



Chronic Disease 2020

Wake County Human Services Public Health Report

Nannette Bowler, Human Services Director

Dorothy Cilenti, Acting Public Health Division Director

Editor-in chief: Nicole Mushonga, Associate Medical Director and Epidemiology Program Director

Content Editors: Morgan Poole, Field Epidemiology Program Manager and

Ramsay Hoke, Human Services Program Specialist



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Cover Photo: Community members learn hands only CPR at EMS Station 1.

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1.0 Overview

According to the Centers for Disease Control and Prevention (CDC), the health and economic costs of chronic health conditions are staggering: 90% of the US's \$3.8 trillion in annual health care expenditures are for people with chronic and mental health conditions[1]. Costs for the following chronic diseases and some of their underlying risk factors include:

- **Heart Disease and Stroke:** "These diseases take an economic toll, as well, costing our health care system \$214 billion per year and causing \$138 billion in lost productivity on the job"[1].
- **Cancer:** "The cost of cancer care continues to rise and is expected to reach almost \$174 billion by 2020."
- **Diabetes:** "In 2017, the total estimated cost of diagnosed diabetes was \$327 billion in medical costs and lost productivity"[1].
- **Alzheimer's Disease:** "In 2010, the costs of treating Alzheimer's disease were estimated to fall between \$159 billion and \$215 billion. By 2040, these costs are projected to jump to between \$379 billion and \$500 billion annually"[1].
- **Obesity:** "Obesity costs the US health care system \$147 billion a year"[1].
- **Cigarette Smoking:** "Cigarette smoking is the leading cause of preventable death and disease in the United States. More than 16 million Americans have at least one disease caused by smoking. This amounts to \$170 billion in direct medical costs that could be saved every year if we could prevent youth from starting to smoke and help every person who smokes quit"[1].

- **Lack of Physical Activity:** "[L]ack of physical activity costs the nation \$117 billion annually for related health care"[1].
- **Excessive Alcohol Use:** "In 2010, excessive alcohol use cost the US economy \$249 billion, or \$2.05 a drink, and \$2 of every \$5 of these costs were paid by the public. Binge drinking is responsible for over half the deaths and three-quarters of the costs due to excessive alcohol use"[1].

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

- The leading causes of death attributed to chronic diseases (eight out of ten in 2019)
- Detailed analysis for cancer, since the five most common types of cancers that lead to death differ in their impact on the population
- Wake County Human Services (WCHS) programs working to prevent these diseases and their health impacts

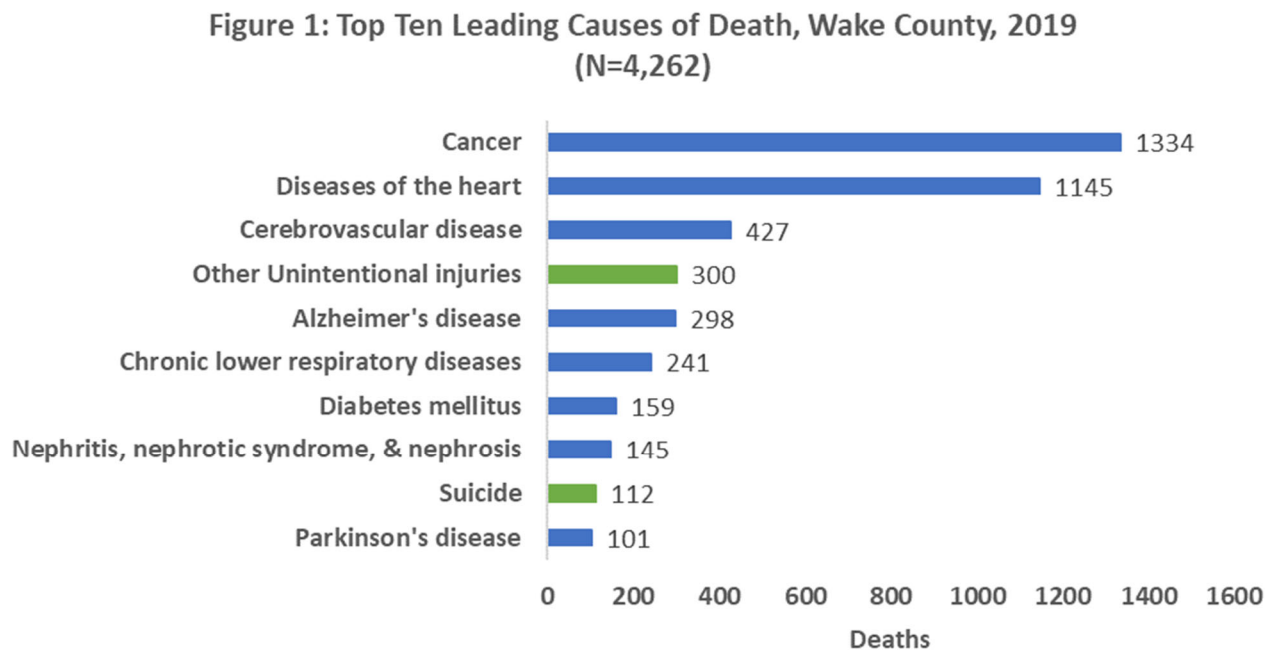
One limitation of this report is that, except for overall mortality data for cancer and heart disease, the small numbers of deaths for Wake County's non-Hispanic American Indians, non-Hispanic other races and Hispanics do not allow for death rate calculations among these populations in most of the figures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

2.0 Leading Causes of Death

Mortality rates 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), while links between mortality and morbidity also reflect **quality** of life.

In 2019, eight of the top ten leading causes of death in Wake County were chronic diseases (Figure 1). Cancer, diseases of the heart, and cerebrovascular disease (stroke) again ranked #1, #2, and #3 respectively. Alzheimer's Disease, chronic lower respiratory diseases, Diabetes mellitus and nephritis, nephrotic syndrome and nephrosis again ranked #5, #6, #7, and #8 respectively. Parkinson's Disease replaced pneumonia and influenza at #10 in 2019.

There were 6,020 deaths in Wake County in 2019. The 1,758 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 239 different residual causes of death in Wake County in 2019. None of those causes represented more than 4.5% of all causes of death.



Source: Special report prepared by NC State Center for Health Statistics (NC SCHS), 3/9/21.

