Public Health Committee)  
Ms. Ann Rollins (Public Health Committee)  
Dr. Emily Mueller (Wake County Cooperative Extension)  
Mr. Michael Doyle (NC DHHS, Communicable Diseases Branch)  
Dr. Kimberly McDonald (Human Services)  
Dr. Sue Lynn Ledford (Human Services)  
Ms. Kristin Kearns (Human Services)  
Ms. Ruth Lassiter (Human Services)  
Mr. Andre Pierce (Environmental Services)  
Mr. Kenneth Murphy (Attorney's Office)  
Ms. Kelli Braunbach (General Services Administration)  
Mr. Geoffrey Pearson (Community Services)  
Dr. Caroline Loop (Environmental Services)

Dr. Loop then spoke about the recommended updates to the 2004 Regulations Governing Mosquito Control as well as recommendations for an Integrated Mosquito Control Program that the subcommittee is proposing.

Dr. Loop introduced Mr. Doyle, an expert employed with the NC State Health Department who is also a member of the subcommittee. Mr. Doyle then explained his background in mosquito management and how mosquito management had progressed over the last 20 years. He spoke a little about how mosquito management programs have begun to integrate larvicide, adulticide and surveillance at the same time and how this system had first started due to a health crisis.

Dr. Loop then introduced Dr. Stoops who is also a member of the subcommittee. Dr. Stoops spoke about his position on mosquito management and explained that he had been in this field for quite a long time beginning as an entomologist in the armed forces. Dr. Stoops then spoke about the prevention side of mosquito management. Dr. Perry then asked if we need to be concerned about what individual property owners are using to treat their property and asked if this is something that should be on the radar. Dr. Stoops stated that this is something that has been discussed and that there needs to be testing for resistance to be sure the chemicals that are being used are effective against mosquitos. Dr. Stoops stated that it is necessary to do these tests in order to know what chemicals would work best in an urgent situation.

Mayor Frank Eagles asked about the potential of killing beneficial insects. Dr. Stoops spoke about applying chemicals carefully and judiciously to try to avoid the impact to beneficial insects.

Mr. McKinley Wooten asked about what Dr. Loop had mentioned, the ability of the fines to be waived by the Director yet this was not listed in the regulation. Dr. Loop referred this question to Mr. Ken Murphy. Mr. Murphy spoke about enforcement of this and the goal being clients and not burdening the citizens to collect a fee which is also balanced with the staff time and resources needed to pursue enforcement in these situations. As a practical matter if we have to go to court the judge can sometimes not enforce the fine and could abate the violation.

**Chair Dr. Smith asked for a motion to approve the Integrated Mosquito Management Program Recommendations and Proposed Mosquito Control Regulation updates. Mayor Frank Eagles motioned and Ms. Margaret Raynor seconded. The Board voted unanimously to approve both.**

### **Customer Experience Data Report**

(Presented by Mr. Brian Gunter)

Chair Dr. Smith stated that this presentation has been pulled from the agenda and will be presented at a future meeting.

## **Wake County Human Services First Quarter Data Report**

(Presented by Ms. Caroline Harper)

Ms. Harper reviewed the data in the report and presented items of interest from some of the information contained.

Ms. Harper pointed out the data showing the WIC participation at each individual WIC site, including the new site on Millbrook. Ms. Harper went on to point out the decline in the number of new syphilis cases that indicate progress in education on safe practices.

Ms. Harper then followed up on a request by Mr. David Ellis concerning the length of stay for children in child care. She explained the data and calculations and stated that they found that Wake County children who entered foster care in 2015-2016 stayed about 6 months longer than children in the state overall and about 30 days longer than children in other large counties. Ms. Harper explained that these numbers are recalculated every 90 days due to the data being provided by the state in six month increments.

Mr. David Ellis asked what was driving the longer length of stay in the Wake County foster care system. Ms. Delores Long stated that some of this wait is due to the court system as the court system is backed up and it can take almost six months for a case to be heard. She stated that the goal for Wake County is unification within the first year however with the length of time that it takes to be heard in court that by the time the case is heard it could be up to six months and the court ordered time could extend this stay for longer. Mr. Wooten spoke about the court system and how Wake County's court system is one of the better systems however the volume of child cases are so great that this could be a part of the back-up. Mr. Wooten also stated that another issue is also with all of the parties that could be involved in these cases and to coordinate with all involved can also cause long delays getting cases into the court system. Ms. Harper asked that it be noted in the meeting minutes that the action item from the October 2017 Human Services Board meeting had been followed up on in this presentation.

**Chair Dr. Smith thanked Ms. Harper for the presentation.**

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

- Social Services Committee – Ms. Welsh deferred to Ms. Ronda Bean to give the update. Ms. Bean updated the group on the most recent Social Service Committee meeting and spoke about goals that the Committee had come up with to assist in recruiting foster parents for Wake County as well as some of the planned recruiting events that they will be involved in. Chair Dr. Smith thanked the Social Services Committee for their hard work in this area.
- Public Health Committee – Mr. Myhre spoke about the continued function of the Public Health sub-committees and thanked Dr. Loop for her hard work.

Mayor Frank Eagles spoke about attending the Joint CAC meeting and thanked Human Services for hosting and the Wake County staff for putting the event together. He spoke of the success of this event and thanked the other Board members that were able to attend as well.

## **Human Services Directors Report**

(Presented by Ms. Petteway)

Ms. Regina Petteway spoke about the draft business plan and stated that she had met with the interim County Manager to review the contents of the plan. She then went on to explain that Wake County Human Services will have an official meeting with the County Managers office around the first of December. Ms. Petteway wanted to review the information contained in the draft plan with the Board members so that they can give feedback and ask any questions they may have. Ms. Petteway then reviewed the departments in Human Services and pointed out the listing of the Divisions and services that are provided by Human Services and that statistics show services were provided to over 200,000 unduplicated individuals in FY 2017. Dr. Perry asked about population health and the education involved and asked if community education was included in the draft plan. Ms. Petteway stated that it is included but not specifically listed as education. She then went on to show the alignment with the board of Commissioner's goals and initiatives. Ms. Petteway spoke about the current trends that are driving the increased need for human services as well as emerging and evolving factors. She then went on to discuss social and economic factors and key trends that are driving the needs. Ms. Petteway then spoke about business justification and reviewed the expansion needs being reviewed to date.

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

(Presented by Dr. Joseph Threadcraft)

Dr. Threadcraft presented an abbreviated version of the Environmental Services business plan. He spoke about the mission statement of Environmental Services: Together we improve the health of people, animals and the environment. Dr. Threadcraft then spoke about the accelerating revenues that indicate that Wake County is continuing to grow. He then went on to explain that a few years ago Environmental Services received a letter of discrepancy from the state that explained that the County was not providing required services. In response Environmental Services provided a Corrective Action Plan. In order for these services to be provided there are several full time employees (FTE's) requests that are included in the business plan. Dr. Threadcraft went over the additional information contained in the business plan and explained the need for these FTE's. He then went on to discuss the impact on services by growth and other challenges and the impact of development on service level delivery.

## **Interview for Board Psychologist Slot – Dr. Randy Marsh**

(Presented by Chair Dr. James Smith)

The Human Services Board interviewed Dr. Randy Marsh for the vacant Psychologist slot. There was some discussion of Dr. Marsh's qualifications once he left the meeting and the Board members agreed that Dr. Marsh would be a good addition to the Board.

**Chair Dr. James Smith asked for a motion to request appointment of Dr. Randy Marsh to the Wake County Human Services Board. Mr. David Cottengim motioned and Ms. Margaret Raynor seconded. Dr. Marsh was approved as a member of the Human Services Board.**

**ACTION ITEMS:**

- Regina Petteway to provide a copy of the business plan to Board members once she has completed recommended changes

**Public Comment**

None

**Adjournment**

The meeting was adjourned at 10:06am.

**Board Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Respectfully submitted by Debra Baker



**WAKE COUNTY HUMAN SERVICES BOARD  
AGENDA ITEM SUMMARY SHEET**

**Agenda Date:** January 23rd, 2018

**Item:** Wake Coordinated Transportation Service (WCTS)

**PH Accreditation Benchmark #:** N/A

**Specific Action Requested:** None, for information only

**Link to Wake County Human Services Goals:**

- ☐ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☒ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☒ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

**Item Summary (Ex: What are major points):** Introducing new Van Logo for Wake County Transportation

**Purpose for Action (Ex: Proposed Solutions/Accomplishments):** For Committee information only

**Next Steps (Ex: What is next step for Board or staff):** n/a

**Attachments:** Picture of Logo w/ general information

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**



## Why the change?

Wake County's TRACS program will become GoWake Access on March 2, 2018!

You are probably familiar with the "GO" brand that is used by The City of Raleigh (GoRaleigh), Town of Cary (GoCary), Triangle Transit (GoTriangle) and Durham Transit (GoDurham). The shift to GoWake Access will unify Wake County's regional transportation under the "GO" brand of transportation services.

While the name is changing, our focus will continue to be on providing transportation services to the county's most underserved citizens. The rebranding effort is part of a broader business model shift for the entire transportation program that will:

1. Promote a consistent level of high quality services for customers
2. Increase cost efficiencies allowing for increased services
3. Simplify service administration and increase accountability

## What's next?

- Share the final design and logo with partners
- Develop a marketing plan with the Wake County Communications Office
- Update vehicle logos
- Update websites and printed materials
- Educate current riders, agencies and the community



**WAKE COUNTY HUMAN SERVICES BOARD  
AGENDA ITEM SUMMARY SHEET**

**Agenda Date:** January 25, 2018

**Item:** 2018 Housing Annual Action Plan

**PH Accreditation Benchmark #:**

**Specific Action Requested:** Hold a public hearing to receive comments from interested parties on the housing and community development needs in Wake County

**Link to Wake County Human Services Goals:**

- ☒ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

**Item Summary (Ex: What are major points):**

The FY 2018-2019 Affordable Housing Action Plan is a one-year plan to address the housing and community development needs of low-income families in Wake County. The Action Plan is implemented by the Housing and Community Revitalization (HCR) program using a combination of federal and local funds. It is the fourth annual plan of the FY 2015-2020 Consolidated Plan approved by the Board of Commissioners in May 2015, which defines the housing and community revitalization needs of low-income families in Wake County for five years.

The 2018 Action Plan describes the way HCR will use its grant funds to address these needs in the next year from July 1, 2018 to June 30, 2019. The Action Plan will be submitted to the Human Services Board for endorsement in April, and then to the Board of Commissioners for approval in May, 2018. It must be sent to the U.S. Department of Housing and Urban Development (HUD) by May 15, 2018.

The Action Plan is required by the U.S. Department of Housing and Urban Development (HUD) in order for Wake County to receive the federal grants listed below:

<b>Grant</b>	<b>Expected FY 2018-19 Funding</b>	<b>Projected Program Income*</b>	<b>Excess Program Income</b>	<b>Prior Year Funds**</b>	<b>Total</b>
Community Development Block Grant ( <b>CDBG</b> )	\$1,655,276	\$330,000	\$242,060	\$32,388	<b>\$2,259,724</b>
<b>HOME</b> Investments Partnership Act	\$611,616	\$270,000	\$114,904	\$0	<b>\$996,520</b>
Housing Opportunities for Persons with Aids ( <b>HOPWA</b> )	\$619,024	\$6,730	\$254	\$0	<b>\$626,008</b>
Emergency Solutions Grant ( <b>ESG</b> )	\$141,423	\$0	\$0	\$0	<b>\$141,423</b>
Wake County <b>CIP</b>	\$1,000,000	\$270,000	\$848	\$0	<b>\$1,270,848</b>
<b>Total</b>	<b>\$4,027,339</b>	<b>\$876,730</b>	<b>\$358,066</b>	<b>\$32,388</b>	<b>\$5,294,523</b>

\*Program Income is the income from payments from loans made in previous years.

\*\*Prior year CDBG funds are funds from public facility projects that were under budget.

The following population groups were identified as top priorities in the 2015-2020 Consolidated Plan for funding over the next five years. These groups were chosen because they have the greatest housing need:

**High Priority:**

1. Renters earning at or below 40% Area Median Income (AMI) per year;
2. Homeless individuals and families;
3. Non-homeless individuals and families with special needs.

**Medium Priority:**

1. Renters 41-50% AMI
2. Homeowners 41-50% AMI

**Low Priority:**

1. Renters 51-80% AMI
2. Homeowners 51-80% AMI

HCR uses five strategies to implement its program:

1. Preserve existing housing;
2. Develop additional housing;
3. Provide rental assistance and job training;
4. Fund public facilities improvements in low-income neighborhoods;
5. Provide homeless assistance services.

Below is a summary of the way the funds are proposed to be used next year:

<b>CDBG Grant Activity</b>	<b>Estimated Budget</b>
Single and multi-family rehabilitation, including emergency repairs and retrofits to help elderly households to remain in their home. (Includes administrative costs.)	\$1,527,169
Pleasant Park in Apex (Includes project delivery cost.) Apex will fund the majority of the project, through a sub-recipient agreement.	\$346,500
Public Services: Job Training	\$55,000
Grant administration- Salaries and Operating Costs	\$331,055
<b>Total</b>	<b>\$2,259,724</b>

<b>HOME Grant Activity</b>	<b>Estimated Budget</b>
Development of affordable housing for families earning at or below 40% Area Median Income (AMI)	\$783,358
Rental Assistance for youth aging out of foster care	\$152,000
Grant administration	\$61,162
<b>Total</b>	<b>\$996,520</b>

<b>HOPWA Grant Activity</b>	<b>Estimated Budget</b>
Rental Assistance Vouchers	\$391,925
Short Term Rental Assistance	\$107,000
Case Management and Supportive Services	\$108,513
Grant administration – Salaries	\$18,570
<b>Total</b>	<b>\$626,008</b>

<b>ESG Grant Activity</b>	<b>Estimated Budget</b>
Street Outreach	\$32,054
South Wilmington Street Center Operations	\$30,000
Rapid Rehousing Assistance and Case Management	\$79,369
<b>Total</b>	<b>\$141,423</b>

<b>CIP Activity</b>	<b>Estimated Budget</b>
Development of Affordable Housing	\$914,041
Rental Assistance for people with behavioral health diagnoses	\$300,000
Funding for Support Circles Coordinator	\$56,807
<b>Total</b>	<b>\$1,270,848</b>

**Purpose for Action (Ex: Proposed Solutions/Accomplishments):**

**Next Steps (Ex: What is next step for Board or staff):**

1. HCR will write the Draft 2018-2019 Action Plan during February and submit it for a 30 day public comment period from March 9 - April 9, 2018.
2. Present the Draft Plan for endorsement to the Human Services Board on March 22, 2018.
3. Present the Draft Plan for approval to the Board of Commissioners on April 16, 2018.

