

Progress on CHIP

Below is a list of updates on the progress of Wake County Health and Human Services on their 2022 - 2025 Community Health Improvement Plan during 2023.

Access to Healthcare:

[Community Health Worker Consortium](#) (Program)

[Aging Population](#) (Program)

Mental Health:

[Wake Network of Care](#) (Coalition)

[Familiar Faces](#) (Strategy)

[Connect non-traditional organizations with mental health efforts](#) (Strategy)

[Support pipeline for more diverse providers](#) (Strategy)

[Build connection among mental health providers, including peer support specialists](#) (Strategy)

[Advocate for policy change to increase mental health prevention](#) (Strategy)

Affordable Housing and Homelessness:

[Coordinating Advocacy with Municipalities](#) (Strategy)

[Community Engagement](#) (Strategy)

In August 2022, Live Well Wake convened nearly 100 diverse community stakeholders, partners, to launch Live Well Wake Community Health Improvement Plan development. Each of the three Live Well Wake workgroups held breakout sessions. The sessions included in-depth strategic action planning discussions led by an appointed facilitator. Participants reviewed priority-focused datasheets featuring key data from the most current Community Health Needs Assessment to inform strategic decision making. Predetermined questions rooted in the Results-Based Accountability™ (RBA) framework guided the discussion. The workgroups convened over seven months to continue strategic planning efforts and finalize a Community Health Improvement Plan.

Information provided within this report is specific to the identified 3 Priority Health issues: **Mental Health, Affordable Housing and Homelessness and Access to Healthcare.**



Mental Health

Wake County is one of the largest diverse county in North Carolina and one of the fastest growing counties in the United States. However, the overall health status of its population and relative wealth of resources associated with universities, medical centers, and the State Capital, Wake County is experiencing challenges with accessibility, accountability, and coordination to mental health services and as well as increase in the demands of providers, services and resources. For the last nine years mental health is continued to be identified as a priority area within the Community Health Needs Assessment (CHNA). Using data to make smarter decisions, Wake County and many stakeholders are working together to improve the Wake County Behavioral Health system, making services more accessible to vulnerable people and using data to make smarter decisions.

Wake Network of Care- The Wake Network of Care is an online resource that puts all Behavioral Health providers into one place online. One site. Every provider. Accurate and complete. There are lots of Behavioral Healthcare providers in Wake County. Some are ran by Wake County government, some are non-profits, and some are businesses. With support from Live Well Wake partners you can search mental health providers on the Wake Network of Care website.



Alice Aycock Poe Center for Health Education: MindWELL Programs- The Poe Center's MindWELL programs take an in-depth approach at mental wellness including empathy, emotions, stress, and healthy relationships. MindWELL utilize goal setting strategies, conflict resolution, and self-care techniques to build skills necessary for managing emotions and making responsible mental and emotional decisions. With the aim to reduce the proportion of youth experiencing mental health crises. The Poe Center recieved grant funding through the Substance Abuse and mental Health Services Administration (SAMHSA) to provide Mental Health Awareness trainings for both Wake and Johnston County.

The project will train community members on Youth Mental Health First Aid (YMHA), Teen Mental Health First Aid (tMHFA), and Question. Persuade. Refer. Gatekeeper Training (QPR) as evidence-based strategies for raising awareness about mental health. Trainees will have access to a network of mental health service providers that are ready to receive referrals. The project will reduce stigma around seeking mental health support services. Measurable objectives include training four Poe Center staff and four community partners in Youth Mental Health First Aid by April 2022 and June 2023, respectively, and eight staff and partners in Question. Persuade. Refer. Gatekeeper Training (QPR) by June 2023. By the end of the project period in September 2026, training will be provided to 1420 youth-serving adults in Youth Mental Health First Aid, 250 medical professionals and first responders in QPR Training, and 585 youth in Teen Mental Health First Aid. Further, the project will disseminate print and electronic referral tips and reference guides by June 2022 and encourage adoption of organizational policies that prioritize mental health awareness training for staff and volunteers by June 2025. The project will serve 150 adults and 60 youth in year 1, 270 adults and 75 youth in year 2, 350 adults and 100 youth in year 3, 400 adults and 150 youth in year 4, and 500 adults and 200 youth in year 5. With there connection to Live Well Wake, the Poe Center will soon be providing MHFA trainings to Wake County staff.

Reference: <https://www.samhsa.gov/grants-awards-by-state/NC/discretionary/2023/details>

Wake County Familiar Faces Health Collaborative

In 2020, Wake County received a \$540,000 grant from the Robert Wood Johnson Foundation to improve health outcomes of the community's most vulnerable residents. The Wake County Familiar Faces Health Collaborative aims to improve the health and wellbeing of Wake County's most vulnerable residents by meeting their individual needs and goals through a "whole person" approach where medical and social service providers across the care system share information and collaborate to provide integrated, holistic, and trauma-competent care.

Known as "familiar faces," these residents have frequent interaction with:

- Criminal justice and correctional systems;
- Emergency medical services;
- Homelessness services;
- Physical and mental health services; and
- Substance abuse detox and treatment services.