2.1 Cancer

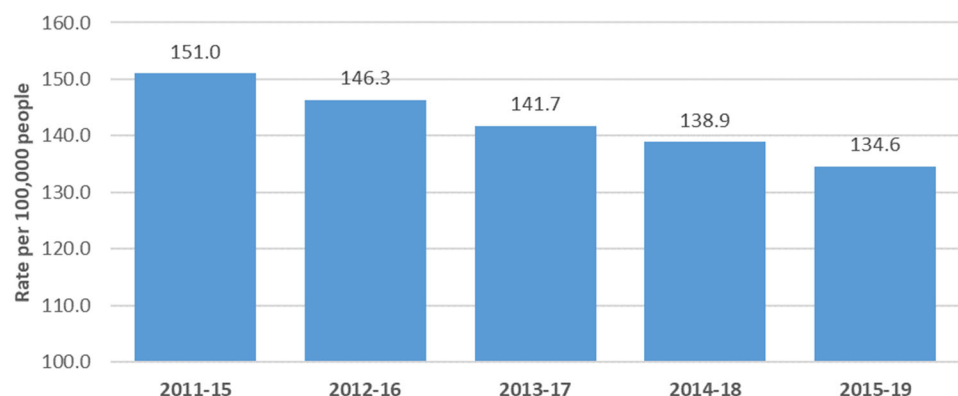
As in previous years, cancer remains the leading cause of death in Wake County. But just like in previous years, Wake County's all-cancer mortality rate continues to fall over time (Figure 2), and has decreased 10.9% over the last five years.

Figure 3 shows the 5-year trend in all-cancer mortality rates by race/ethnicity and gender in Wake County.

There remains a significant and persistent disparity in cancer death rates between African-American men and all other racial and ethnic groups. Even so, African-American men had the largest decrease (16.4%) in cancer death rates. Men continue to have higher cancer death rates than women in all groups.

The cancer death rate for Hispanic women increased 50% .

Figure 2: All Cancer Mortality Rate, Wake County, 5-Year Trend

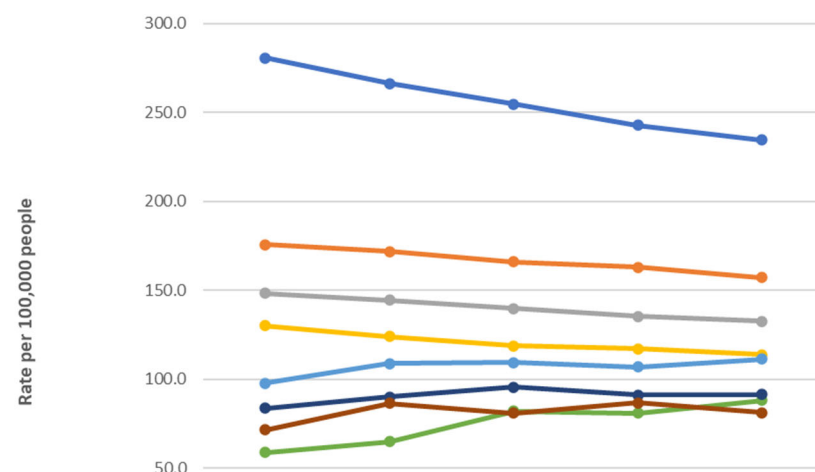


Sources:

Figure 2. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. [http:// www.schs.state.nc.us/data/databook/](http://www.schs.state.nc.us/data/databook/). 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 3. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. [http:// www.schs.state.nc.us/data/databook/](http://www.schs.state.nc.us/data/databook/). 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 3: All Cancer Mortality Rates by Race/Ethnicity and Gender, Wake County, 5-Year Trend



	2011-15	2012-16	2013-17	2014-18	2015-19
African-American Men	280.6	266.3	254.6	242.9	234.5
White Men	175.7	171.6	166.0	163.0	157.0
African-American Women	148.3	144.3	139.8	135.3	132.6
White Women	130.1	124.0	118.8	116.9	113.7
Hispanic Men	97.7	108.8	109.3	106.9	111.1
Hispanic Women	58.7	64.8	82.0	80.9	88.0
Other* Men	83.6	90.0	95.4	90.9	91.4
Other* Women	71.3	86.3	80.9	86.7	81.2

*"Other" includes Asian and Pacific Islander but excludes Hispanic and American Indian (the number of American Indian deaths was too small to calculate a rate).

2.1a Trachea/Bronchus/Lung Cancer

Trachea/bronchus/lung cancer remained the leading cause of cancer-related deaths in Wake County during 2015-19. From 2011-15 to 2015-19, the overall trachea/bronchus/lung cancer death rate decreased 18.4% (Figure 4). Both African-American and white men had higher death rates than African-American and white women. While death rates for all groups declined, African-American men continued to narrow the gap with other groups, with a decrease of 24.2%.

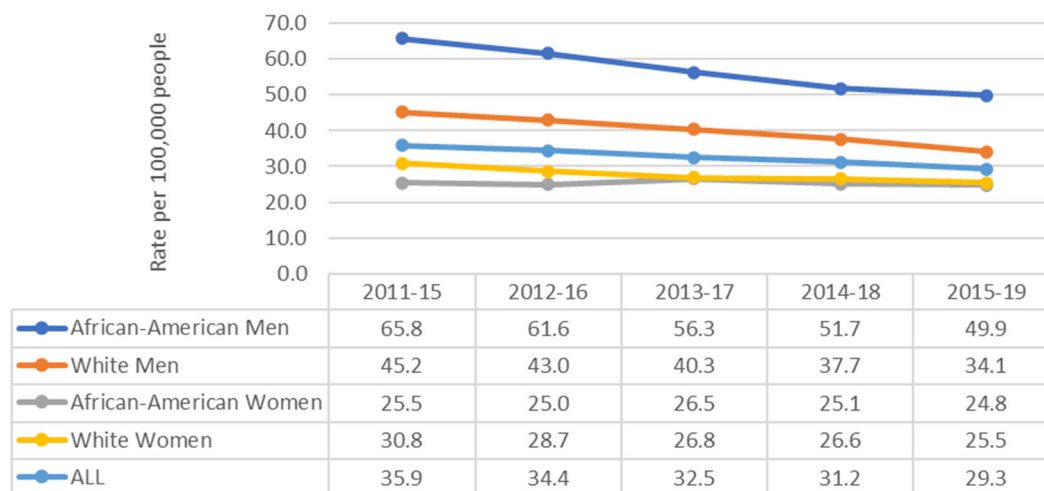
2.1aa Tobacco Use: Smoking and Electronic Cigarettes