4. Submit the Plan to HUD by May 15, 2018.

**Attachments:**

1. FY 2018-2019 Action Plan Public Hearing PowerPoint
2. Action Plan Public Hearing Public Notice

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**

# 2018-2019 Affordable Housing Action Plan Public Hearing

**Human Services Board**

**January 25, 2018**



@wakegov



wakegov.com

# Why are we holding a public hearing?

- To receive input from the public on affordable housing and community development needs of low and moderate income households in Wake County
- The needs heard will be incorporated into the 2018-2019 Affordable Housing Action Plan
- The Action Plan is required by the U.S. Department of Housing and Urban Development (HUD) to receive grants and is the fourth annual plan of the 2015-2020 Affordable Housing Consolidated Plan



# Grants Received from HUD and County Funds

- Funding for projects in the Action Plan comes from four HUD grants, as well as from the Wake County Capital Improvement Program
- The Action Plan will describe the way the funds will be used, and will be submitted to HUD for approval in May of 2018
- The slide below illustrates expected revenue from these sources

# Expected Revenues

Grant	Expected FY2018-2019 Funding	Projected Program Income*	Excess Program Income	Prior Year Funds**	Total
Community Development Block Grant (CDBG)	\$1,655,276	\$330,000	\$242,060	\$32,388	\$2,259,724
HOME Investment Partnership Act	\$611,616	\$270,000	\$114,904	\$0	\$996,520
Housing Opportunities for Persons with AIDS (HOPWA)	\$619,024	\$6,730	\$254	\$0	\$626,008
Emergency Shelter Grant (ESG)	\$141,423	\$0	\$0	\$0	\$141,423
Wake County CIP	\$1,000,000	\$270,000	\$848	\$0	\$1,270,848
<b>Total</b>	<b>\$4,027,339</b>	<b>\$876,730</b>	<b>\$358,066</b>	<b>\$32,388</b>	<b>\$5,294,523</b>

\*Program Income is the income from payments on loans made in previous years.

\*\*Prior year funds are CDBG funds from public facility projects that came in under budget, and available ESG funds.

# Consolidated Plan 2015-2020

## Priority Populations

### High

- Renters 0-40% AMI (\$22,480 for a household of 1 and \$32,080 for a household of 4)
- Homeless individuals and families
- Non-homeless individuals and families with special needs

### Medium

- Renters 41-50% AMI (\$28,100 / 1 and \$40,100 / 4)
- Homeowners 41-50% AMI

### Low

- Renters 51-80% AMI (\$44,950 / 1 and \$64,150 / 4)
- Homeowners 51-80% AMI

# Programs to assist priority populations

- Preserve existing affordable housing
- Develop new affordable housing
- Provide rental assistance and support services
- Provide outreach and rapid re-housing to homeless individuals and families
- Partner on public facilities improvements
- Offer job training and employment opportunities

# Proposed Programs and Expenditures

CDBG Grant Activity	Estimated Budget
Acquisition or Rehabilitation of single and multi family homes, including emergency repairs for seniors and persons with disabilities	\$1,527,169
Public Facility Project: Pleasant Park, Apex (Apex will fund the majority of the park through a sub-recipient agreement.)	\$346,500
Public Services: Job training and employment placement	\$55,000
Grant administration: salaries and operating costs	\$331,055
<b>Total</b>	<b>\$2,259,724</b>

HOME Grant Activity	Estimated Budget
Development of affordable housing	\$783,358
Rental assistance for youth aging out of foster care	\$152,000
Grant administration: salaries	\$61,162
<b>Total</b>	<b>\$996,520</b>

# Proposed Programs and Expenditures

HOPWA Grant Activity	Estimated Budget
Rental assistance vouchers	\$391,925
Short term rental, mortgage, and utility assistance	\$107,000
Case management	\$108,513
Grant administration: salaries	\$18,570
<b>Total</b>	<b>\$626,008</b>

ESG Grant Activity	Estimated Budget
Street outreach to homeless persons	\$32,054
Shelter operations at South Wilmington Street Center	\$30,000
Rapid rehousing assistance	\$79,369
<b>Total</b>	<b>\$141,423</b>

# Proposed Programs and Expenditures

Wake County CIP Activity	Estimated Budget
Development of affordable housing	\$914,041
Rental assistance for persons with behavioral health diagnoses	\$300,000
Funding for Support Circles Coordinator	\$56,807
<b>Total</b>	<b>\$1,270,848</b>

# Next Steps

- February 5, 2018: Public Hearing at Board of Commissioners
- February, 2018: Writing the Action Plan
- March, 2018: 30 day public comment period
- March 22, 2018: Human Services Board for endorsement of the Action Plan
- April 16, 2018: Board of Commissioners for approval of the Action Plan
- May 15, 2018: The Action Plan is due to HUD





# Public Comments

## **PUBLIC HEARINGS**

### **WAKE COUNTY FY 2018 ACTION PLAN FOR AFFORDABLE HOUSING**

NOTICE IS HEREBY GIVEN THAT Wake County will hold two public hearings. The first will be Thursday, January 25, 2018 at 7:30 AM in the Swinburne Human Services Building, 220 Swinburne St., 2nd Floor, Room 2132, Raleigh, NC. The second will be Monday, February 5, 2018 at 5:00 PM in the Wake County Justice Center Boardroom, 300 South Salisbury Street, 2<sup>nd</sup> Floor, Room 2700, Raleigh, NC.

The purpose of these public hearings is to receive comments from interested parties on the County's housing and community development needs. Wake County will use this information to prepare the draft 2018-2019 Action Plan. The Action Plan is required for the County to receive funds from the U.S. Department of Housing and Urban Development (HUD). The 2018-2019 Action Plan describes the activities to be carried out within Wake County, outside of Raleigh and Holly Springs from July 1, 2018 through June 30, 2019. It is the fourth part of a 5-year strategy to meet the County's housing and community development goals as identified in the 2015-2020 Consolidated Plan. The Action Plan activities address the needs of Priority populations, as outlined in the Consolidated Plan and defined below.

#### **Priority One:**

- Renters 0-40% AMI
- Homeless Individuals and Families
- Non-homeless Individuals and Families with Special Needs

#### **Priority Two:**

- Renters 41-50% AMI
- Homeowners 41-50% AMI

For more information, please contact Emily Fischbein with Wake County Human Services at (919) 508-0781. Speech or hearing impaired persons may contact 1-800-735-2962 (TT) or 1-800-735-8262 (voice).

**WAKE COUNTY HUMAN SERVICES BOARD  
AGENDA ITEM SUMMARY SHEET**

**Agenda Date: January 25, 2018**

**Item: Review, acknowledge and agree to comply with 2016 County Social Services Agencies Records Retention and Disposition Schedule (updated from 2006)**

**PH Accreditation Benchmark #:**

**Specific Action Requested:** Review changes from the 2006 Retention Schedule, then Acknowledge and Agree to Comply with 2016 County Social Services Records Retention and Disposition Schedule.

**Link to Wake County Human Services Goals:**

- ☐ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☒ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☒ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

**Item Summary (Ex: What are major points):**

- Periodically the North Carolina Department of Natural and Cultural Resources / State (NCDNCR) reviews citations for state, federal statutes and codes that mandate record creation, retention, and confidentiality treatment.
- The latest schedule that Wake County Social Services has agreed to comply with is from 2006
- The updated schedule was issued by NCDNCR in January 2016
- Wake County Human Services Board needs to understand what was updated, and the agree to acknowledge and comply with the 2016 Retention Schedule
- All of these activities are part of the new Wake County Enterprise Records Management Program, the first such county-wide program in the State.
- Records Retention is vital to protect the County operations and our citizens.

**Purpose for Action (Ex: Proposed Solutions/Accomplishments):** Compliance with NCDCCR requirements for retention of records, risk management, protection of citizens information and records.

**Next Steps (Ex: What is next step for Board or staff):**

- Review the attached listing of Schedule changes
- Submit any questions back to Becky Pezzoni, Enterprise Records Manager, and Dena Hansley, Human Services Consumer Records Director
- After questions are resolved, Wake County Social Services Agency Director and the Chairman of the Wake County Human Services Board will sign the Acknowledgment / Agreement to Comply of the 2016 County Social Services Records Retention and Disposition Schedule

**Attachments:**

- Human Service Board Meeting 20180125 Review of 2016 Social Services Retention Schedule.pptx
- Social Services Retention and Disposition Schedule Changes 2006-2016.xlsx

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**

**WAKE COUNTY HUMAN SERVICES BOARD  
AGENDA ITEM SUMMARY SHEET**

**Agenda Date:**

**Public Health Committee:** January 19, 2018

**Human Services Board:** January 25, 2018

**Item:** Public Health Report: Chronic Diseases 2017

**PH Accreditation Benchmark:** Benchmark 2 Activity 2.4: “The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health”

**Specific Action Requested:**

**Public Health Committee:** Receive and discuss report, recommend report to Human Services Board.

**Human Services Board:** Receive and discuss report. Accept report.

**Link to Wake County Human Services Goals:**

- ☒ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency ☐
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

**Item Summary (Ex: What are major points/data):** The Public Report is published quarterly by WCHS’ Public Health Division. This report highlights:

- Chronic illness data for Wake County for the 5 years (or more) prior to and including 2016.
- Actions taken by the Public Health Division to address chronic illnesses

**Purpose for Action (Ex: Proposed Solutions/Accomplishments** Use information contained in report as needed to inform discussions, decisions and advocacy efforts related to public health.

**Next Steps (Ex: What is next step for Board or staff):** See purpose for action.

**Attachments:** Public Health Report: Chronic Diseases 2017

**Opportunities for Advocacy, Policy or Advisory:** See purpose for action.

**Connections to Other Committees:** Social Services Committee

# Wake County Human Services Public Health Report Chronic Diseases 2017



Heart Health Month – Feel the Beat Event - Zumba  
Chavis Community Center – February 2017

2017 Summer Nutrition Program  
Sunnybrook Site



Regina Petteway, Human Services Director  
Sue Lynn Ledford, Public Health Division Director  
Editor-in chief: Edie Alfano–Sobsey, Public Health Epidemiologist  
Content Editor: Ramsay Hoke, Human Services Program Specialist



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## 1.0 Overview

According to the Centers for Disease Control and Prevention (CDC), chronic diseases and conditions are among the most common, costly and deadly (yet at the same time preventable) of all health problems. The CDC defines chronic disease as a disease that has a prolonged course, does not resolve spontaneously, and for which a complete cure is rarely achieved, even with treatment (1). As of 2012, about half of all American adults—117 million people—had one or more chronic health conditions and one in four adults had two or more chronic health conditions (2).

Chronic diseases and conditions have an immense impact on the American healthcare system, with direct medical costs exceeding \$750 billion each year (3). They are the leading cause of death and disability in the United States. In 2014, chronic diseases killed over 1.7 million Americans, representing 67% of all deaths. Heart disease and cancer alone killed 1.2 million Americans (nearly 46% of total deaths)(4). Yet despite the negative consequences for public health, the following statement from the public health journal *The Lancet* remains true: “The chronic disease burden in the USA largely results from a short list of risk factors--including tobacco use, poor diet and physical inactivity (both strongly associated with obesity), excessive alcohol consumption, uncontrolled high blood pressure, and hyperlipidemia--that can be effectively addressed for individuals and populations” (5).

This report contains information on the burden of chronic diseases in Wake County including:

- the leading causes of death that were chronic diseases (seven out of ten in 2016)
  - additional analysis for cancer, since the five most common types cancers that lead to death differ in their impact on the population
- the emergent issue of chronic liver disease and cirrhosis, in light of increases in hepatitis C cases and opioid-related overdose deaths
- risk factors for chronic diseases
- Wake County Human Services (WCHS) programs working to prevent these diseases and their health impacts

*One limitation of this report is that except for overall mortality data for cancer and heart disease, the small numbers of deaths for Wake County’s non-Hispanic American Indians, non-Hispanic other races and Hispanics do not allow for death rate calculations in most of the figures and tables. As a result, comparisons could only be made between White and African-American males and females.*

## 2.0 Leading Causes of Death

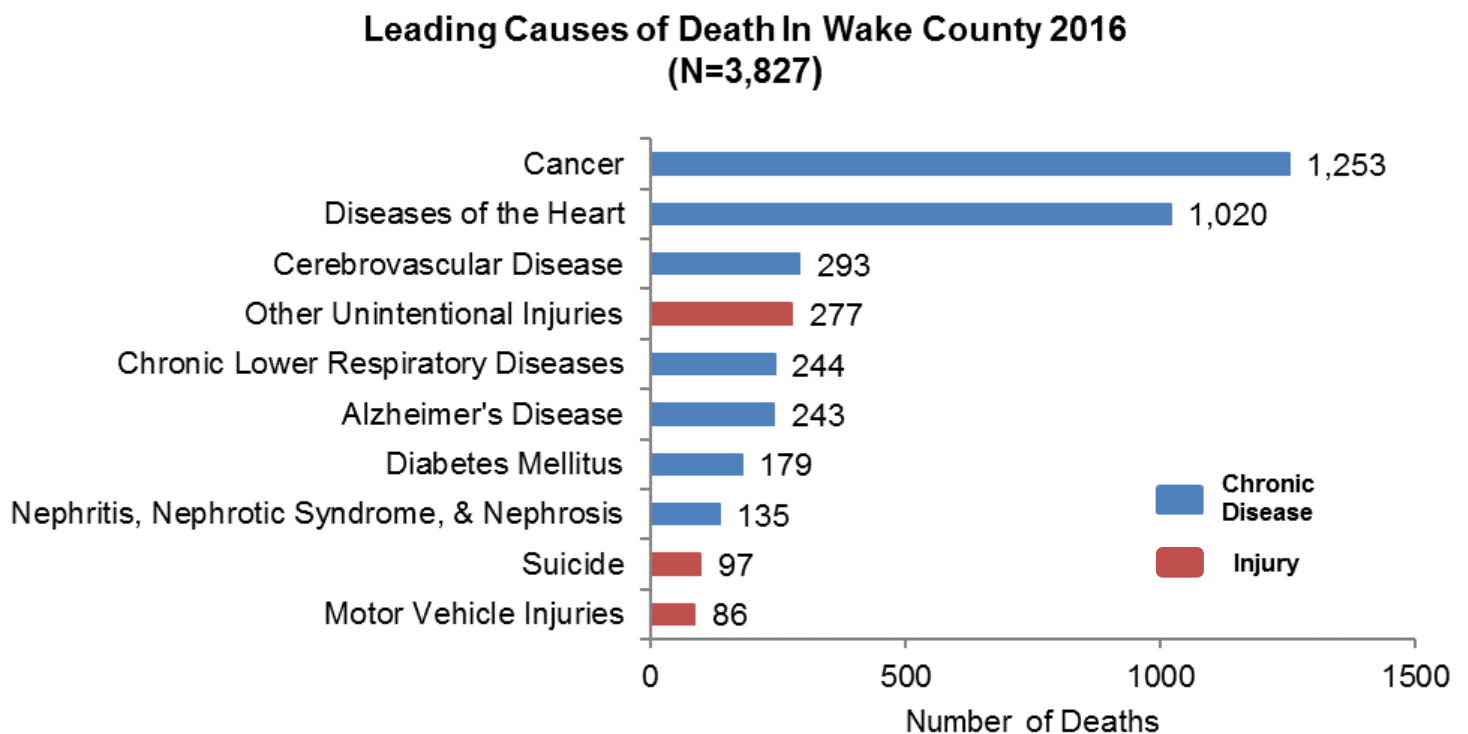
Mortality levels are regarded as accurate indicators of the overall health of a jurisdiction’s population and its subgroups. They reflect quantity of life (in terms of life years gained for populations with low mortality rates and life years lost for those with high mortality rates). Links between mortality and morbidity also reflect quality of life (6).