Several policy initiatives adopted by the county have called for a more robust strategy to meet the needs of this vulnerable population, including the Wake County Behavioral Health Plan (2018), the Community Health Needs Assessment (2019), the Population Health Task Force Report (2018) and Live Well Wake (2019). Each plan highlights the need to address familiar faces in a coordinated fashion.

The Familiar Faces program has continued to grow and move forward with some key accomplishments and great progress towards established milestones and goals. That progress started with the onboarding of a dedicated Program Manager and Project Manager to move this very complex initiative forward. These additions proved vital in continuing to build the program foundation by having full time, dedicated members as program drivers to develop an action-oriented approach, roadmap, and detailed project plan. On October 30, 2023, a project milestone was achieved by the posting of the Request for Proposal (RFP) for the Familiar Faces System to secure a technology vendor for the program pilot. Other accomplishments and achievements include great progress being made towards the areas of evaluating the vendors that applied to the posted RFP, working to get the necessary agreements in place to work with data sources and established community partners, as well as the goals set forth to improve the coordinated care for our Familiar Face's individuals.

Wake County's Youth Health Council

The Youth Health Council(YHC) is supported by HealthLit4Wake, Wake County's government's health equity initiative. The council includes teens in grades 9-12 currently residing in Wake County. Taking a leadership role, the youth created public health messaging and implement health projects in the community. Providing a platform for youth to share insights with change makers on crucial topics such as COVID-19, mental health, and other health-related matters. In 2023, through a peer messaging initiative the YHC published a zine dedicated to the intersection of COVID-19 and mental health. The publication serves as a valuable resource, allowing teens and young adults to connect with peers through an array of artistic expressions. The YHC was able to impact 1,279,205 individuals through messaging campaigns that included YouTube, Zine distribution and Bookmark distribution.



[Click here to view the Zine.](#)

Access to Healthcare

Access to health insurance allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. The uninsured are much less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Uninsured residents are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

RIGHTCARE

Project Access Patient Navigation- Project Access of Wake County is a physician referral program, housed with RightCARE. Where qualified enrollees can only be referred into the program due to medical necessity as ordered by an attending physician. Through patient navigation Project Access partners with hospital and community-based origination case management teams in assisting uninsured, low-income residents of Wake County get established with a primary care home.



RIGHTCARE

A Catalyst for Healthier Communities

Project Access enrollees are screened to meet eligibility requirements including:

- At or below 250% of the Federal Poverty Level
- Do not have access to affordable health insurance
- Are ineligible for Medicaid, Medicare or other funded healthcare programs*

Project Access of Wake, in partnership with the Safety-Net Clinics, all three local hospital systems, and private health care specialist coordinated access to needed specialty and diagnostic care for more than 6,400 individuals amounting to a value of care more than \$47,250,000. During 2023, Project Access expanded from being a Donated Care Program to including Patient Navigation for uninsured residents without a primary care home and providing outreach and engagement services. Through this program over 1,600 individuals were enrolled for the first time and over 27,000 specialty/diagnostic referrals were coordinated.



Southeastern Healthcare of North Carolina, Inc

Southeastern Healthcare of North Carolina, Inc. is a social health company focused on community health, senior adult services, and behavioral health services. All of our programs and services are carefully crafted to enhance the quality of life and improve the general well-being of our participants. Our programs support underserved populations by offering Home Health Services, Psychosocial Rehabilitation, Adult Day Health Services, Community Health Services, and other therapeutic services.

With our well-trained, multidisciplinary team of professionals, we bring a sense of peace and security to countless families through the care and support offered in each of our programs. We work directly with doctors, family members, and community partners to provide continuity in care and service delivery. All of our programs are carefully crafted to enhance the quality of life and improve the general well-being of our participants. We work diligently to assist our participants and their families in overcoming the isolation, loneliness, and loss of self-esteem that frequently accompany debilitating physical and/or mental decline and other mental illnesses.

Community Health Workers

Southeastern Healthcare has a dynamic Community Health Worker (CHW) Program that has been providing needed outreach, support and referral services to community members in need. From being frontline responders during the recent COVID-19 pandemic to helping to address health equity and the social determinants of health, CHWs are proving to be vital members of a broader healthcare provider network.

Through the Community Health strategy, ten community health workers (CHW) have been on-boarded and trained to support Wake County Health and Human Service's mobile vaccine team during community outreach events.

CHWs possess expertise in working with the community and serve as trusted liaisons between the healthcare system and social services. To help coordinate services for clients, CHWs utilize NC Care360, the first statewide network platform that unites healthcare and human services organizations with a shared technology to enable a coordinated, community oriented, person-centered approach for delivering care. This platform enables CHWs to create and manage referrals connecting Wake County residents to resources responsive to their identified social determinants of health needs.



Ventanilla de Salud (Health Window)



The Health Window is a program of the Government of Mexico, administered through the Ministry of Foreign Affairs and the Border Health Commission, with the primary aim of serving the community. Serving as a bridge between immigrants and health services the Health Window represents one of many community partners supported through the Blue Cross NC Strengthen NC program. A program that's designed to make health care more accessible and easier to navigate. Through coordination and partnership from 2018 to 2023 the number of patients utilizing the Ventanilla de Salud has increased 236%, from 4,122 to 9,738. Providing preventive services to the hispanic immigrant population. Services at the Health Window range from blood pressure checks, weight and height measurements, glucose testing, monthly vision exams, cholesterol checks, tetanus shots, mental health information, addiction prevention, and Covid-19 and Flu vaccines. The Health Window is coordinated through the Mexican Consulated located in Raleigh, NC.