Smoking

Smoking is the leading cause of preventable death and disability in the United States. The 2019 County Health Rankings reported that 14% of Wake County adults smoke every day or most days and have smoked at least 100 cigarettes in their lifetime (2). The percentage of adults who smoke cigarettes in Wake County was less than that of North Carolina (18%). 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 (3)

Figure 4: Trachea/Bronchus/Lung Cancer Mortality Rates, Wake County, 5-Year Trend



Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Electronic Cigarettes (e-cigarettes)

E-cigarettes are known by many different names, including vapes, vape pens, and e-hookah (Image 1). 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 (4)

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

E-cigarettes continue to be the most commonly used tobacco products among youth. In the United States, youth are more likely to use e-cigarettes than adults. In 2019, more than 5 million U.S. middle and high school students reported using e-cigarettes in the past 30 days (5,6,7). This was quite a dramatic increase from the (3.6 million in 2018) 2.9 million U.S. middle and high school students in the 2017 U.S. Youth Tobacco Survey. While cigarette smoking among youth is down in North Carolina, there was an 1,129% increase in use of e-cigarettes among youth from 2011 to 2019 (8).

More than 20% of high school students from North Carolina's central tobacco control region (which includes Wake County) report currently using e-cigarettes.

According to the 2019 North Carolina Youth Tobacco Survey (NC YTS), 23.3% of high school students are considering using e-cigarettes within the next year. However, 40-45% of middle school and high school students that are currently using tobacco want to stop, and 65-75% have attempted to quit in the last year. On December 20, 2019, the Federal Food, Drug, and Cosmetic Act was amended to raise the federal minimum age of sale of tobacco products from 18 to 21 years. It is now illegal under federal law for a retailer to sell any tobacco product – including cigarettes, cigars and e-cigarettes – to anyone under the age of 21 (9).

Image 1
Examples of E-cigarettes

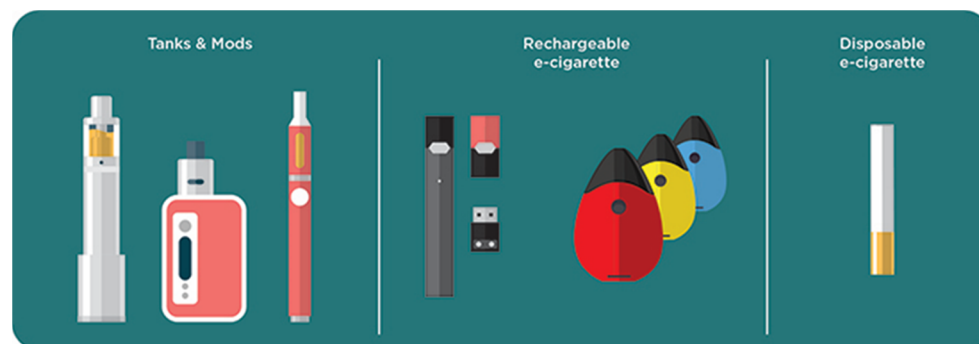


Image source: "Electronic Cigarettes" Centers for Disease Control and Prevention.
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html, Accessed 3/19/21

2.1b Breast Cancer

Breast cancer was again the second leading cause of cancer-related death in Wake County during 2015-19. For the last three years, death rates for both African-American and white women remained stable (Figure 6). A disparity in breast cancer death rates persists between African-American and white women.

2.1c Prostate Cancer

Prostate cancer was the third leading cause of cancer-related death in Wake County during 2015-19. The death rate for African-American men increased slightly, while the death rate for white men remained stable (Figure 7). A significant disparity in prostate cancer mortality persists between African-American men and white men.

2.1d Pancreatic Cancer

Pancreatic cancer was the fourth leading cause of cancer-related death in Wake County during 2015-19. The death rates for all groups remained stable.

Sources:

Figure 6. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 7. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 8. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 6: Breast Cancer Death Rates by Race, Wake County, 5-year Trend

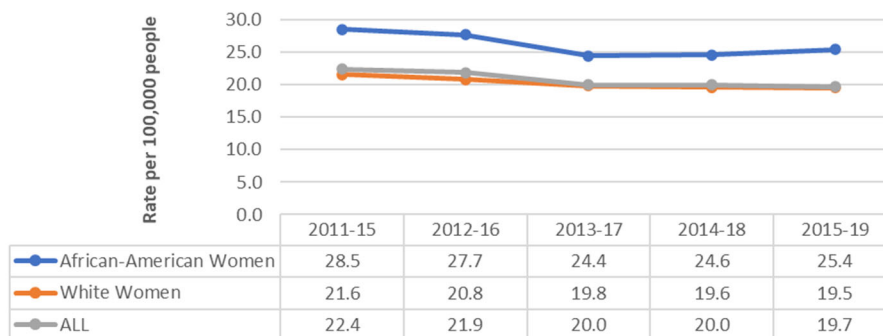


Figure 7: Prostate Cancer Death Rates by Race, Wake County, 5-year Trend

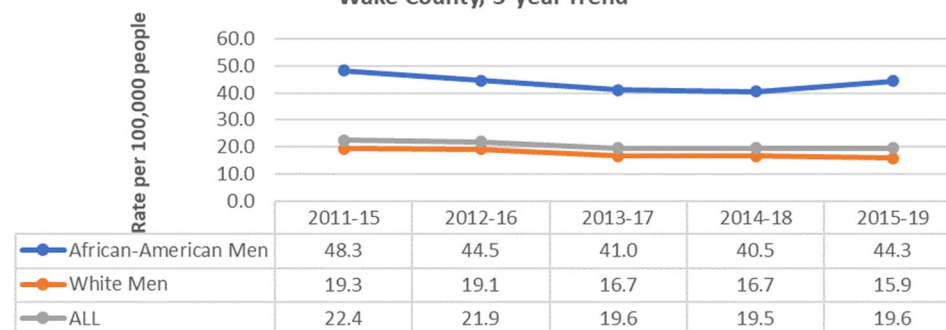
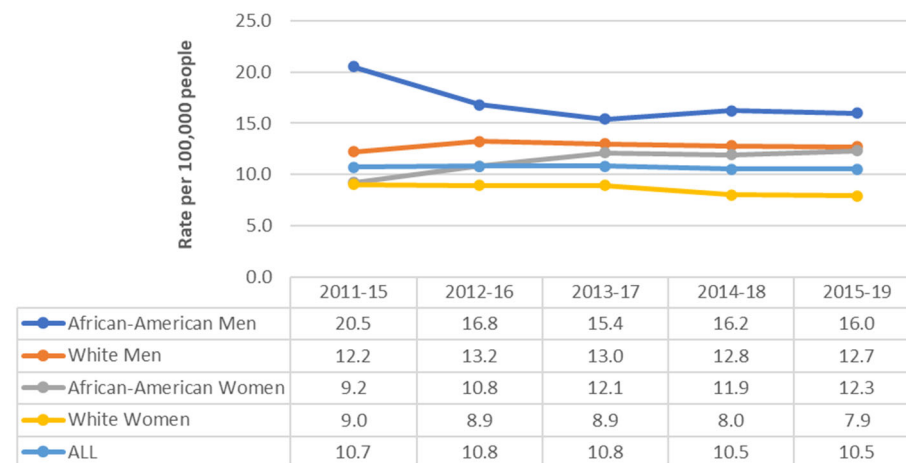