Cancer remained the number one cause of death in Wake County in 2016 (Figure 1). The top seven leading causes of death in Wake County were ranked the same from 2015 to 2016. In 2016 nephritis, nephrotic syndrome and nephrosis ranked as the eighth leading cause of death, suicide ranked ninth, and motor vehicle injuries ranked tenth.

There were 5,558 total deaths in Wake County in 2016. The 1,731 deaths not shown in Figure 1 were from residual causes (residual death data not shown). “Residual causes” are all other causes of death not categorized here. There were 219 different residual causes of death in Wake County in 2016 and none of those causes represented more than 7% of all causes of death.

**Figure 1**



Source: Special report prepared by the NC State Center for Health Statistics (NC SCHS) 11/13/17.

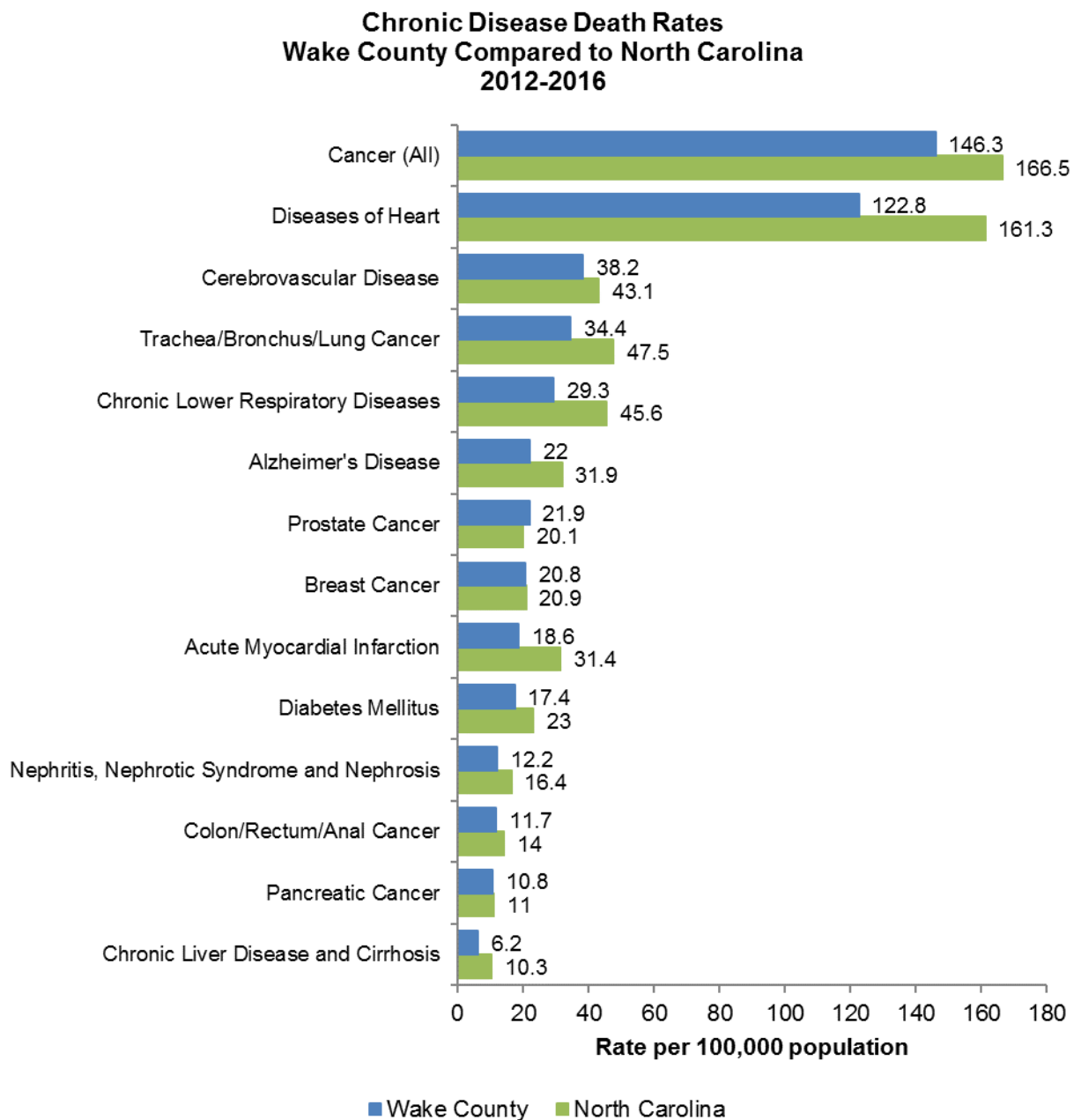
North Carolina’s leading causes of death in 2016 were similar to Wake County’s. The top eight causes of death in North Carolina were the same as in Wake County, though their ranks at the state level differed. Whereas suicide ranked ninth and motor vehicle injuries ranked tenth in Wake County, pneumonia and influenza ranked ninth and septicemia tenth in North Carolina.

Figure 2 shows Wake County had lower death rates than North Carolina for every chronic disease except prostate cancer in 2012-16.

## 2.1 Cancer

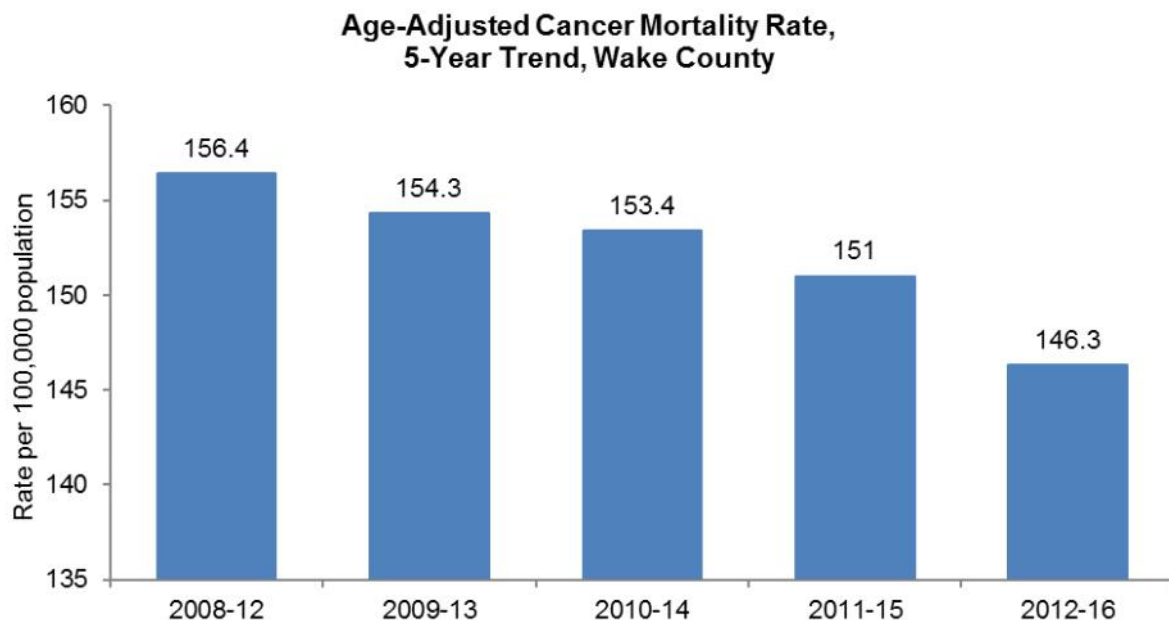
Cancer has almost overtaken heart disease as the number one killer both globally and nationally. It is the second leading cause of death worldwide (8.8 million deaths in 2015) as well as in the US (595,930 deaths in 2015)(7, 8). In North Carolina and Wake County, cancer is the leading cause of death. Wake County's overall cancer mortality rate was 12.1% lower than NC's in 2012-16 (Figure 2) and decreased by 6.5% (Figure 3).

Figure 2



Source: "Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates". County Health Data Book 2018. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>, Accessed 11/13/17.

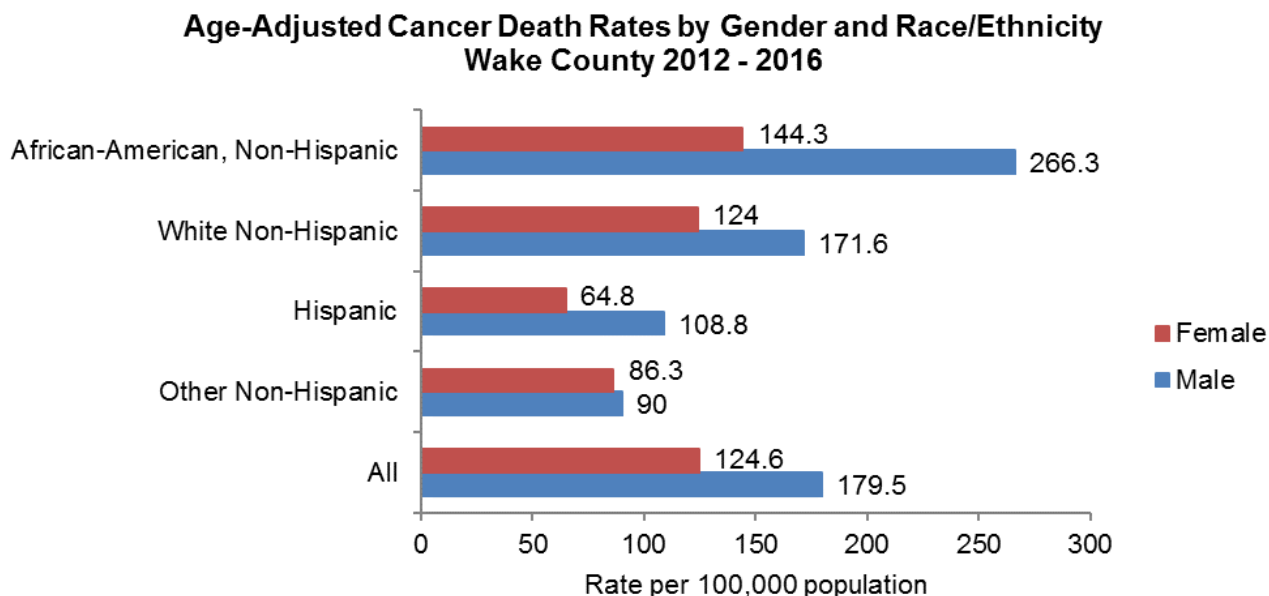
**Figure 3**



Source: “Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates”. County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

Gender and racial disparities in cancer death rates persist in Wake County. In 2012-2016, men died at higher rates than women, and African-American Non-Hispanic males died at higher rates than individuals of both genders in other racial and ethnic groups (Figure 4).

**Figure 4**



Source: “Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates”. County Health Data Book 2018. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

When comparing cancer mortality and incidence by site, trachea/bronchus/lung cancer had the highest mortality rate in Wake County while breast cancer had the highest incidence rate (Table 1).

**Table 1**

<b>Cancer Mortality and Incidence by Site Wake County 2011 - 2015*</b>								
	<b>Lung/ Bronchus</b>		<b>Female Breast</b>		<b>Prostate</b>		<b>Colon/Rectum</b>	
	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE
Mortality	1,406	36.4	520	21.6	305	22.7	469	11.5
Incidence	CASES	RATE	CASES	RATE	CASES	RATE	CASES	RATE
	2,172	54.2	4,265	169.7	2,558	121.5	1,392	32

\*2011-15 is the latest time period available for cancer mortality and incidence data.

Source:

Mortality rates: 2011—2015 Cancer Mortality Rates by County for Selected Sites. State Center for Health Statistics.

<http://www.schs.state.nc.us/schs/CCR/mort1115cnty.pdf>. Accessed 12/18/17.

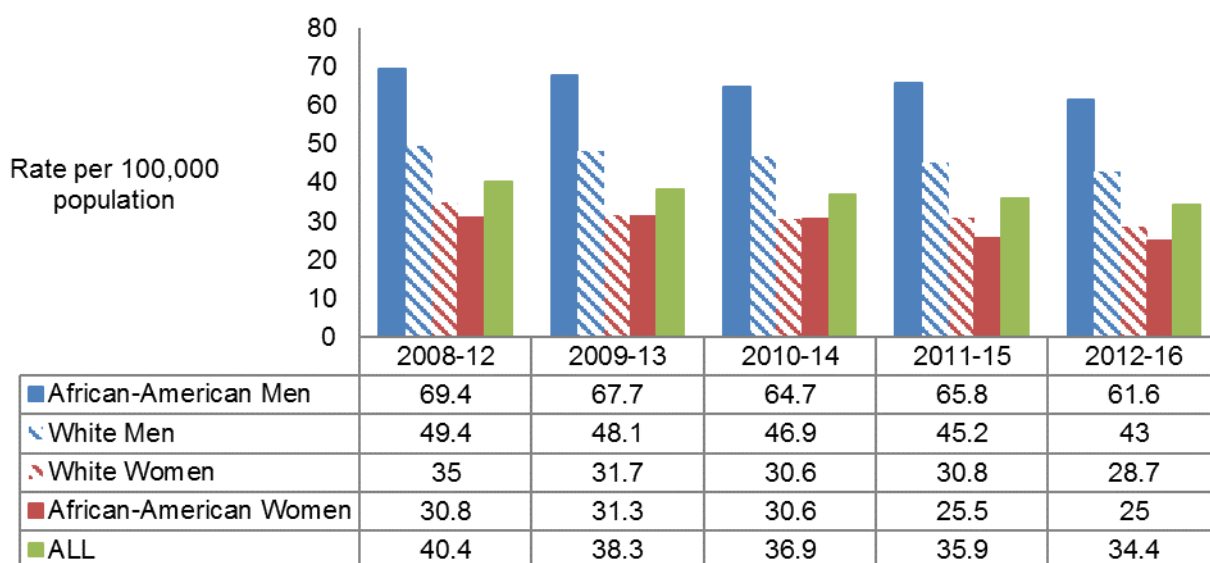
Incidence rates: Preliminary 2011—2015 Cancer Incidence Rates by County for Selected Sites. State Center for Health Statistics. <http://www.schs.state.nc.us/schs/CCR/incidence/2015/5yearRates.pdf>. Accessed 12/18/17.