El Centro's Unidad Móvil de Salud (Mobile Health Unit)

Late last year, the Blue Cross NC Healthy Blue Medicaid plan provided \$125,000 of funding to help fund El Centro's Health Mobile Unit and Community Health Worker (CHW) team. With the funding CHWs were able to provide preventive health screenings, health education and connection to health resources for Hispanic community members. With the intergration of Community Health Workers, the Moblie Health Unit has increased the number of services by 345% from 741 patients in 2018 to 2,561 in 2023.

Affordable Housing and Homelessness

People who live in homes that cost a large portion of their income or where there is overcrowding, or inadequate maintenance are exposed to various health risk factors. There are insufficient affordable, quality housing options for low to moderate-income Wake County residents. Housing instability creates many challenges like having trouble paying rent, overcrowding, frequently moving, staying with relatives, or spending the bulk of household income on housing. These experiences can affect physical health and make it harder to access health care. Limited affordable housing options directly coincide with homelessness. Persons experiencing homelessness have higher rates of health problems like mental illness, substance misuse, HIV, tuberculosis, and other conditions. Health problems among homeless persons result from many issues like barriers to healthcare, food insecurity, and limited social services resources.

Wake County Department of Housing Affordability and Community Revitalization (HACR)

The Wake County Department of Housing Affordability and Community Revitalization (HACR) is made up of three distant divisions that offer wide-range of services to the residents of Wake County. The divisions include: Equitable Housing and Community Development, Homeless & Prevention Services, Permanent Housing and Support Services. HACR serves as hub for new housing initiatives related to the 2017 plan including: Leveraging Programs and Land Use Policies

[Click here to view the 2023 Annual Housing Report](#)

Oak City Cares



Oak City Cares is a public-private partnership that supports residents experiencing homelessness through trusting relationships and connections to coordinated services. Oak City Cares staff coordinates services offered by human service professionals, medical providers, and other specialists from multiple partners at the downtown center, improving the stability and self-sufficiency of individuals and families served.

In 2022, through the Community Innovation Fund (CIF) strategy, Live Well Wake awarded Oak City Cares \$100,000. The grant was provided to address priority areas identified through the 2022 Wake County Community Health Needs Assessment. The Health Impact Collaborative (HIC) established under Live Well Wake provides administrative support to the Oak City Cares to help ensure sustainability to continue the critical community work these organizations provide.

Coordinated Care

Oak City Cares is a comprehensive, coordinated approach to making homelessness rare, brief, and non-recurring in Wake County. Key services address housing, employment, health, and hunger for the most vulnerable of our Wake County neighbors who struggle to navigate the multitude of services available. This new model brings services together, in a convenient downtown Raleigh location, to create a path for individuals and families to stable housing and renewed hope. Catholic Charities of the Diocese of Raleigh created the nonprofit Oak City Cares to coordinate multiple services from Wake County nonprofits and Wake County Human Services in one central hub, ensuring people get onsite help and serving as a bridge to the ongoing resources they need. Now, Oak City Cares is a separate 501(c)3 nonprofit. Oak City Cares also brings together volunteers from faith communities, humanitarian organizations, and the business community to provide hospitality and support. Each person who comes through the door receives compassionate care and professional assistance finding what they need – all under one roof.

CASA



CASA is a nonprofit organization that provides affordable housing in Durham, Chapel Hill, Raleigh, and other surrounding communities. They accomplish this by offering family housing, veterans' housing, workforce housing solutions, and disability housing programs and solutions. CASA builds or renovates apartments to increase the availability of affordable housing in our communities. As a non-profit organization, rent remains affordable and there is no time restriction on how long someone can live in one of our properties. We employ leasing specialists and maintenance technicians to meet the unique needs of our tenants and provide permanent, affordable housing to those in need.

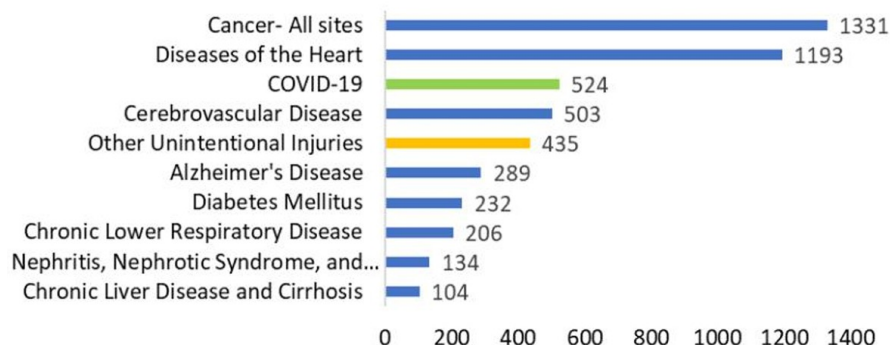
Morbidity and Mortality Changes Since Last CHA