Figure 8: Pancreatic Cancer Death Rates by Race and Gender, Wake County, 5-Year Trend



2.1e Colon/Rectum/Anal Cancer

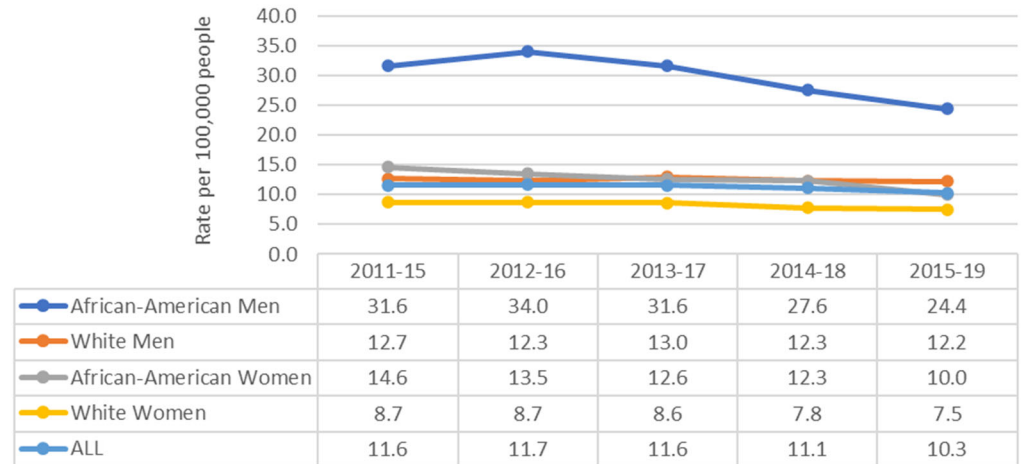
Colon/rectum/anal cancer was the fourth leading cause of cancer-related death in Wake County during 2015-19. Figure 9 shows:

- A significant gap in colon/rectum/anal cancer death rates persists between African-American men and other groups, though the African-American male death rate decreased 22.8%
- The death rate for African-American women decreased, resulting in a decrease in the disparity ratio.
- Death rates for white men and white women remained stable

2.1f Cervical Cancer

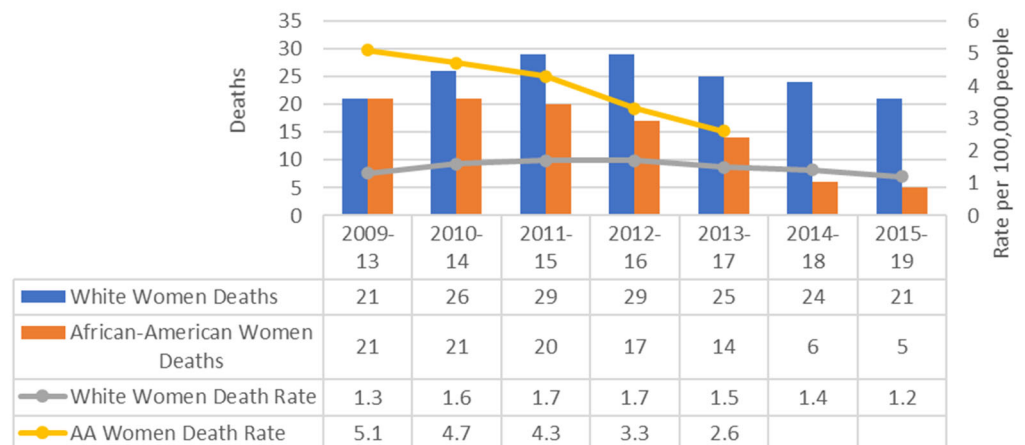
The cervical cancer mortality rate for African American women has consistently declined over the last seven years. While not a leading cause of cancer in Wake County, cervical cancer deserves mention because of this decline. For the second year in a row, the number of cervical cancer deaths in African-American women remained so low that a stable death rate could not be calculated (Figure 10).

Figure 9: Colon/Rectum/Anal Cancer Mortality Rates by Race and Gender, Wake County, 5-Year Trend



Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 10: Cervical Cancer Deaths and Death Rate Comparison, White vs. African-American Women, 7-Year Trend, Wake County



Source: Special Report by NC Central Cancer Registry, 3/11/2021

2.2 Heart Disease

Heart disease was again the second leading cause of death in Wake County during 2015-19. The term “heart disease” comprises conditions such as coronary artery disease, heart attack, arrhythmia, atrial fibrillation, heart valve disease, heart failure, and congenital heart disease. Figure 11 shows that Wake County’s heart disease death rate remained relatively stable over the last three years.

Figure 12 shows the following heart disease mortality trends for these groups:

- Men of all racial/ethnic groups died at higher rates than women
- Rates remained steady for the four largest population groups, yet African-Americans still died at higher rates than white men, and African-American women died at higher rates than white women
- The death rate for Hispanic men continued to rise; their death rate has doubled over the five-year period

Sources:

Figure 11. “Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates”. County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. [http:// www.schs.state.nc.us/data/databook/](http://www.schs.state.nc.us/data/databook/). 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 12.*“Other” includes categories such as Asian and Pacific Islander, but excludes Hispanic and American Indian (the number of American Indian deaths was too small to calculate a rate).

“Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates”. County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http:// www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 11: Heart Disease Mortality Rate, Wake County, 5-Year Trend

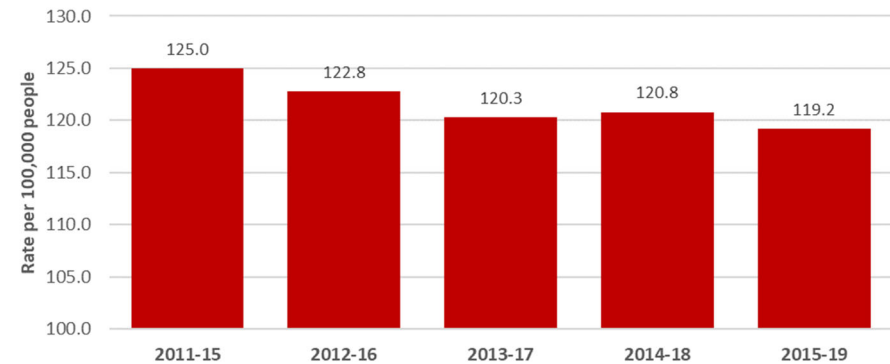
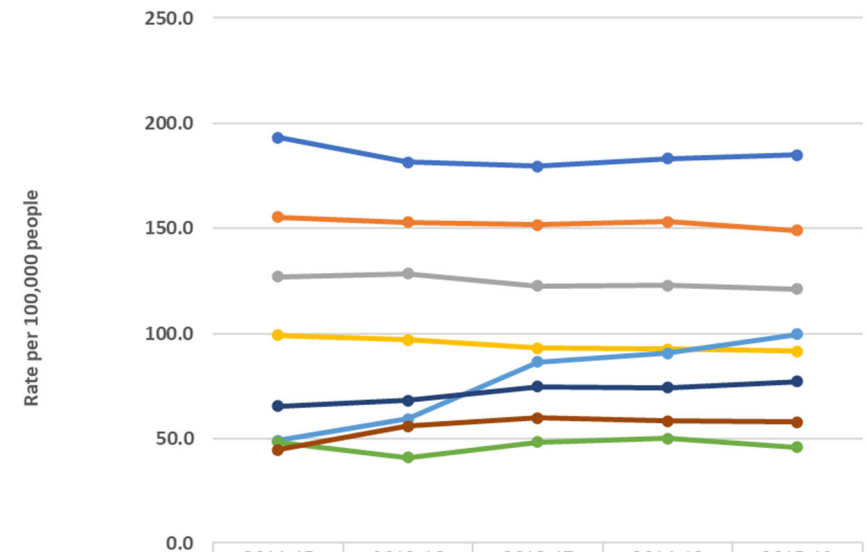


Figure 12: Heart Disease Mortality Rates by Race/Ethnicity and Gender, Wake County, 5-Year Trend



	2011-15	2012-16	2013-17	2014-18	2015-19
African-American Men	193.2	181.5	179.6	183.3	184.9
White Men	155.3	152.8	151.6	153.2	149.1
African-American Women	127.1	128.4	122.6	123.0	121.2
White Women	99.3	97.1	93.0	92.5	91.7
Hispanic Men	49.2	59.4	86.4	90.7	99.7
Hispanic Women	48.5	41.0	48.4	50.1	46.0
Other* Men	65.6	68.1	74.7	74.2	77.3
Other* Women	44.8	56.0	59.8	58.4	57.9

From 2011-15 to 2015-19, heart attack death rates fell for men and women of both races, with African-American men experiencing the largest decrease (21.8%). Men of both races continued to die at higher rates than women. The overall heart attack death rate fell 17.3% in Wake County (Figure 13).

2.3 Cerebrovascular Disease (Stroke)

Cerebrovascular disease was the third leading cause of death in Wake County during 2015-19. The overall stroke death rate in Wake County was stable between 2011-15 and 2015-19, yet a significant racial disparity persists in the death rate between African-American and white men and women. (Figure 14).

Sources:

Figure 13. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 14. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 13: Heart Attack Mortality Rates by Race and Gender, Wake County, 5-Year Trend

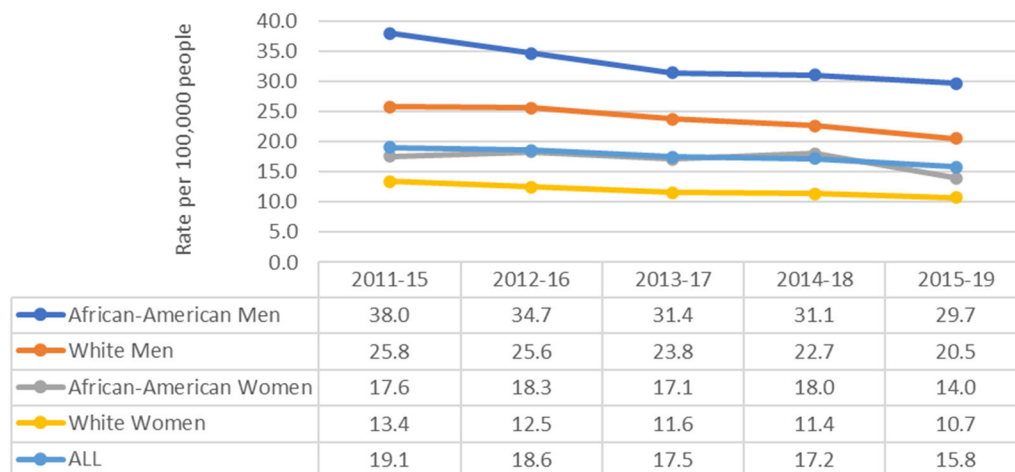
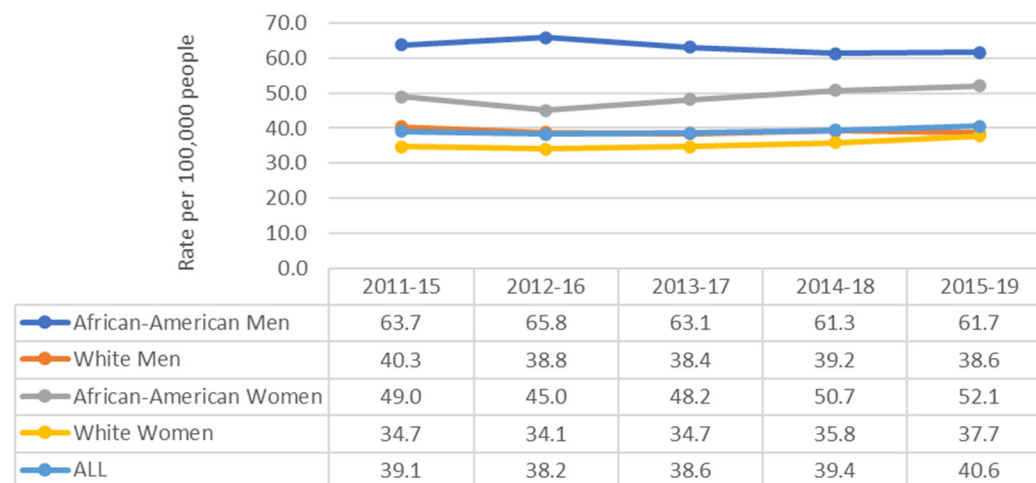


Figure 14: Stroke Mortality Rates by Race and Gender, Wake County, 5-Year Trend



2.4 Alzheimer's Disease

Alzheimer's disease was the fourth leading cause of death in Wake County during 2015-19. Figure 15 shows women died at higher rates from Alzheimer's disease than men, but men and women of both races died at similar same rates. All groups experienced an increase in death rates, and the overall death rate rose 49.8%.