## 2.1a Trachea/Bronchus/Lung Cancer

Trachea/bronchus/lung cancer was the leading cause of cancer-related deaths in Wake County from 2012-2016. The overall trachea/bronchus/lung cancer death rate in Wake County dropped 14.9% over the last five years. Men died at significantly higher rates than women, and African-American men died at significantly higher rates than white men. All four groups experienced double-digit percentage decreases in death rates over the last five years, with African-American women seeing the largest drop (18.8%) (Figure 5).

**Figure 5**

**Trachea/Bronchus/Lung Cancer Death Rates by Race and Gender  
5-Year Trend, Wake County**

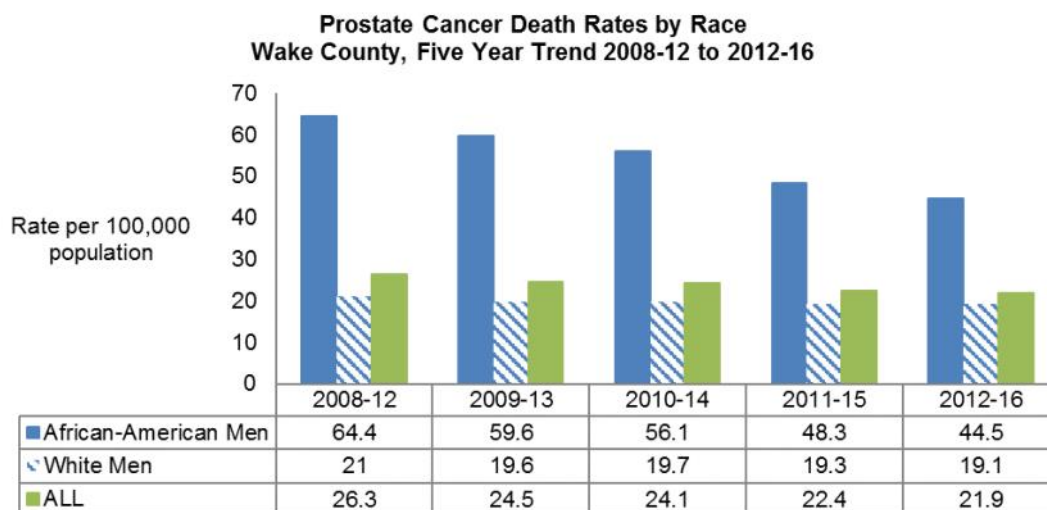


Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC StateCenter for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.1 b. Prostate Cancer

Prostate cancer was the second leading cause of cancer-related death in Wake County from 2012-16. While prostate cancer was the only chronic disease in which Wake County's mortality rates were higher than North Carolina's from 2012-2016 (Figure 2), prostate cancer mortality rates have declined over the past five years (Figure 6). African-American men have experienced much higher death rates than white men, yet African-American men's death rates decreased more sharply over five years. This drove an overall decline of 16.7% in the prostate cancer death rate from 2008-2012 to 2012-2016.

**Figure 6**

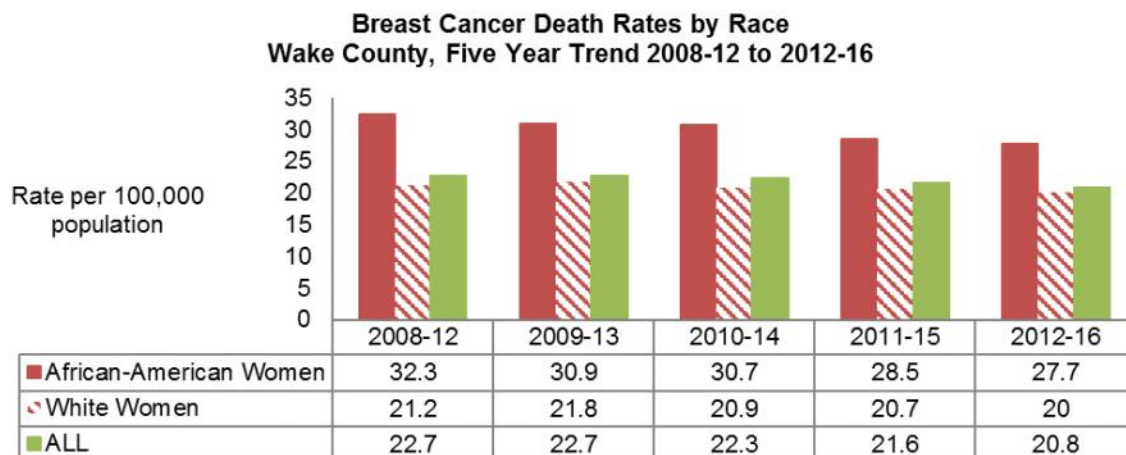


Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.1c Breast Cancer

Breast cancer was the third leading cause of cancer-related death in Wake County from 2012-2016. Death rate dynamics for breast cancer in Wake County were similar to those of prostate cancer over the last five years (Figure 7). African-American women died at higher rates than white women, but the decline in death rates was steeper for African-American women than for white women (14.2% compared to 5.7%). Breast cancer death rates dropped overall by 8.4% from 2008-12 to 2012-16.

**Figure 7**



Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

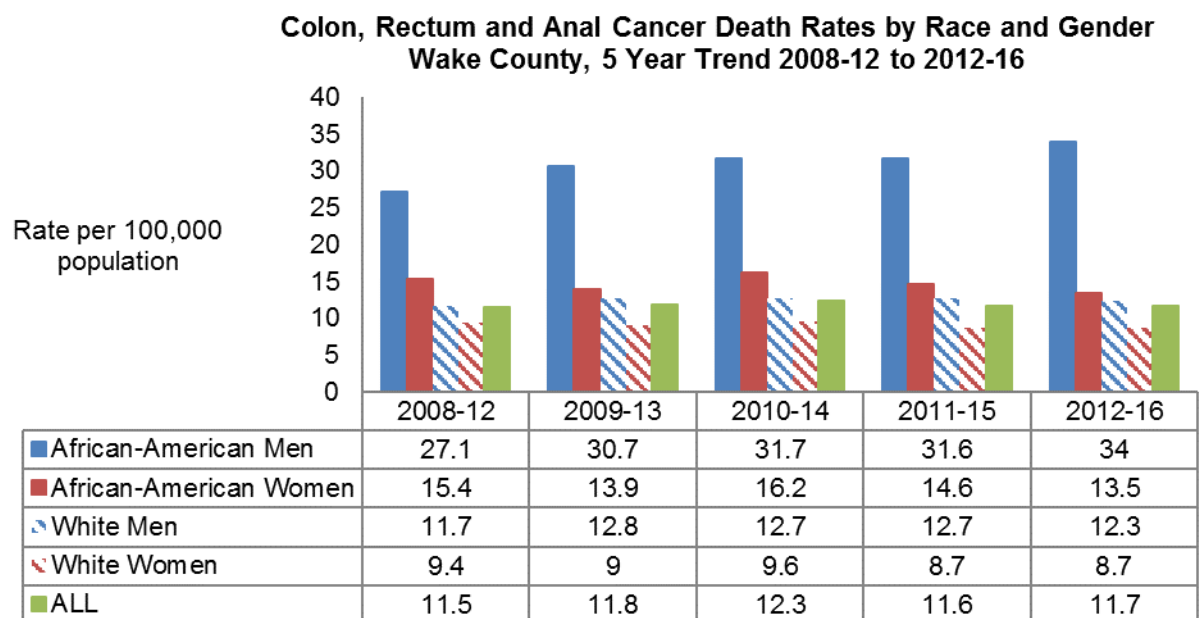
## 2.1d Colon/Rectum/Anal Cancer

Colon/rectum/anal cancer was the fourth leading cause of cancer-related death in Wake County from 2012-2016. Figure 8 shows that while the overall death rate barely budged in five years, there were significant disparities:

- African-Americans died at higher rates than whites
- African-American men died at much higher rates than other groups.
- Male death rates rose and female death rates fell.

The 25.4% increase in colon/rectum/anal cancer death rates in African-American men over five year trends is noteworthy, because African-American men were already experiencing the highest death rates from these cancers.

**Figure 8**



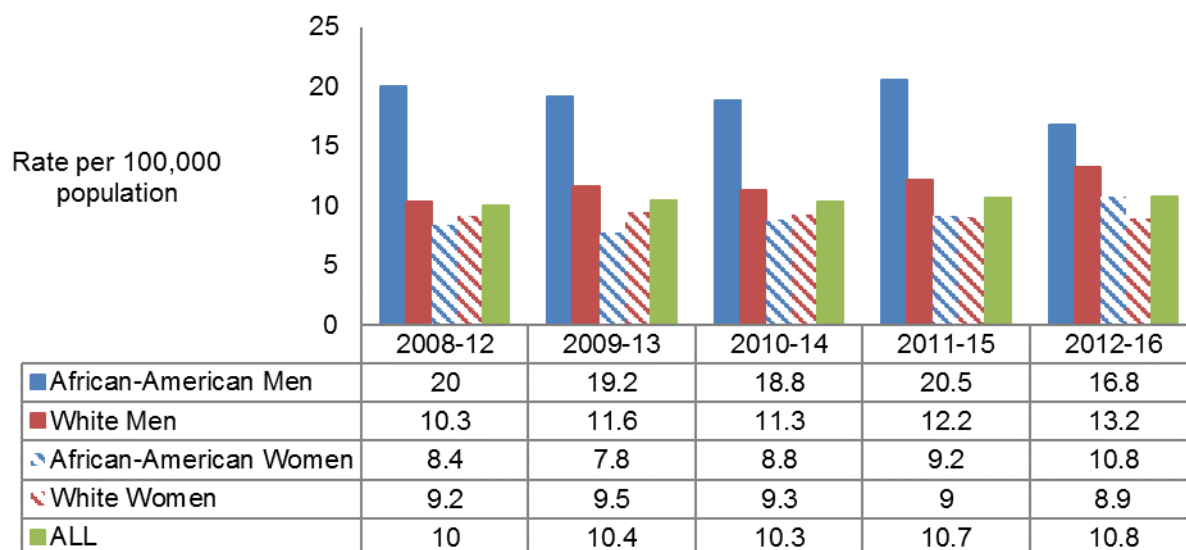
Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.1e Pancreatic Cancer

Pancreatic cancer was the fifth leading cause of cancer-related death in Wake County in 2012-16. Figure 9 shows African-American men had the highest death rates from pancreatic cancer. However, over the last five years the death rate gap between African-American and White men has shrunk, due to a 28.2% death rate jump in White men. African-American women also experienced a significant increase over the five-year period (28.6%).

Figure 9

**Pancreatic Cancer Death Rates by Race and Gender**  
Wake County, Five Year Trend 2008-12 to 2012-16



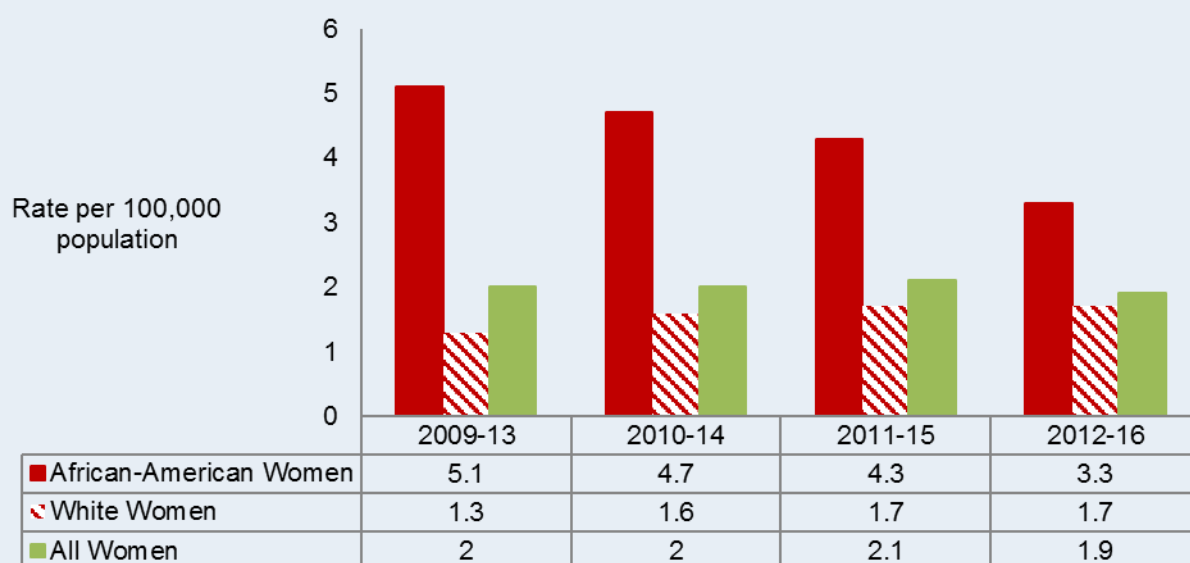
Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.1f. HIGHLIGHT--Cervical Cancer

While not one of Wake County's leading causes of cancer deaths, cervical cancer deserves mention for the decline in its mortality rate racial disparity. From 2009-2013, the African-American cervical cancer death rate was almost four times the white rate, but from 2012-2016, the African-American rate had dropped to slightly less than double the white rate (Figure 10). The overall Wake County cervical cancer death rate decreased slightly from 2009-2013 to 2012-2016.

Figure 10

**Cervical Cancer Death Rates by Race**  
Wake County, 4 Year Trend 2009-13 to 2012-16



Source: Special report prepared for WCHS by the NC SCHS 12/6/17.