Mortality and Morbidity Data

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 2021, eight of the ten leading causes of death in Wake County were chronic diseases. As in the previous year, cancer and diseases of the heart ranked #1 and #2 respectively. With COVID-19 ranked #3. While cerebrovascular disease ranked #4, Alzheimer's disease, diabetes mellitus, chronic lower respiratory diseases, nephritis, nephrotic syndrome and nephrosis, and chronic liver disease and cirrhosis ranked #6, #7, #8, #9 and #10 respectively. Across the leading causes of death, African American men had the highest death rates, and white women the lowest. There were 7,036 deaths in Wake County in 2021. The 2,085 deaths are not shown were from residual causes. "Residual causes" are all other causes of death not categorized.

Ten Leading Causes of Death, Wake County



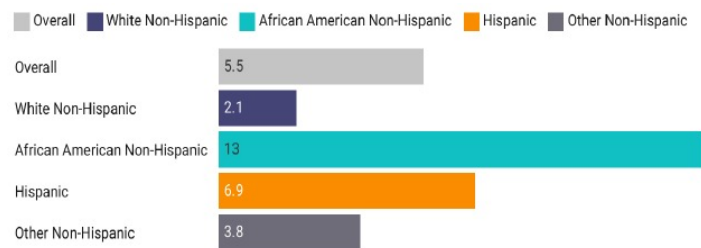
Reference: 2022 Chronic Disease Report

Mortality in Maternal and Child Health

Wake County's infant mortality data for 2020 reveals distinct differences in infant mortality rates based on maternal race and ethnicity. African American Non-Hispanic mothers experienced a significantly higher infant mortality rate compared to White Non-Hispanic, Hispanic, and Other Non-Hispanic mothers.

In total, there were 69 infant deaths in Wake County in 2020, with a range of causes including perinatal conditions, congenital abnormalities, infections, and ill-defined causes. The most common cause of infant deaths were conditions originating in the perinatal period (including disorders of newborn related to short gestation and low birthweight), accounting for 43 deaths.

Infant Mortality Rate by Maternal Race/Ethnicity, Wake County 2020
Detailed Infant Causes of Death , Wake County 2020



Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.
Source: NC State Center for Health Statistics • Created with Datawrapper

Cause of Death	Infant Deaths
Infections and Specific Diseases	7
Conditions Originating in the Perinatal Period (including disorders of newborn related to short gestation and low birthweight)	43
Congenital Malformations and Chromosomal Abnormalities	13
Ill-defined and Unknown Cause of Mortality	6
Total Infant Deaths	69

Source: NC State Center of Health Statistics 2020 Detailed Mortality Statistics Report • Created with Datawrapper

Sexually Transmitted Diseases (STDs)

This section contains syphilis, gonorrhea, and chlamydia data from NCEDSS and HIV data from the NCDHHS Division of Public Health HIV/STD/Hepatitis Surveillance Unit. Figures 1-5 show cases and rates for the four most frequently reported STDs in Wake County: newly diagnosed HIV cases (including those classifiable as AIDS at the time of diagnosis), early syphilis, gonorrhea, and chlamydia. Figure 2 shows that early syphilis cases and rates, which were already high in Wake County in previous years, continued to increase; from 2021 to 2022 confirmed and probable early syphilis cases increased by 12.1%. Figure 24 shows that new HIV diagnoses and rates slightly decreased from 2021 to 2022. Additionally, both gonorrhea and chlamydia and rates increased from 2021-2022 as well (Figures 25 and 26). STD cases during 2020 and 2021 may be undetected therefore under reported, because WCHHS testing and diagnostic services were reduced in those years due to the COVID-19 pandemic. Methods of preventing STIs include using condoms, limiting the number of sexual partners, and immunization against STIs that have vaccines available, including human papillomavirus (HPV) and hepatitis B. More information regarding HIV/STD prevention, testing, and treatment can be found on the Wake County HIV, Hepatitis C, and STD Information website.

Figure 1 : Reported Cases of Congenital Syphilis (CS) by Birth Year and Rates of Reported Cases of Primary and Secondary Syphilis (P& S) Among Women Aged 15-44 Years, United States, 2012-2021

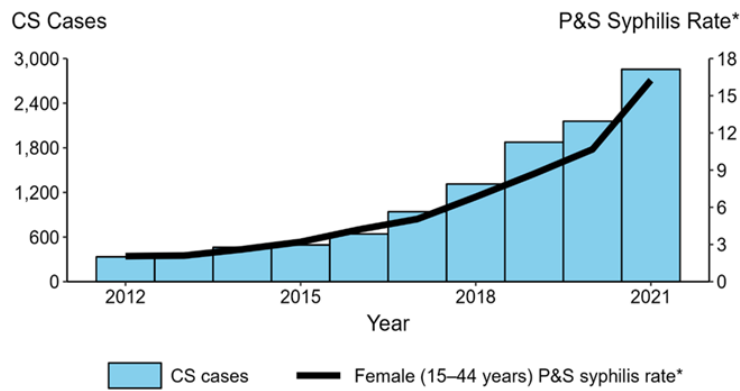


Image source: <https://www.cdc.gov/std/statistics/2021/overview.htm#Syphilis>

The county-level data for syphilis include both confirmed and probable cases due to a change in the case definition for a confirmed syphilis case that occurred in the middle of 2022. This change caused many cases in 2022 that would have previously been confirmed to be categorized as probable cases. If only confirmed cases were included, there would not be any new confirmed cases for Wake County after late August 2022. In order to compare syphilis data from 2022 to past years, all five years must include both confirmed and probable cases.