2.5 Chronic Lower Respiratory Disease

Chronic lower respiratory disease was the fifth leading cause of death in Wake County during 2015-19. The overall chronic lower respiratory disease death rate decreased slightly from year to year (Figure 16). White men and women died at higher rates than African-American men and women and African-American women died at a lower rate than white women.

Sources:

Figure 15. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 16. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 15: Alzheimer's Disease Mortality Rates by Race and Gender, Wake County, 5-Year Trend

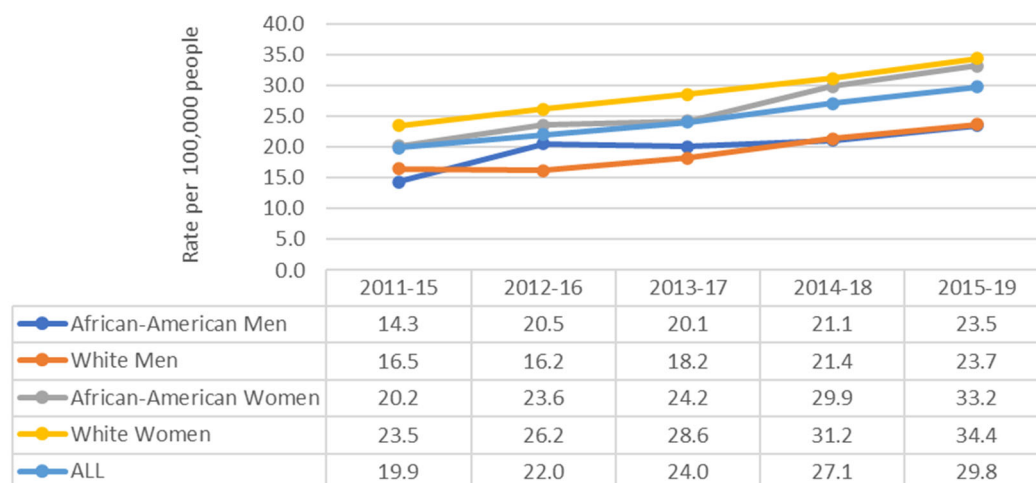
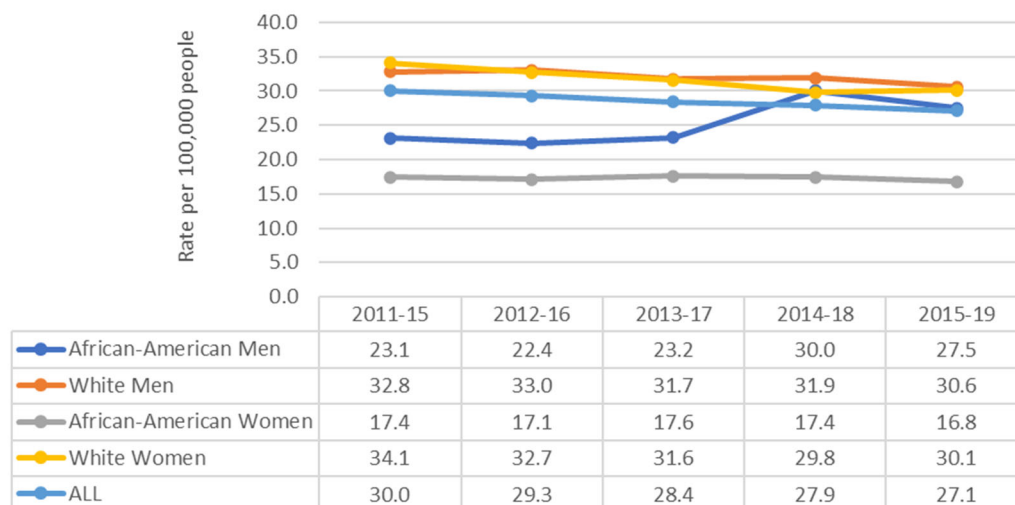


Figure 16: Chronic Lower Respiratory Disease Mortality Rates by Race and Gender, Wake County, 5-Year Trend



2.6 Diabetes

Diabetes was the seventh leading cause of death in Wake County during 2015-19. Figure 17 shows that the most significant and persistent death rate disparity is attributed to diabetes when comparing African-American men and women and white men and women. The overall death rate remained stable.

2.7 Nephritis, Nephrotic Syndrome and Nephrosis

Nephritis, nephrotic syndrome and nephrosis (kidney disease) was the eighth leading cause of death in Wake County during 2015-19. Rates increased slightly in all groups. However, Figure 18 shows that (similar to diabetes) there is a persistent disparity in death rates between African-American men and women and white men and women.

Figure 17: Diabetes Mortality Rates by Race and Gender, Wake County, 5-Year Trend