The human papillomavirus (HPV) vaccine is a proven measure in reducing the incidence of cervical cancer. Table 2 shows how many HPV vaccine doses were administered to WCHS clients in each of the last two fiscal years (FY). The number of clients vaccinated increased over 15% and the number of clients ages 13-18 receiving vaccines increased 33.5% from FY 2016 to FY 2017.

Also of interest, effective in October 2017, the CDC recommends that all 11 to 12 year olds receive two doses of HPV vaccine at least five months apart, rather than the previously recommended three doses. This schedule was implemented at WCHS in December 2016.

**Table 2**

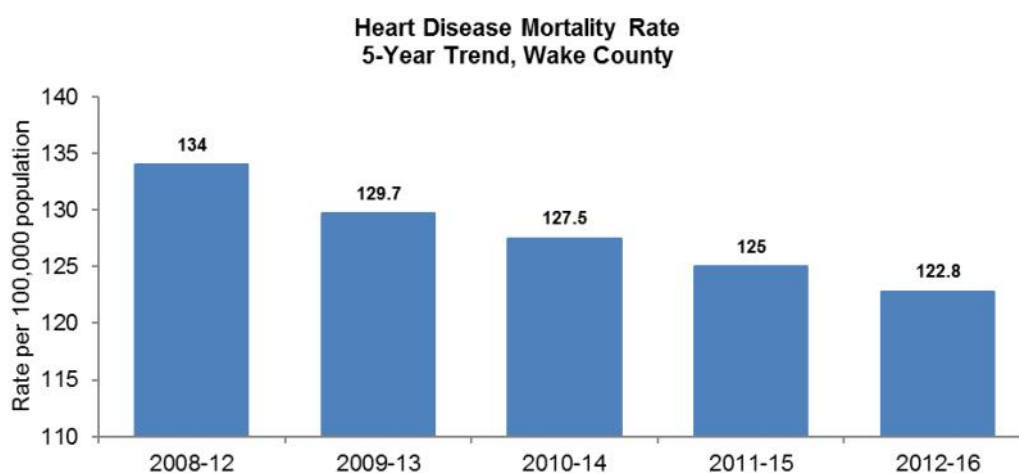
HPV VACCINE DOSES ADMINISTERED TO WCHS CLIENTS FY 2016 Compared to FY 2017		
	Total Doses Administered (All Clients)	Total Doses Administered (%) to Clients ages 13-18
<b>FY 2016</b>	2,289	923 (40%)
<b>FY 2017</b>	2,636	1,232 (47%)

Source: WCHS Immunization Tracking Team. 11/29/17.

## 2.2 Heart Disease

Heart disease was the second leading cause of death in Wake County from 2012-2016. Figure 11 shows that Wake County's heart disease death rate dropped 8.4% over the last five years.

**Figure 11**



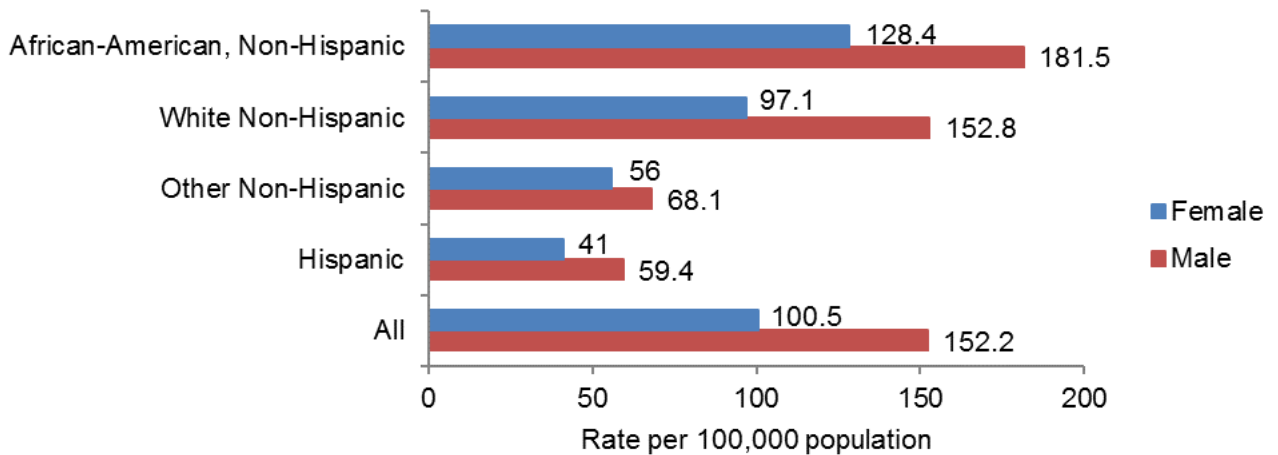
Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

Within populations, death rate disparities for heart disease were similar to those for cancer--men died at higher rates than women, and African-American Non-Hispanic males died at higher rates than individuals of both genders in other racial and ethnic groups (Figure 12).



Figure 12

### Age-Adjusted Heart Disease Death Rates by Gender and Race/Ethnicity Wake County, 2012 - 2016



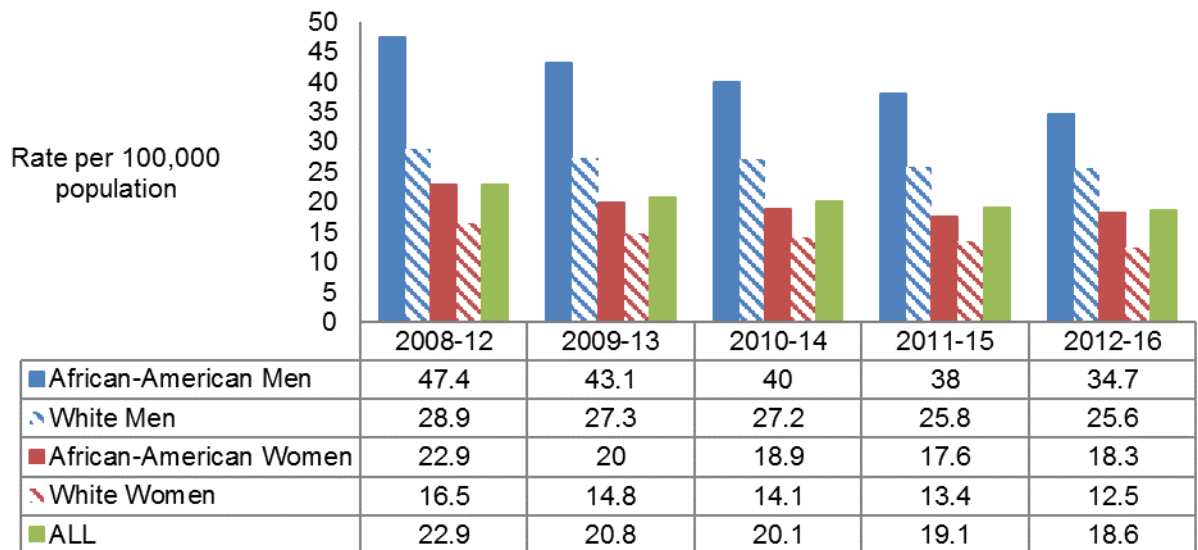
Source: "Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates". County Health Data Book 2018. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.2a Heart Attack

Looking specifically at acute myocardial infarction (heart attack) death rates in Wake County (Figure 13), the overall rate dropped 18.8% over five years. Men died at higher rates than women, yet all groups experienced double-digit percentage decreases, with African-American men experiencing the largest decrease (26.8%). Though African-American men consistently had higher heart attack death rates than others, the gap between them and other groups diminished significantly as of 2012-2016.

Figure 13

### Heart Attack Death Rates by Race and Gender Wake County, Five Year Trend 2008-12 to 2012-16

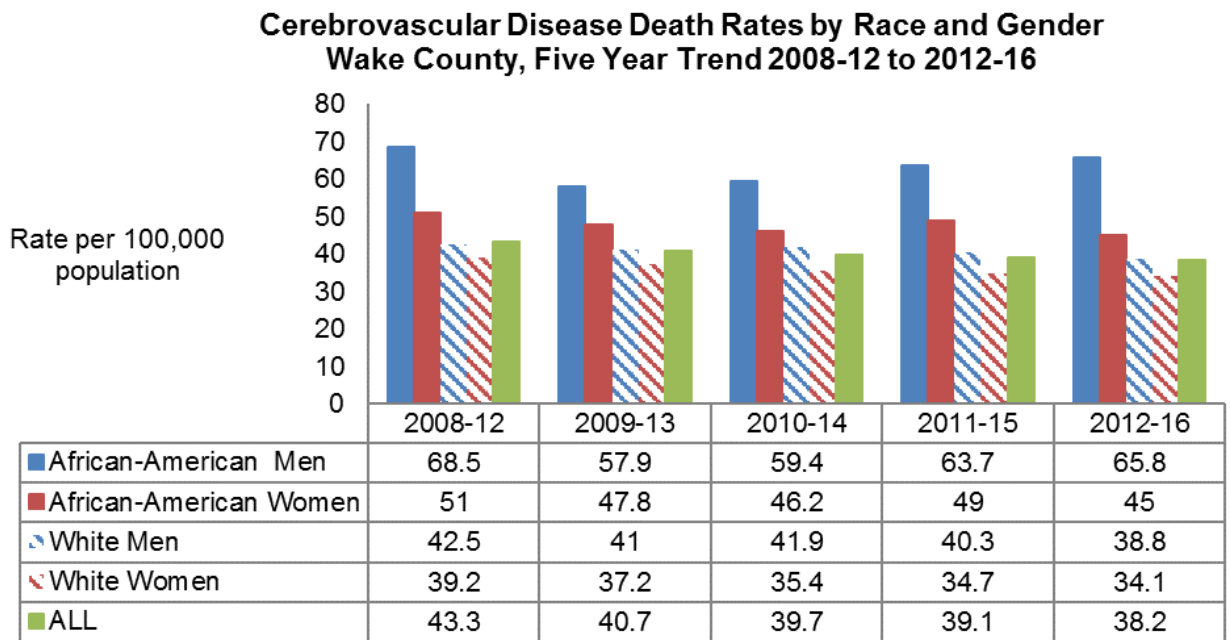


Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.3 Stroke

Stroke, a common result of cerebrovascular disease, was the third leading cause of death in Wake County in 2012 - 2016. Figure 14 shows a more marked racial than gender disparity in stroke death rates over the last five years. African-American male death rates were higher than other groups, yet they were the only group that did not experience a double-digit percentage decrease (3.9%). The disparity gap between African-American men and others is now wider than it was five years ago. The overall stroke death rate declined 11.8% from 2008-12 to 2012-16.

Figure 14

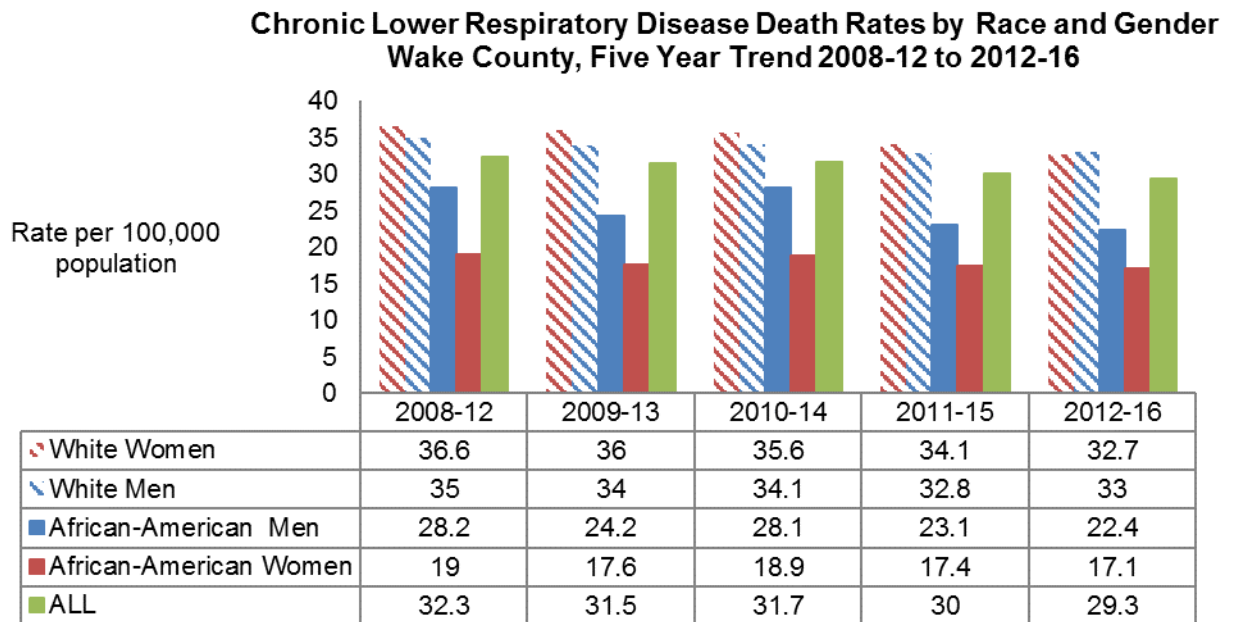


Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.4 Chronic Lower Respiratory Disease

Chronic lower respiratory disease, which includes conditions such as asthma, chronic bronchitis, emphysema and chronic obstructive pulmonary disease (COPD), was the fifth leading cause of death in Wake County from 2012-2016. It was also one of two chronic diseases (along with Alzheimer's disease) in which death rates were higher for whites than for African-Americans (Figure 15). White men and women died at essentially the same rate. African-American women had the lowest death rate in each of the last five years and the death rate for African-American men showed the largest percentage decrease (20.6%). The overall death rate dropped 9.3% from 2008-12 to 2012-16.