Figure 2 : Gonorrhea Cases and Rates, Wake County, 2018-2022

Figure 3 : Chlamydia Cases and Rates, Wake County, 2018-2022

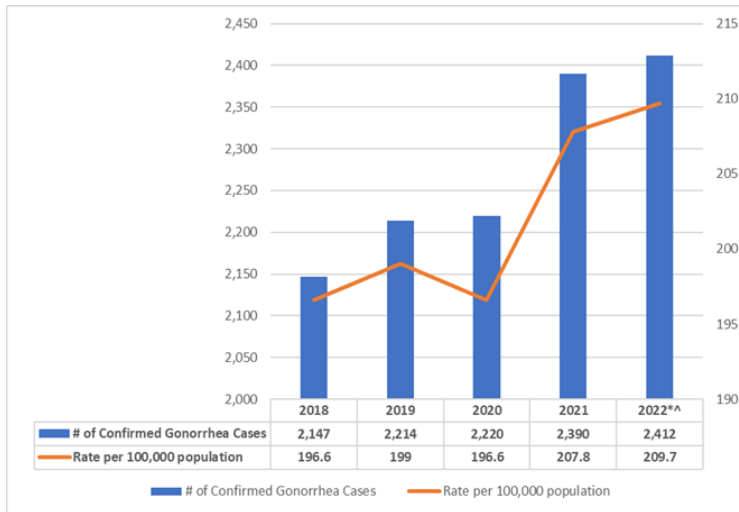
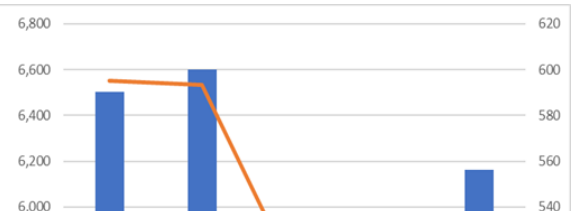
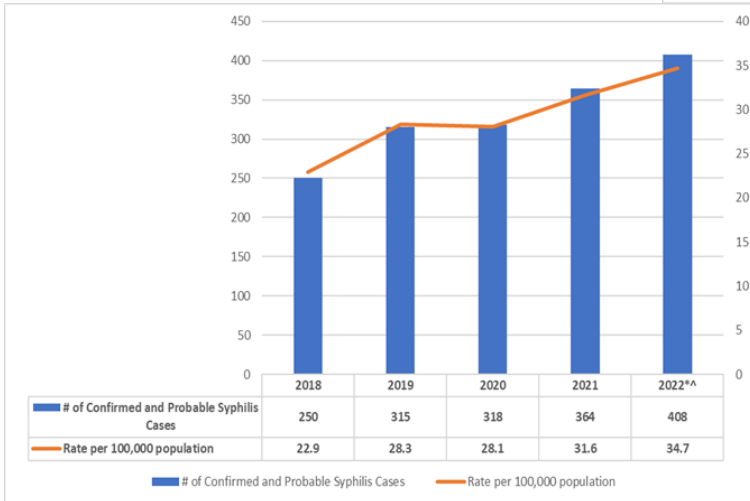
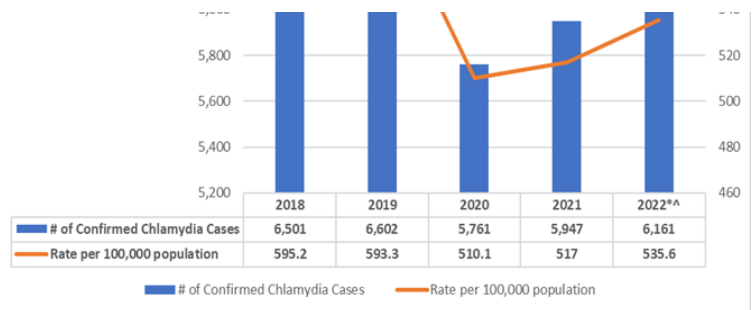


Figure 4: Early Syphilis Cases and Rates, Wake County, 2018-2022

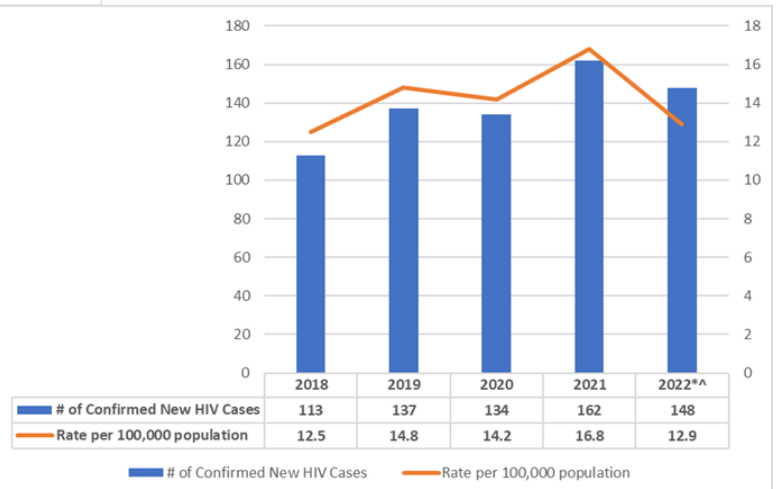
Figure 5:

New HIV Cases and Rates, Wake County 2018-2022





*2022 rate was calculated using 2021 population data



Emerging Issues Since Last CHA

Monkey Pox (Mpox)

2022 included a nationwide mpox outbreak during which Wake County had 114 cases (rate of 9.9/100,000 population). Mpox is a rare disease caused by infection with the mpox virus. Mpox virus is part of the same family of viruses as variola virus, the virus that causes smallpox. There are two types of Mpox virus: Clade I and Clade II. Infections with Clade II are rarely fatal; Over 99% of people who get this form of disease survive. The Clade I type of Mpox has a fatality rate around 10%.⁷ Transmission of Mpox is through close or intimate contact. The Mpox rate among males (19 cases per 100,000 population) was higher than the rate among females (1.2 cases per 100,000 population). Over 90% of confirmed and probable cases were of individuals younger than 50 years old. More than half (68%) of confirmed and probable cases were among those who identify as Black or African American. As of February 2023, Wake County Health and Human Services administered 2,748 Mpox (Jynneos) vaccines to at-risk individuals.

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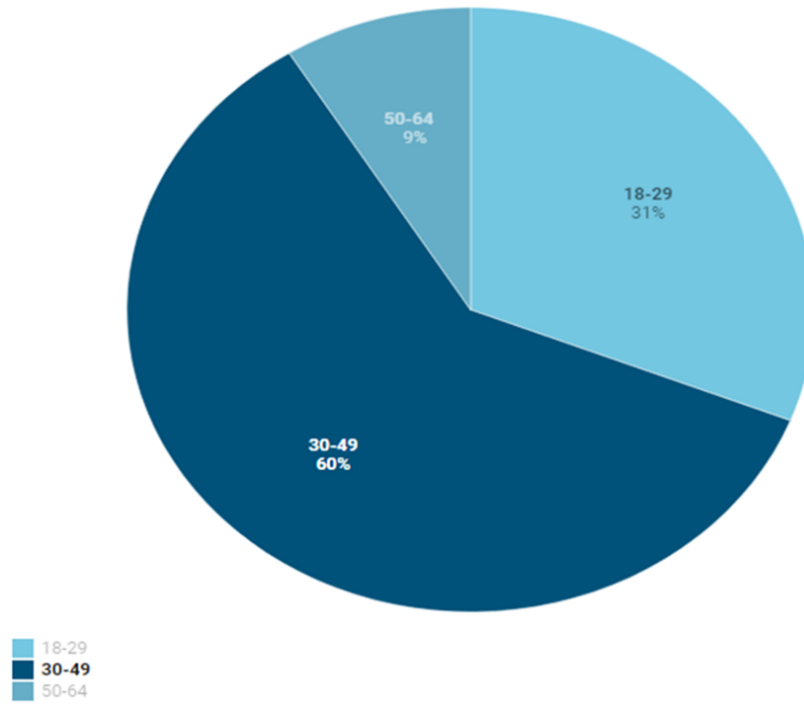
- Over 90% of confirmed and probable cases were of individuals younger than 50 years old.
- More than half (68%) of confirmed and probable cases were among those who identify as Black or African American.
- As of February 2023, Wake County Health and Human Services administered 2,748 Mpox (Jynneos) vaccines to at-risk individuals.

Transmission:

Mpox can spread to anyone through close, personal, often skin-to-skin contact, including:

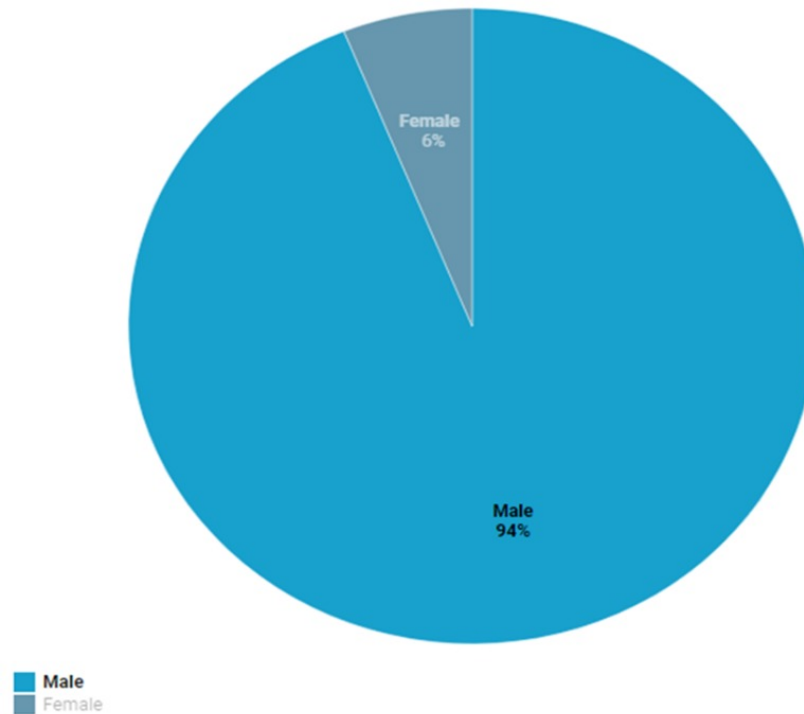
- Direct contact with Mpox rash and scabs from a person with Mpox, as well as contact with their saliva, upper respiratory secretions (mucus), and areas around the anus, rectum, or vagina
- This direct contact can happen during intimate contact, including:
 - Oral, anal, or vaginal sex, or touching the genitals (penis, testicles, labia, and vagina) or anus of a person with Mpox
- Hugging, massage, and kissing
- Prolonged face-to-face contact
- The risk is considered low for getting Mpox by touching objects, fabrics, and surfaces that have been used by someone with Mpox and not disinfected, such as clothing, bedding,

Mpox Cases by Age Group, Wake County, 2022



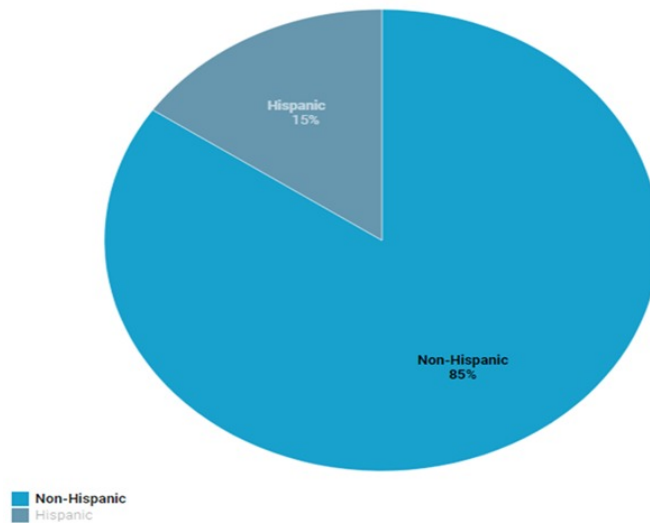
Percentages may not sum to 100%, number of cases less than 5 not shown
Created with [Datawrapper](#)

Mpox Cases by Sex, Wake County, 2022



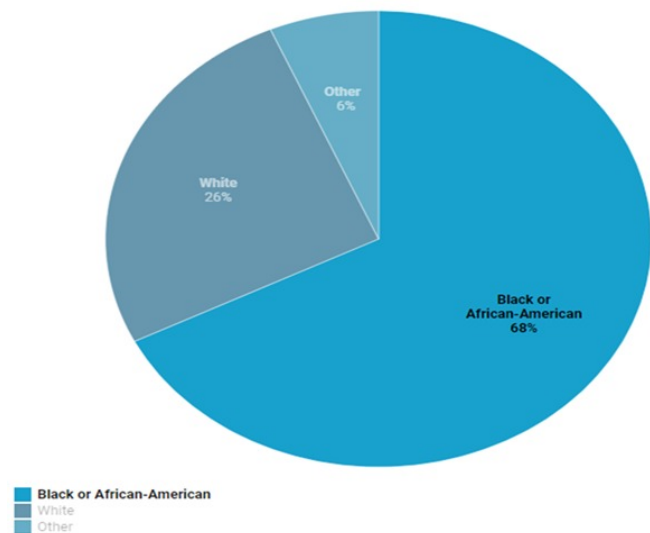
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Mpox Cases by Ethnicity, Wake County, 2022



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Mpox Cases by Race, Wake County, 2022

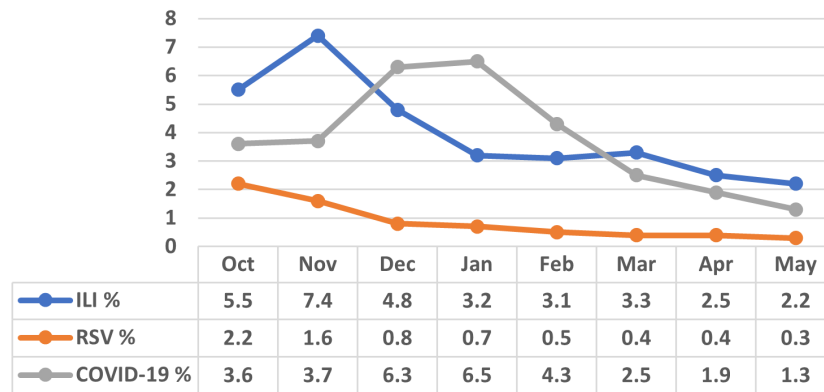


Percentages may not sum to 100%, number of cases less than 5 not shown
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The Tripledemic – COVID-19, Respiratory Syncytial Virus (RSV), and Influenza (flu)