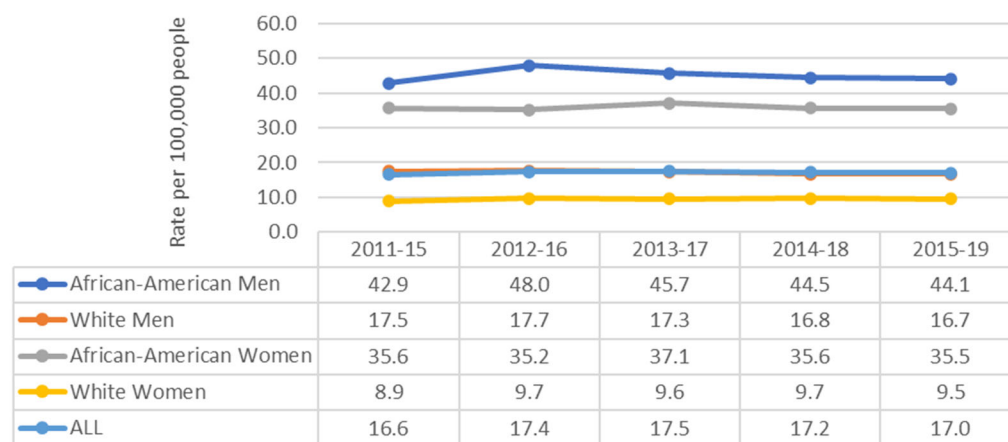
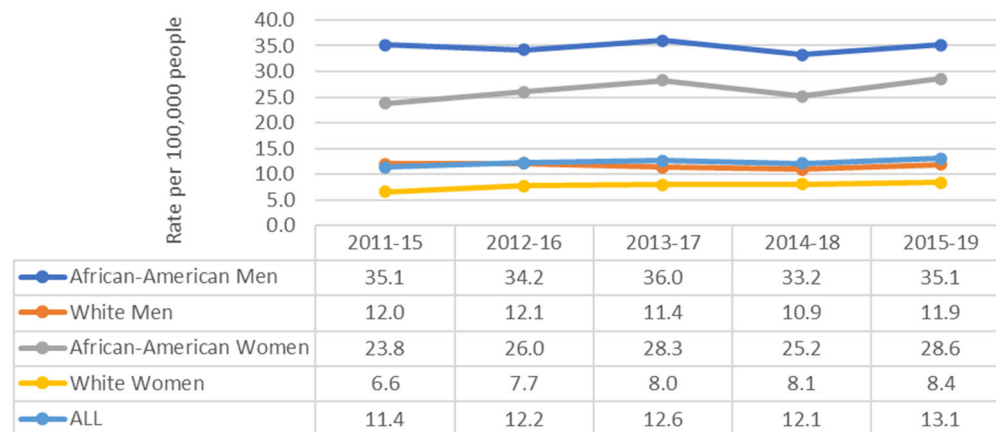


Figure 18: Kidney Disease Mortality Rates by Race and Gender, Wake County, 5-Year Trend



Sources:

Figure 17. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

Figure 18. "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

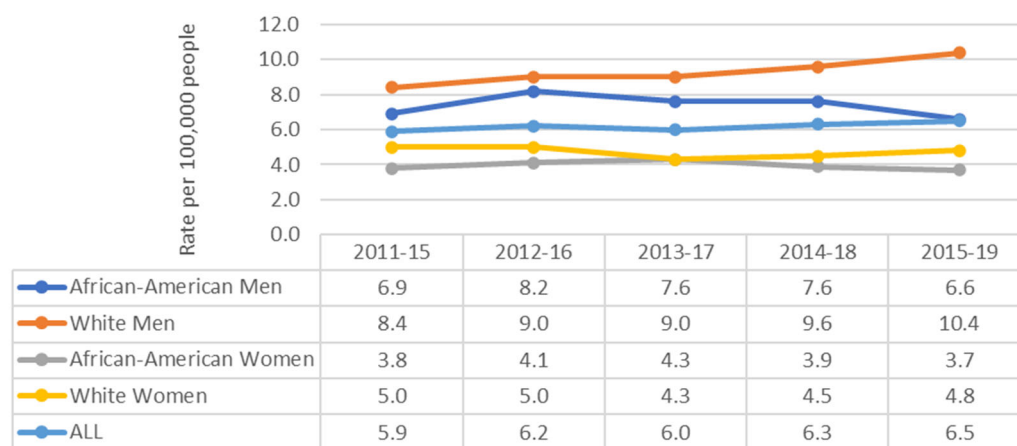
2.8 Chronic Liver Disease and Cirrhosis

Except for white men, death rates from chronic liver disease and cirrhosis remained stable. The liver disease death rate for white men increased 23.8% from 2011-15 to 2015-19.

2.9 Data Summary

The preceding figures illustrate that chronic disease mortality rates have continued to fall for Wake County residents over the past five years. Alzheimer's Disease was the one condition with a significant overall increase in the mortality rate. Across conditions, African-American men had the highest death rates, and white women the lowest. The all-cancer death rate increased significantly for Hispanic women, and heart disease mortality rate increased significantly for Hispanic men.

Figure 19: Chronic Liver Disease Mortality Rates by Race and Gender, Wake County, 5-Year Trend



Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2020, 2019, 2018, and 2017, NC State Center for Health Statistics. <http://www.schs.state.nc.us/data/databook/>. 2015-19 data provided in NC SCHS special report on 3/8/21.

3.0 Service Matrix

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

Mission: In partnership with the community, Wake County Health Promotion Chronic Disease Prevention provides a set of Chronic Disease and Injury Prevention and Management services, to populations and communities experiencing disparities.

Staff: County Funded: 9.25 FTE Grant Funded: 6.875 FTE

Programs and Services			Results Fiscal Year 2019-2020
Clinical Services	Breast and Cervical Cancer Control Program (BCCCP)	Wake County BCCCP provides free or low cost breast and cervical cancer screenings and follow up services to eligible women in Wake County. Eligible women are uninsured or underinsured, 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.	<ul style="list-style-type: none"> • 500 women served • 535 mammography services provided • 7 breast cancers detected and referred for treatment • 23 cervical screenings provided • No cervical cancers detected
	WISEWOMAN	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 receive counseling on physical activity and nutrition. Women with abnormal lab values are referred to a medial provider for treatment.*	<ul style="list-style-type: none"> • 132 women received services including screening, health coaching and referrals to a medical provider for follow-up care

* Spring 2020 programming and services were suspended due to COVID-19.

Programs and Services			Results Fiscal Year 2019-2020
Clinical Services	Oak City Cares	Health Promotion has a collaborative partnership with Oak City Cares to provide weekly blood pressure screenings and monthly health education sessions. Individuals are provided resources for medical providers, Quitline and food pantry information. *	<ul style="list-style-type: none"> • 123 individuals screened • 100% of individuals with elevated blood pressure reading were referred to a medical provider for follow-up care
	Medical Nutrition Therapy	Nutrition counseling provided to patients of WCHS Women's Clinic, Child Health Clinic, and Shepherd's Care Medical Clinic (SCMC).	Women's Clinic: <ul style="list-style-type: none"> • 26 clients seen; 77% show positive change Child Health Clinic: <ul style="list-style-type: none"> • 133 clients seen; 36% show positive change SCMC: <ul style="list-style-type: none"> • 5 clients seen; 60% show positive change
Community Health Education and Physical Activity Programs	Club CHOICE Plus	Club CHOICE Plus is an eight-week weight management series for adult women and their children. The series includes nutrition education (taught in English and Spanish) and group fitness. The children participate in activities promoting healthy eating and fitness facilitated by Wake County 4-H Cooperative Extension.*	<ul style="list-style-type: none"> • 1 series; 28 women participants • 82% of women lost weight with an average weight loss of 4.8 pounds • 100% of women made healthy behavior changes
	Cooking Matters at the Store	An on-site grocery store tour which provides participants with hands-on education as they shop for food. Participants learn how to plan for a healthy, affordable meals for their families through a curriculum sponsored by the Inter-Faith Food Shuttle.*	<ul style="list-style-type: none"> • 22 participants learned techniques to shop for healthy food on a budget

* Spring 2020 programming and services were suspended due to COVID-19.