Figure 15

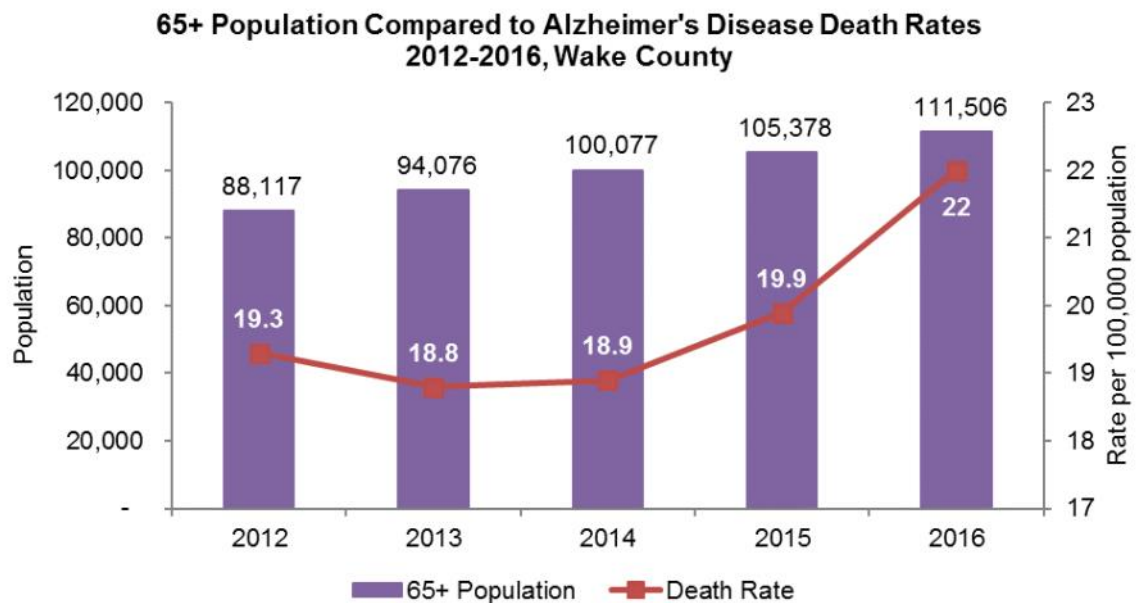


Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 2.5 Alzheimer's Disease

Alzheimer's disease was the sixth leading cause of death in Wake County from 2012-2016. Figure 16 shows that as Wake County's 65+ population has increased, so has the Alzheimer's disease death rate.

Figure 16

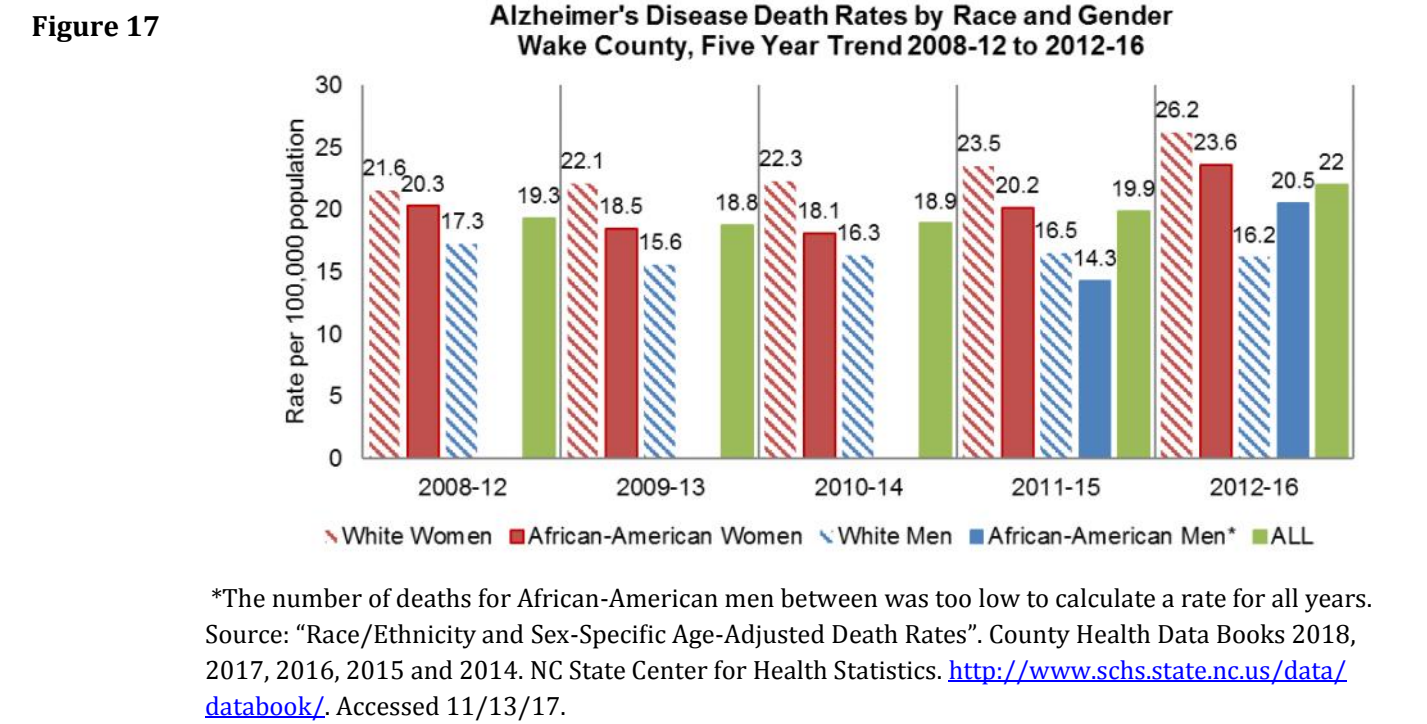


Sources:

Population data: NC Communicable Disease Branch, 9/28/17.

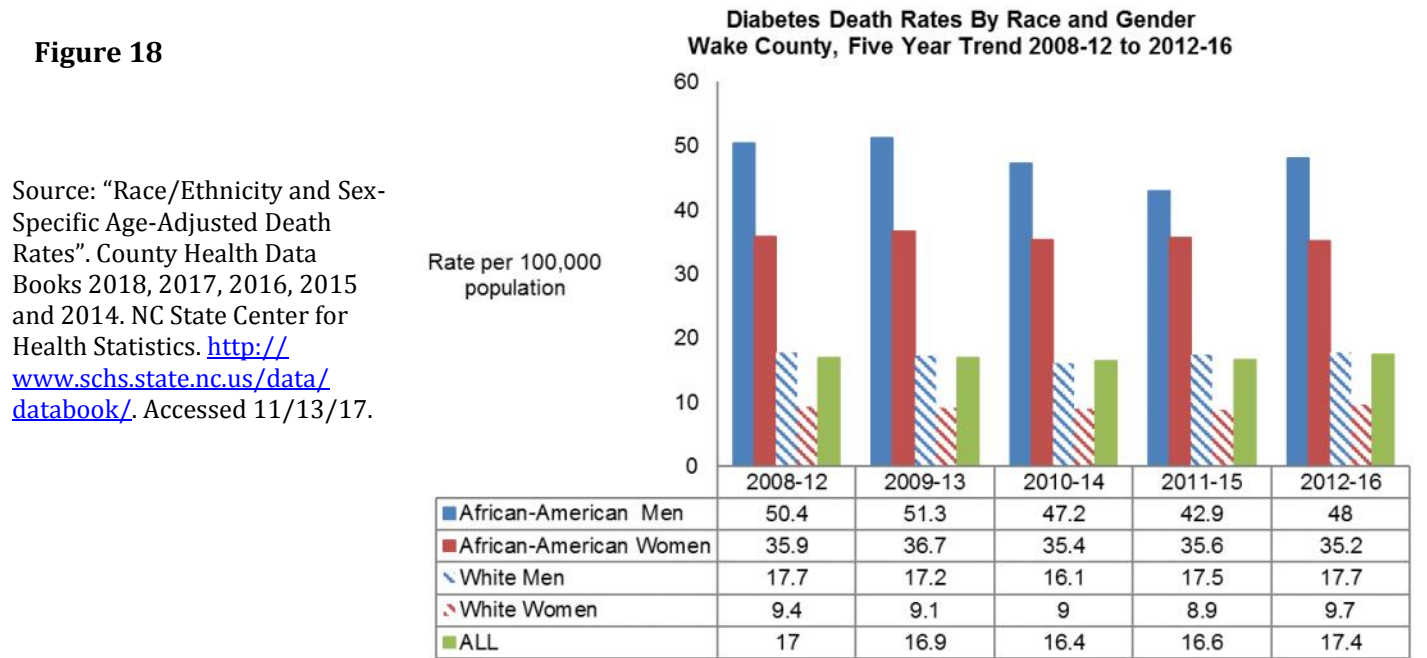
Death rates: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

Figure 17 five year trend analyses show an increase in the Alzheimer’s death rate for both white (21.3%) and African American (16.3%) women. The overall Alzheimer’s death rate increased 14% over five years.



2.6 Diabetes

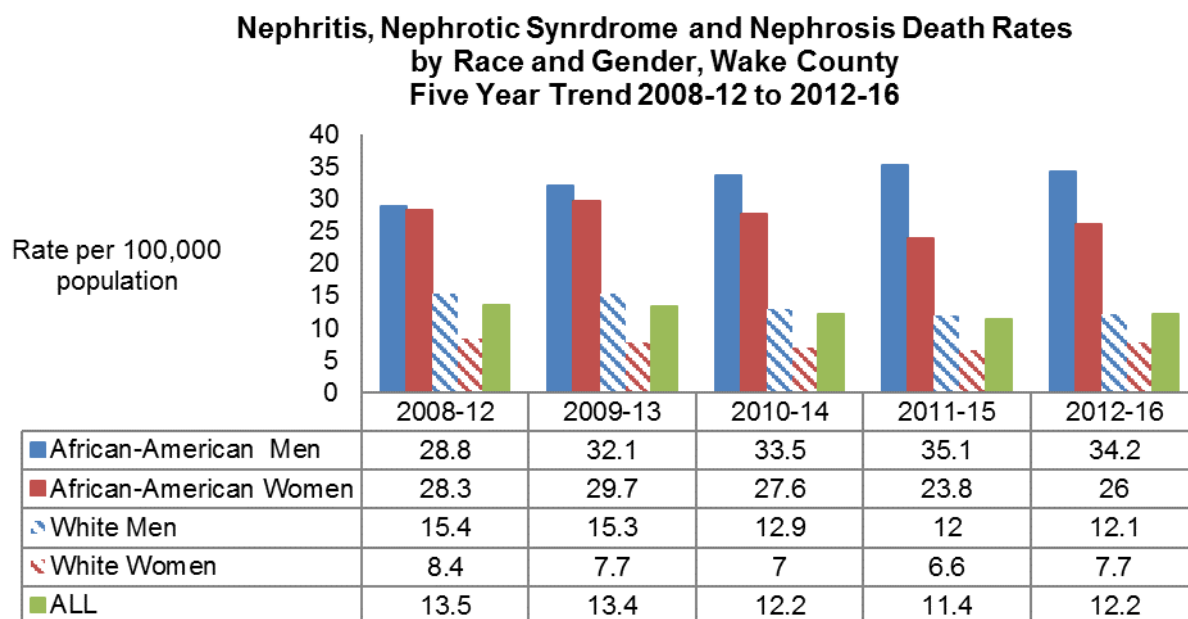
Diabetes mellitus was the seventh-leading cause of death in Wake from 2012-2016. Figure 18 shows that no population group experienced a significant change in diabetes death rates over the last five years. However, the racial disparity in diabetes death rates is particularly pronounced. African-Americans died at significantly higher rates than whites. It is also noteworthy that males died at higher rates than their female counterparts *within each racial group*.



## 2.7 Nephritis, Nephrotic Syndrome and Nephrosis

Nephritis, nephrotic syndrome and nephrosis (also known as “kidney disease”) was the eighth leading cause of death in Wake County from 2012-16. Figure 19 shows that, like for stroke and diabetes, there was a pronounced racial disparity in death rates. African-American men had the highest death rates for each of the last five years, and their death rate increased 18.8%. African-American women’s death rates decreased 8.1%, but their death rates were consistently higher than those of white men and white women. The overall death rate went down 9.6% from 2008-12 to 2012-16.

**Figure 19**



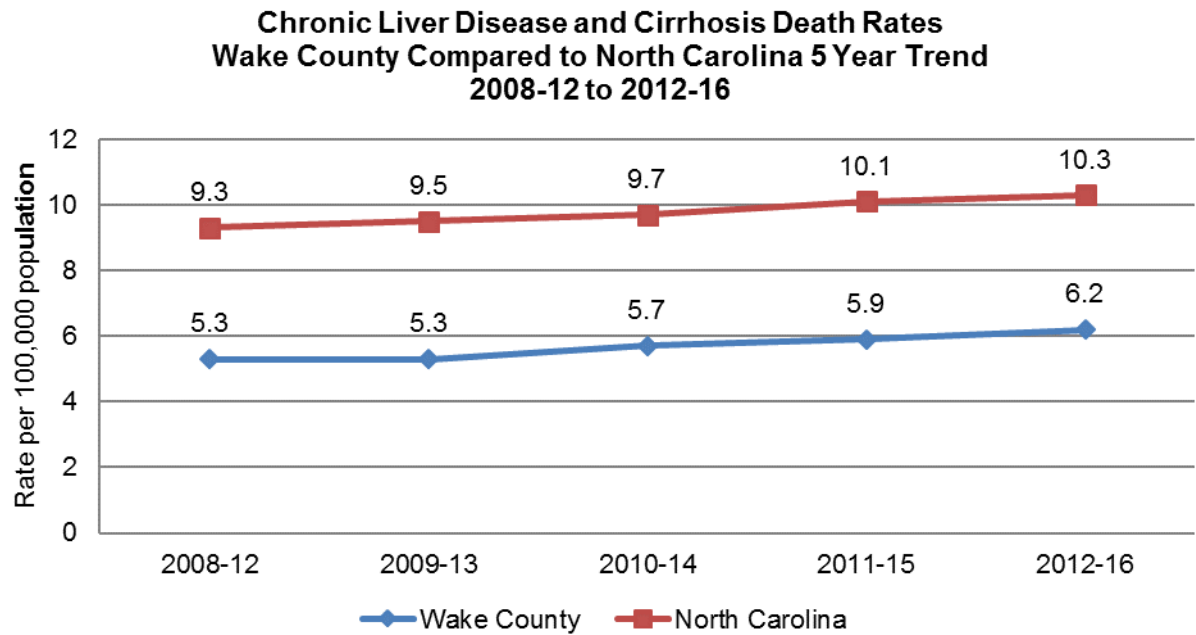
Source: “Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates”. County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 3.0 Emerging Issue: Chronic Liver Disease and Cirrhosis

Both North Carolina and Wake County have seen overall chronic liver disease and cirrhosis death rate increases in the last five years (Figure 20). Figure 21 shows that in Wake County, chronic liver disease and cirrhosis mortality increased 26.8% for white males over the last five years. White males are also the population predominantly affected by opioid deaths and overdoses. The previous WCHS public health report on injuries (<http://bit.ly/2Doq1BU>) detailed the synergy between hepatitis C and the opioid epidemic in Wake County and North Carolina. An increase in chronic liver disease and cirrhosis mortality may be yet another facet of the opioid epidemic.

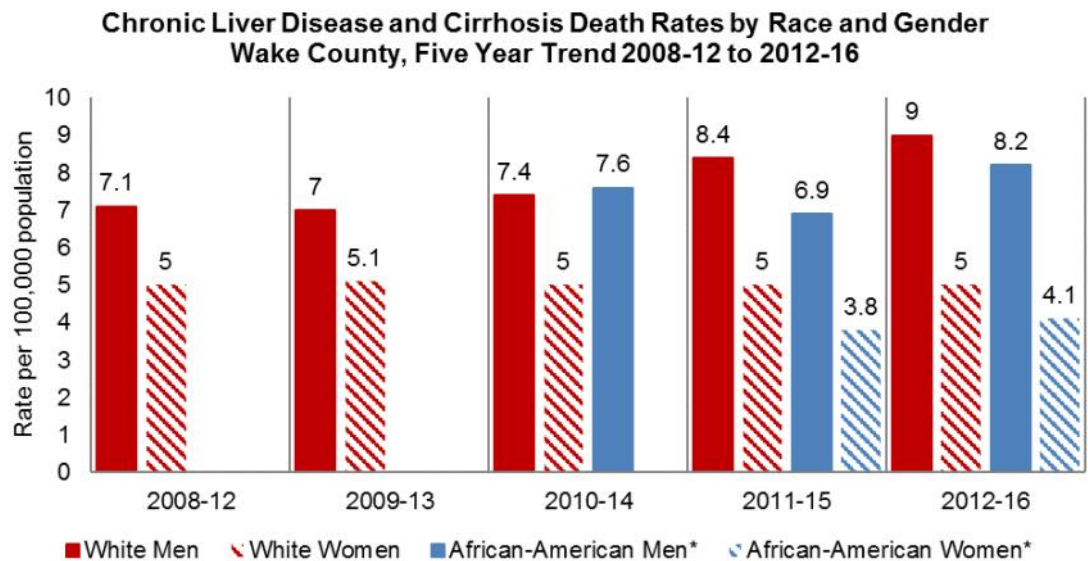


**Figure 20**



Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

**Figure 21**



\*The number of deaths for African-American men and women was too low to calculate a rate for 2008-12 and 2009-13.

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

## 4.0 Risk Factors

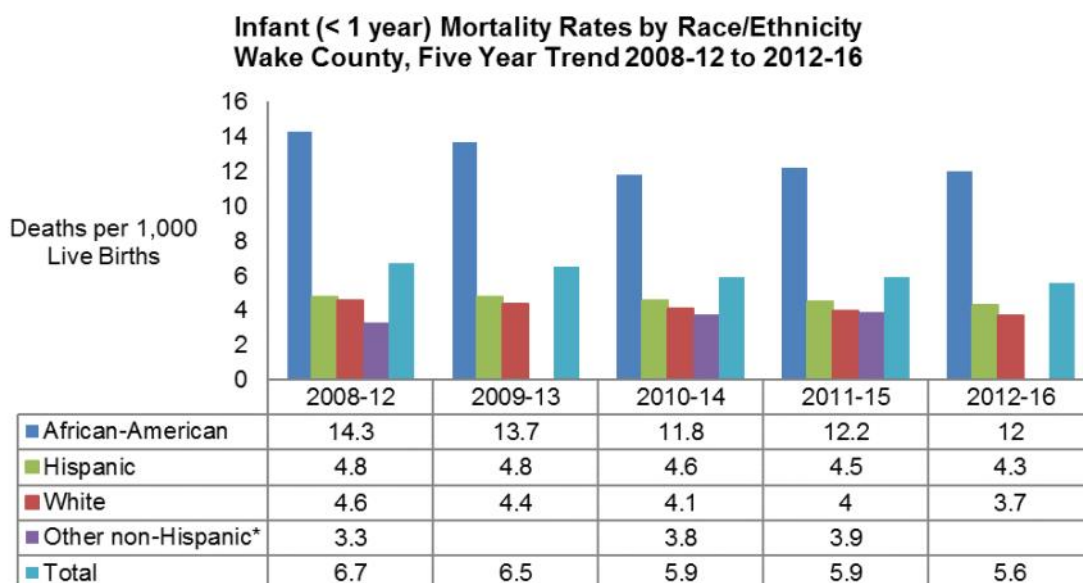
### 4.1 Infant Mortality and Health

In a CDC publication entitled *Ties That Bind: Maternal and Child Health and Chronic Disease Prevention at the Centers for Disease Control and Prevention*, the authors make the following observation:

“As we move from childhood into early adulthood, too many women of childbearing age already suffer from chronic conditions or use substances that can adversely affect pregnancy outcomes, leading to miscarriage, infant death, birth defects, or other complications for mothers and infants. Approximately 7% of adult women aged 18 to 44 years have asthma, 36% are overweight or obese before pregnancy, 13% are underweight, 22% use tobacco, 3% are hypertensive, 2% have diabetes, and 15% report feelings of depression during the postpartum period. The need to intervene early in the lives of women, for their own health and that of their babies, can best be met through the joint efforts of maternal and child health and chronic disease prevention and health promotion” (9).

Infant mortality is the death of a baby before its first birthday. Figure 22 shows the five-year trend for infant death rates in Wake County.

**Figure 22**



\*Number of deaths was too low to calculate rates for Other non-Hispanics in 2009-13 and 2012-16.

Source: “Infant Death Rates per 1,000 Live Births by Race/Ethnicity.” County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17

African-Americans had much higher infant mortality rates compared to other groups. However, the African-American death rate dropped 16.1% and the disparity narrowed over five years. Hispanics had slightly higher death rates than whites in each year. Whites experienced the largest five-year percentage drop, 19.6%. The total infant mortality rate dropped 16.4% over five years.

Pregnant women with chronic diseases have an increased risk of having low birthweight babies as well as babies having chronic health conditions later in life (10). Table 3 shows the five-year trend for low and very low weight births by race/ethnicity. African-Americans had the highest percentage of low or very low birthweight babies, and Hispanics had the lowest percentage. The percentage of low and very low birthweight babies in Wake County stayed essentially the same over the last five years.

**Table 3**

Number and Percent of Low and Very Low Birth Weight Births Wake County, Five Year Trend 2008-12 to 2012-16											
		2008-12		2009-13		2010-14		2011-15		2012-16	
		Low	Very Low	Low	Very Low	Low	Very Low	Low	Very Low	Low	Very Low
<b>Total</b>	<b>Births</b>	5,154	1,041	5,095	1,033	5,083	1,015	5,042	992	5,046	942
	<b>%</b>	8.1	1.6	8.1	1.6	8.1	1.6	8	1.6	8	1.5
<b>White</b>	<b>Births</b>	2,265	409	2,224	395	2,243	391	2,208	356	2,208	342
	<b>%</b>	6.7	1.2	6.6	1.2	6.7	1.2	6.6	1.1	6.6	1
<b>Black/ African-American</b>	<b>Births</b>	1,803	463	1,798	464	1,772	449	1,777	465	1,757	442
	<b>%</b>	12.7	3.3	12.7	3.3	12.5	3.2	12.5	3.3	12.4	3.1
<b>Other non-Hispanic</b>	<b>Births</b>	404	51	437	59	458	60	456	57	482	52
	<b>%</b>	8.2	1	8.7	1.2	8.8	1.1	8.5	1.1	8.5	0.9
<b>Hispanic</b>	<b>Births</b>	682	118	636	115	610	115	601	114	599	106
	<b>%</b>	6.3	1.1	6.3	1.1	6.2	1.2	6.2	1.2	6.1	1.1

Source: "Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity." County Health Data Books 2018, 2017, 2016, 2015 and 2014. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17.

Table 4 shows life expectancy at birth for Wake County residents born between 2014 and 2016, and where Wake County ranks among North Carolina counties (1 is the best, 100 the worst).

**Table 4**

Wake County Life Expectancy at Birth With Rank Among NC Counties, 2014-2016*		
Population	Life Expectancy (Years)	Rank
<b>All Residents</b>	81.5	4
<b>Males</b>	79.3	5
<b>Females</b>	83.5	3
<b>Whites</b>	82.4	3
<b>African-Americans</b>	77.6	13*

\*14 NC counties had African-American populations too small to calculate life expectancy, so African-Americans in Wake ranked 13<sup>th</sup> out of 86 NC counties

Source: "Life Expectancy at Birth for State, 2016 and County, 2014-2016." County Health Data Book 2018. NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. Accessed 11/13/17



## 4.2. Tobacco Use

### 4.2a Smoking

Smoking is the leading risk factor for lung cancer. The 2016 County Health Rankings report that 15% of Wake County adults smoke every day or most days and have smoked at least 100 cigarettes in their lifetime (11). The percentage of adults who smoke cigarettes in Wake County was less than that of North Carolina (19%). Premature death is attributed to smoking, and smoking is also identified as a cause of:

- More than twelve types of cancer
- Cardiovascular disease
- Respiratory conditions, such as chronic obstructive pulmonary disease (COPD) and emphysema
- Low birth weight
- Other adverse health outcomes (12)

### 4.2b Electronic Cigarettes (e-cigarettes)

E-cigarettes are known by many different names, including vapes, vape pens, and e-hookah. (Figure 23). They are generally composed of a battery, a heating element, and a place to hold a liquid. When used, they produce an aerosol by heating up the e-liquid solution; the aerosol then exposes users to:

- Potentially harmful substances, such as nicotine
- Ultrafine particles that can be inhaled deep into the lungs
- Flavorings such as diacetyl, a chemical linked to a serious lung disease
- Volatile organic compounds
- Cancer-causing chemicals
- Heavy metals, such as nickel, tin and lead (13)

Bystanders also become exposed to the same chemical-containing aerosol when the user exhales. E-cigarettes are not an FDA-approved cessation aid, and can be modified to deliver marijuana and other drugs (14).

Figure 23

Examples of E-cigarettes



Image source: "Electronic Cigarettes" Centers for Disease Control and Prevention. [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/index.htm](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm), Accessed 11/30/17.

In 2016, more than 2 million U.S. middle and high school students reported using e-cigarettes in the past 30 days (14). However, the 2016 National Youth Tobacco Survey showed that use of e-cigarettes among youth declined for the first time. While cigarette smoking among youth is down in North Carolina, there was an 888% increase in use of e-cigarettes among youth from 2011 to 2015.

Under North Carolina General Statute § 14-401.18A(b)-(c), e-liquid products containing nicotine must be sold in child-resistant containers and must state the product contains nicotine (15). Once this law was enacted on December 1, 2015, Carolinas Poison Center saw a decrease in the number of e-cigarette related incidents from 149 in North Carolina and 12 in Wake County in 2015 to 121 in North Carolina and 4 in Wake County in 2016 (Table 5).

**Table 5**

<b>Tobacco-Related Calls to Carolinas Poison Center By Exposure Type 2012-2016 Wake County</b>					
<b>EXPOSURE</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Chewing Tobacco</b>	0	2	5	2	1
<b>Cigarettes</b>	8	17	9	8	15
<b>Cigars</b>	1	0	1	0	0
<b>Dissolvable Tobacco</b>	0	0	0	0	0
<b>Filter tips (cigarette butts)</b>	0	0	1	0	0
<b>Snuff</b>	0	0	0	3	1
<b>Other tobacco</b>	0	0	1	0	0
<b>Unknown tobacco</b>	3	4	0	7	3
<b>E-cigarettes containing nicotine or nicotine liquid</b>	2	2	10	12	4
<b>TOTAL</b>	<b>14</b>	<b>25</b>	<b>27</b>	<b>32</b>	<b>24</b>

Source: Carolinas Poison Control Center, 11/27/17.

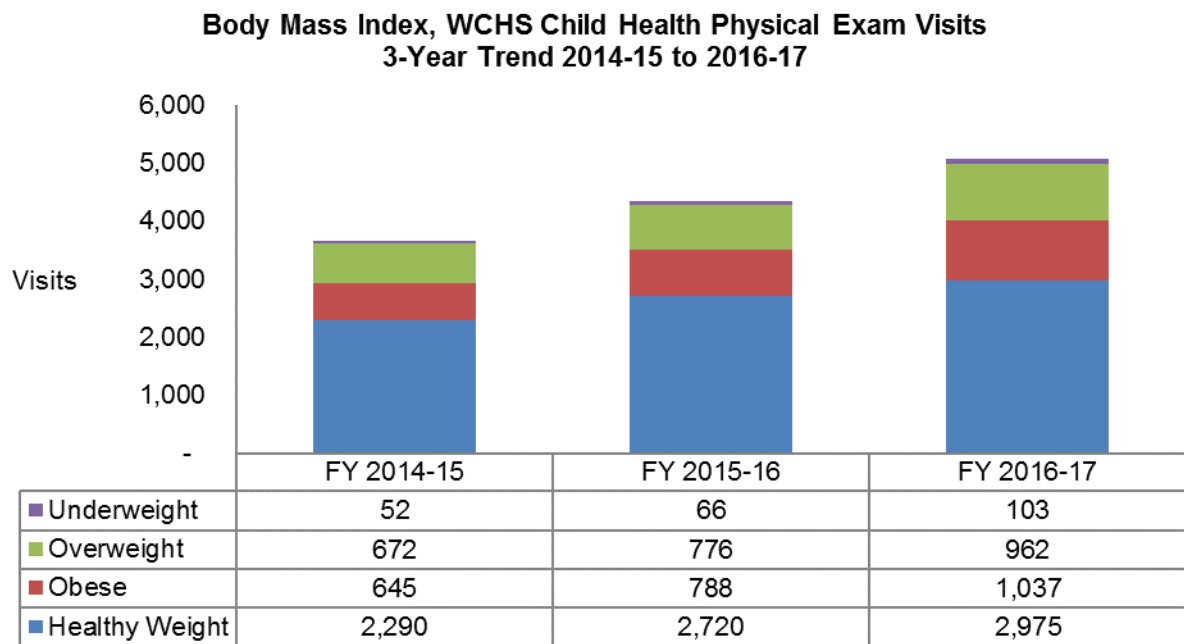
General Statute § 130A Article 23 prohibits smoking in North Carolina bars and restaurants and grants local government the authority to regulate smoking in public places. It also defines smoking as use of a “lighted” tobacco product. The Wake County tobacco free policy, which went into effect in 2016, prohibits the use of tobacco products, including e-cigarettes, in all Wake County Government buildings, vehicles, and on County grounds, including parks and recreation centers.