Programs and Services			Results Fiscal Year 2019-2020
	Minority Diabetes Prevention Program (MDPP)	The North Carolina Minority Diabetes Prevention Program is a statewide, evidence-based program designed for people at high risk of developing diabetes. This CDC approved program involves a year of interactive classes to help participants reduce their risk for Type 2 diabetes.	<ul style="list-style-type: none"> • 1 series cohort • 25 participants • Average weight loss of 9.9 pounds • 100% of participants made healthy behavior changes
	Movin' and Groovin'	An 8-week series of free physical activity sessions for Wake County families to encourage healthier lifestyles. Families engage in mini physical activity sessions as well as organized walking, facilitated by Health Promotion and 4-H Youth Development staff.*	<ul style="list-style-type: none"> • 1 series with 47 adult and 22 youth participants • Over 94% of participants reported increased physical activity and healthy eating behaviors as a result of the program
	Couch to 5K	Free 9-week fitness program designed for inexperienced runners interested in working towards running a 5k.*	•17 participants; 100% feel they benefited physically and plan to continue a physical fitness regimen
	Public Health Education Campaigns	Health Promotion provides monthly public health education campaigns corresponding to national health observances to build awareness and connect people to disease prevention and management resources.	<ul style="list-style-type: none"> • Breast Cancer Awareness Month • Heart Health Month • National Nutrition Month

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Programs and Services			Results Fiscal Year 2019-2020
Food Security and Local Food Systems	Farmer's Markets	<p>Health Promotion</p> <ul style="list-style-type: none"> • provides technical support to Farmer's Markets to increase access to fresh, local food among low resource individuals • promotes the use of EBT at Farmer's Markets throughout the community • provides interactive nutrition education displays at farmer's markets* 	<ul style="list-style-type: none"> • 14 Farmer's Markets in Wake County <ul style="list-style-type: none"> • 4 accept EBT payments • 1 accepts WIC vouchers • 7 participate in <i>Farmer FoodShare</i> program • 2 Educational Displays reaching over 120 individuals
	Mobile Markets <i>Grocers on Wheels</i>	Health Promotion, in partnership with Grocers on Wheels, provides access to fresh produce to Sunnybrook and Swinburne clients and staff	<ul style="list-style-type: none"> • 9 mobile markets; 228 customers • 2,395 pounds of produce sold • EBT transactions totaling \$305
	Summer Food Service Program	The Sunnybrook meal site provided meals, along with activities, for the children during its fourth year.	<ul style="list-style-type: none"> • Sunnybrook meal site served 1,885 meals over 35 days
Regional Center Service Integrations		Health Promotion is formally integrated into Wake County regional centers (Eastern Regional center, Northern Regional Center, Southern Regional Center 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>Staff Wellness:</p> <ul style="list-style-type: none"> • NRC <i>Stretch & Burn</i> Series: <ul style="list-style-type: none"> • weekly series reaching 76 participants (with duplication) with an average of 5 participants per class • Northern Regional Center exercise band class: <ul style="list-style-type: none"> • weekly series reaching 186 participants (with duplication) with an average of 9 participants per class • Millbrook Exercise Band Class: weekly series reaching 132 participants (with duplication) with an average of 10 participants per class

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Programs and Services			Results Fiscal Year 2019-2020
Staff Wellness		Health Promotion collaborates with <i>Living Great at Wake</i> to provide employee wellness programming. Health Promotion staff provide group fitness sessions for Human Services' staff in the form of <i>Body Fit</i> – offered twice per month; and the <i>7-Week Slim Down Series</i> - offered twice per year.*	<ul style="list-style-type: none"> • Body Fit: 14 sessions reaching 159 participants (with duplication) with an average of 11 participants per class • 7-Week Slim Down Series: 1 series, 8 participants; 100% of participants demonstrated increased strength and moderate weight loss
Drug Overdose Prevention and Tobacco Use Initiative		This initiative is a coordinated effort to reduce opioid overdoses through a partnership with Wake County EMS and Certified Peer Support Specialists (CPSS). Wake County partners with the NC Harm Reduction Coalition (NCHRC), which encourages individuals who use substances toward harm reduction. This initiative also coordinates trainings for Recovery Court team members as well as certified peer support specialists, to improve participant health outcomes.	<ul style="list-style-type: none"> • Placed 39 Recovery Court participants on medication assisted treatment (MAT) through local providers • 431 drug overdose referrals were directed to the Peer Support Specialists, with 680 recovery service referrals provided • Provided 230 uninsured Wake County residents with free Nicotine Replacement Therapy through a public/private partnership with <i>QuitlineNC</i>
Tobacco Prevention and Control (TPC)		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.*	<ul style="list-style-type: none"> • Promoted policy development through partnerships with Wake County Public Health Committee, Wake County Human Services Board and Wake County Board of County Commissioners' Human Services Committee • Provided technical assistance in support of 100% tobacco-free schools compliance • Facilitated a successful youth vaping social media campaign with <i>ReThink Vape</i> • Provided four 5A's trainings to clinicians regarding tobacco cessation counseling and resources

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Programs and Services			Results Fiscal Year 2019-2020
Safe Routes to School (SRTS)		SRTS is a comprehensive approach to making it safer and easier for K-8 students to walk and bike to school. This is accomplished by creating and maintaining a wide variety of partnerships across different sectors with both local and regional and state-level partners.*	<ul style="list-style-type: none"> Supported 39 <i>International Walk to School Day</i> events, of which 30 were directly supported by the Wake County <i>Safe Routes to School</i> program via kits and technical assistance. Those 30 events reached nearly 7,000 students and parents in Wake County.

* Spring 2020 programming and services were suspended due to COVID-19.

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5.0 Acknowledgements

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