### 4.3. Obesity

Body mass index (BMI) is a useful screening tool, using height and weight to classify underweight, healthy or recommended weight, overweight and obesity. A child's (ages 2-20) BMI is plotted on a growth chart, using age and gender to determine a percentile which corresponds to his/her weight classification.

WCHS's Child Health Clinic provides well-child visits that include a complete physical examination. A child's BMI measurement is taken at these visits. For the last three years, the percentage of children who were overweight or obese hovered between 36% and 39%; the number of children receiving BMI measurements increased by 39% over the same time period (Figure 24).

**Figure 24**



Source: Wake County Human Services GE Centricity Electronic Health Record. Accessed 11/17/17, 10/20/16 and 9/29/15.

The National Committee for Quality Assurance (NCQA) endorses weight assessment and counseling for children by a health care provider to promote regular physical activity, healthy eating, and behavioral changes that support a healthy weight.

### 4.4 Lack of Health Insurance

According to the Kaiser Family Foundation, the lack of health insurance has an extraordinary impact on a person's health. Uninsured people are much more likely than publicly- or privately-insured individuals to have

- No usual source of care
- Postponed seeking care due to cost
- Gone without needed care due to cost
- Not been able to afford prescription drugs (16)

Many silent health problems go undetected without routine checkups, so uninsured individuals are at much higher risk of being diagnosed in later stages of diseases and have higher mortality rates than those with insurance. Table 6 illustrates what an uninsured Wake County resident would have to pay *in a single visit* to treat certain chronic conditions at our four main inpatient hospitals.

**Table 6**

Average Gross Charge* for Selected Diagnostic-Related Groups by Hospital 10/1/15 - 9/30/16				
Diagnostic-Related Group (DRG)	Duke Raleigh	WakeMed Raleigh	Rex	WakeMed Cary
Bronchitis and asthma <b>with</b> complications and comorbidities or major complications and comorbidities	\$19,882	\$21,183	\$13,904	\$16,252
Acute myocardial infarction, discharged alive <b>with</b> major complications and comorbidities	\$39,189	\$47,000	\$26,901	\$28,877
Operating room procedures for obesity <b>without</b> complications and comorbidities or major complications and comorbidities	\$39,541	\$13,792	\$41,534	\$48,568
Diabetes <b>with</b> complications and comorbidities	\$17,115	\$20,647	\$11,830	\$16,065
Intracranial hemorrhage or cerebral infarction <b>with</b> major complications and comorbidities	\$48,749	\$55,704	\$38,495	\$58,710
Renal failure <b>with</b> major complications and comorbidities	\$38,239	\$41,803	\$54,060	\$34,939

\* Average Gross Charge: the amount that will be charged to a patient if all charges are paid in full without a public or private third-party paying for any portion of the charges.

Source: "Transparency in Health Care Costs". NC Division of Health and Human Services. <https://www2.ncdhhs.gov/dhsr/ahc/hb834/compare.asp>. Accessed 12/1/17.

The significant variation in costs between hospitals notwithstanding, any of the figures shown in the table could conceivably saddle an uninsured person with a huge medical debt and thereby increase their chances of having to file for medical bankruptcy (17).

## 5.0 Service Matrix

### Health Promotion Chronic Disease Prevention (HPCDP) Section Public Health Division, Wake County Human Services

Health Promotion Chronic Disease Prevention provides a set of chronic disease prevention and management services to people and communities experiencing the greatest health disparities. These services address obesity, cardiovascular disease, stroke, diabetes, breast and cervical cancers, and tobacco cessation. Health Promotion staff help to empower community organizations, including faith partners and worksites, by creating healthy environments and improving health behaviors.

**Staff: County Funded: 6.5 FTE      County Funded Direct Service: 3.5 FTE      Grant Funded: 3.5 FTE**

Programs and Services			Results Fiscal Year '16/17
<b>Clinical Services</b>	<b>Community Screenings</b>	Staff provide community screenings to low-resource individuals that include analysis of blood pressure, body mass index (BMI) and body fat. Participants then receive nutrition counseling to encourage healthy behavior change based on his/her screening results. <b>Information: 919-250-4746</b>	<ul style="list-style-type: none"> <li>•Total 292 individuals screened</li> <li>•Of the 258 individuals screened for BMI, 83% were overweight or obese and 50% were obese</li> </ul>
	<b>Clinical Screenings</b>	Staff provide screenings services such as mammography, clinical breast exams and pap smears. Refer to BCCCP description below for more details. <b>Information: 919-212-9310</b>	<ul style="list-style-type: none"> <li>•528 mammography services provided</li> <li>•58 cervical screenings provided</li> </ul>
	<b>Breast and Cervical Cancer Control Program (BCCCP)</b>	Wake County BCCCP provides free or low cost breast and cervical cancer screenings and follow up services to eligible women in Wake County. Women are eligible if they are uninsured or underinsured, are between the ages of 40-64 for breast screening services and 21-64 for cervical screening services, and have a household income at or below 250% of the federal poverty level. <b>Information: 919-212-9310</b>	<ul style="list-style-type: none"> <li>•423 women served</li> <li>•528 mammography services provided</li> <li>•14 breast cancers detected and referred for treatment</li> <li>•58 cervical screenings provided</li> </ul>
	<b>WISEWOMAN</b>	Wake County WISEWOMAN provides free cardiovascular health screenings to the women enrolled in BCCCP. Women are screened for blood pressure, cholesterol, diabetes, and BMI. Participants also receive counseling on physical activity and nutrition. If necessary, women are referred to a medical provider for follow up treatment for abnormal lab values. <b>Information: 919-250-3990</b>	<ul style="list-style-type: none"> <li>•184 women received services including screening, health coaching and being referred to a medical provider to manage chronic diseases</li> </ul>

<b>Clinical Services cont.</b>	Medical Nutrition Therapy	<p>Nutrition counseling provided by Health Promotion Registered Dietitian (RD) to patients of WCHS Women's Clinic</p> <p>Nutrition counseling provided by Health Promotion RD to patients of Shepherd's Care Medical Clinic (SCMC) and Eastern Regional Center (ERC)</p>	<ul style="list-style-type: none"> <li>•34 clients seen</li> <li>•75% showed positive change</li> <li>•40 clients seen</li> <li>•45% showed positive change</li> </ul>
<b>Health Education Training and Workshops</b>	Health and Wellness Community Presentations	<p>Various interactive workshops for adults on healthy eating and physical activity to reduce risk and/or manage chronic diseases.</p> <p><b>Information: 919-212-8376</b></p>	<ul style="list-style-type: none"> <li>•225 participants</li> <li>•Participants report willingness to make positive health behavior changes</li> </ul>
	Club CHOICE Plus	<p>Club CHOICE Plus is a weight management series for adult women. The series includes eight sessions, each session consisting of nutrition education (in English and Spanish) and group fitness. The children of the participants also take part in activities promoting healthy eating and fitness facilitated by Wake County 4-H Cooperative Extension.</p> <p><b>Information: 919-250-4677</b></p>	<ul style="list-style-type: none"> <li>•58 women and children participants</li> <li>•68% of women lost weight with an average weight loss of 2 pounds</li> <li>•100% of women made healthy behavior changes</li> </ul>
	Cooking Matters at the Store	<p>An on-site grocery store tour which provides participants with hands-on education as they shop for food. Participants learn how to budget and plan for a healthy, affordable and delicious meals for their families through a curriculum sponsored by the Inter-Faith Food Shuttle.</p> <p><b>Information: 919-212-9663</b></p>	<ul style="list-style-type: none"> <li>•86 participants learned techniques to shop for healthy food on a budget that they will continue to use</li> </ul>
	Diabetes Management and Prevention	<p>Diabetes Management Education series at Shepherd's Care Medical Clinic in Fall 2017</p> <p>Health Promotion will be facilitating the Minority Diabetes Prevention Program (MDPP) in early 2018</p> <p><b>Information: 919-212-9663</b></p>	<ul style="list-style-type: none"> <li>•Outcome data will be available in the next Public Health Report on Chronic Disease</li> </ul>
	Middle Class Express (MCE)	<p>MCE is a program to help individuals advance toward self-sufficiency to achieve a middle class lifestyle. Health Promotion provides a nutrition education session to each MCE cohort. Additionally, the Health Promotion RD provides health coaching to MCE participants who select health as one of their goals.</p> <p><b>Information: 919-250-4746</b></p>	<ul style="list-style-type: none"> <li>•5 education sessions reaching 56 participants</li> <li>•5 individuals participated in health coaching showing increased healthy behaviors</li> </ul>
	STEPS	<p>STEPS is a component of the Work First Program in which participants learn skills to thrive on their own. Health Promotion provides a series of three nutrition education sessions to each STEPS cohort.</p> <p><b>Information: 919-212-9663</b></p>	<ul style="list-style-type: none"> <li>•55 participants</li> <li>•Results: Individuals reported making healthy behavior changes for themselves and their children</li> </ul>

<b>Community Physical Activity Programs</b>	Movin' and Groovin'	<p>A 6-8 week series of free physical activity sessions for Wake County Families to encourage healthier lifestyles and reduce the burden of overweight/obesity in children and adults. Families engage in mini physical activity sessions as well as organized walking, facilitated by Health Promotion and 4-H Youth Development staff.</p> <p><b>Information: 919-250-4731</b></p>	<ul style="list-style-type: none"> <li>• 4 series with a total of 231 participants</li> <li>• Results: Over 80% of participants reported increased physical activity and healthy eating behaviors as a result of participating in the series</li> </ul>
<b>Food Security and Local Food Systems</b>	Farmer's Markets	<p>Health Promotion provides technical support to Farmer's Markets to increase access to fresh, local food among low resource individuals. This includes encouraging and supporting markets who accept EBT, WIC payments and participate in Farmer Foodshare (a program in which produce from the market is donated to local food pantries). HP promotes the use of EBT at Farmer's Markets throughout the community. HP also provides interactive educational displays at farmer's markets providing information on nutrition and local food.</p> <p><b>Information: 919-250-4734</b></p>	<ul style="list-style-type: none"> <li>• 19 Farmer's Markets in Wake County <ul style="list-style-type: none"> <li>• 9 accept EBT payment</li> <li>• 5 accept WIC vouchers</li> <li>• 8 participate in Farmer FoodShare</li> <li>• 3 are Summer Meal Sites</li> </ul> </li> </ul>
	Mobile Markets	<p>Health Promotion partners with <i>Grocers on Wheels</i> mobile market to bring fresh fruits and vegetables to <i>Movin' &amp; Groovin'</i> participants during the finale of the walking series in an effort to improve access to fresh produce within the community.</p> <p><b>Information: 919-250-4734</b></p>	<ul style="list-style-type: none"> <li>• Over 840 pounds worth of fresh produce distributed to 86 <i>Movin' &amp; Groovin'</i> participants</li> </ul>
	Summer Food Service Program	<p>Health Promotion works in partnership with the NC Department of Public Instruction as well as Human Services' Board, Social and Economic Vitality Program, other staff and multiple community partners to increase the number of summer meal sites and the number of meals served.</p> <p>Sunnybrook became a meal site during Summer 2017 which demonstrated great success.</p> <p><b>Information: 919-250-4734</b></p>	<ul style="list-style-type: none"> <li>• Wake County: 146 sites which is a 11% increase from 2016; 235,575 meals served</li> <li>• Sunnybrook served 1298 meals over 8 weeks</li> </ul>
<b>Regional Center Service Integrations</b>		<p>Health Promotion is formally integrated into all Wake County regional centers (ERC, NRC, SRC and Millbrook) to provide population health services for vulnerable groups. Health Promotion brings added value to the clients as well as the staff through wellness initiatives and leveraging resources with community partners.</p> <p><b>Information: 919-212-8376</b></p>	<ul style="list-style-type: none"> <li>• Staff Wellness: <ul style="list-style-type: none"> <li>• 69 education sessions reaching 133 staff</li> <li>• 7 Wellness challenges reaching 78 staff</li> </ul> </li> <li>• Community Wellness <ul style="list-style-type: none"> <li>• Men's Health Fair</li> <li>• 5 wellness sessions reaching 30 participants</li> </ul> </li> </ul>



<b>Community Partnerships</b>		<p>Health Promotion partners with numerous community based organizations, including faith partners, non-profits, municipalities, and medical providers along with other Wake County departments to build capacity and share resources regarding health promotion and disease prevention interventions.</p> <p><b>Information: 919-250-4553</b></p>	<ul style="list-style-type: none"> <li>•Partner with over 120 community organizations</li> <li>•Provide interventions with 7 community and faith based organizations</li> </ul>
<b>Public Health Education Campaigns</b>		<p>Health Promotion provides monthly public health education campaigns corresponding to national health observances (i.e. Breast Cancer Awareness Month and Heart Health Month) to build awareness and connect people to disease prevention and management resources. Campaign components include presentations, education outreach and fundraisers to corresponding non-profits.</p> <p><b>Information: 919-212-8376</b></p>	
<b>Active Routes to School (ARTS)</b>		<p>This regional project is a partnership between NC Division of Public Health and NC Department of Transportation. The goal of the project is to increase the number of elementary and middle school students who safely walk and bike to and at school. The Active Routes to School coordinator works with community, county and state partners to support schools in starting ongoing education programs and foster policy changes at all levels to support safer routes to school. <b>Information: 919-610-5760</b></p>	<ul style="list-style-type: none"> <li>•Helped create Safe Routes to School Action plans for 5 schools</li> <li>•Walking and biking to school included in WCPSS Wellness Policy</li> <li>•Increased Walk and Bike to School Day participation: 16 schools in May and 42 schools in October</li> </ul>
<b>Tobacco Prevention and Control (TPC)</b>		<p>This regional project provides technical support in the form of preparation, implementation and enforcement of tobacco free policies. TPC also provides tobacco cessation resources and professional training.</p> <p>Starting in 2018, at least 20 youth will be trained as smoking cessation community ambassadors, as part of Wake County's integrated program for prevention of drug abuse and tobacco use. Once trained, each youth ambassador will conduct a community smoking cessation project and present findings to 15 community members by FY 2019-20.</p> <p><b>Information: 919-250-1171</b></p>	<ul style="list-style-type: none"> <li>•Policies Passed: Tobacco Free Parks Town of Morrisville impacting over 23,000 people</li> <li>•NC Quitline: 1631 registered callers and 521 fax referrals in Wake County</li> </ul>



<b>Tobacco Prevention and Control (TPC) continued</b>			<ul style="list-style-type: none"> <li>•145 participants (including 52 WCHS providers) participated in 5As training regarding tobacco cessation counseling and resources</li> <li>•Developed and implemented a standing order for nurses to bill for tobacco cessation counseling provided in WCHS clinics</li> </ul>
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