With the increase in respiratory illnesses starting in the fall of 2022 and continuing into 2023 due to the “Tripledemic”, which consisted of COVID-19, Influenza, and RSV cases circulating at the same time. During the onset of the flu season, there was a higher percentage of emergency department (ED) visits for influenza-like illness (ILI), Respiratory Syncytial Virus (RSV) and COVID-19 compared to 2022. The concurrent presence of COVID-19, Influenza, and RSV presented a complex challenge for public health and health care systems in Wake County. This special focus aims to examine the epidemiological characteristics, trends, and impact of these three respiratory diseases in the county. The data is presented in monthly intervals, covering the period from October 1, 2022, to May 31, 2023. It is categorized by age group, race, and sex.

**Figure : Percent of Emergency Department (ED) Visits,
ILI, RSV,
COVID-19, 2022-2023**



*COVID-19 – COVID-19 is an illness caused by the SARS-CoV-2 virus, leading to severe respiratory symptoms.

*ILI – ILI is defined as fever (temperature over 100 F or greater) and cough and /or sore throat.

*RSV – RSV is a common respiratory virus that usually causes mild, cold like symptoms. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age.

New/Paused/Discontinued Initiatives Since Last CHA

Improving Community Outcomes for Maternal and Child Health Program (ICO4MCH)

The Improving Community Outcomes for Maternal Child Health (ICO4MCH) grant program is the newest program within the Maternal/Child Health Section of Wake County Health and Human Services. ICO4MCH works to improve birth outcomes, reduce infant mortality, and improve the health status of children age 0-5 in Wake County through the implementation of three evidence-based strategies: Reproductive Life Planning, Successful Breastfeeding, and Positive Parenting Program.

In recent months, ICO4MCH has successfully outfitted:

- Three lactation rooms across Wake County buildings in collaboration with The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) through our Successful Breastfeeding initiative.
- The ICO4MCH team is now offering Triple P parenting support trainings. Triple P is an internationally recognized evidence-based program designed to equip parents with the essential skills to nurture self-assured and well-adjusted children, effectively address behavioral issues, and proactively mitigate the onset of problems in child development. Hosted a parental support training through our Positive Parenting Program or Triple P strategy.

New Health Promotion Initiatives

- PROS Exercise Story Map Tour!
 - This is a wildly popular tour with Wake County Parks, Recreation & Open Space Without question, that has racked up over 1,200 hits since launching in early August. This exercise tour was created in support of Year of the Trail, and specifically for the month of August, 2023 with the theme of "Wellness and Trails". As of the end of December the Exercise Trail had 1,424 uses.
- "Working Out for Wellness"
 - An exercise program in partnership with the Town of Knightdale Parks, Recreation and Cultural Programs to offer a free 8-week exercise program to the community.
- Wake County Tobacco-Free Ordinance in Public Places
 - On November 9th, 2022, the Wake County Board of County Commissioners passed a comprehensive tobacco-free ordinance which updated the current tobacco-free ordinance to include tobacco-free public places in the unincorporated areas in Wake County and updated the definition of vapor products to include synthetic nicotine.
- Wake County Unified Development Ordinance

- On October 16th, 2023, the Wake County Board of County Commissioners passed the Wake County Unified Development Ordinance (UDO) Amendment regarding tobacco retail outlet density. The UDO Amendment prohibits tobacco/vape/hemp retailers from establishing within 1000 feet of a school, public park, greenway, another tobacco/vape/hemp retail, or residence in the unincorporated areas of the county.
- Wake County Tobacco Free Coalition
 - In January 2022, the Wake County Tobacco-Free Coalition was created and held its kick-off meeting. The Coalition has met on a quarterly basis since its inception. The mission of the Coalition is to empower the residents of Wake County to create a tobacco-free environment through education, prevention, public policy, advocacy, and a commitment to the health of the community. The Wake County Tobacco-Free Coalition played a role in the passing of the Wake County Tobacco-Free Public Places Ordinance, a new smoke-free/vape-free ordinance in the Town of Fuquay-Varina, an updated tobacco-free ordinance in the Town of Morrisville, the passing of the Tobacco 21 resolution by the Wake County Health and Human Services Board, and the passing of the UDO Amendment to regulate tobacco/vape/hemp retail outlet density via zoning.

WCHHS HIV/STD/Hep C Community Program Initiatives:

- HIV Faith Coalition:
 - The Faith Coalition is a group of faith community partners that come together to unify and inspire a network of faith communities through education to reduce the stigma surrounding sexual health and HIV prevention.
- Wake Partners HIV/STI Coalition:
 - The Wake Partners HIV/STI Coalition was established to address the increase of STI in Wake County specially among youth and minorities communities. Rates of HIV and STI's have not ceased and continue to climb in Wake County. Indicators also include a rise in newborn syphilis cases.
- MPox Education/Vaccination:
 - The HIV/STD/Hep C Community Program is working to provide MPox education and vaccination to persons at risk of MPox. MPox education is included in all of our program components: Health Education, Outreach and HIV/STI testing sites.
- HIV/STI Prevention via social media/Dating Apps:
 - This initiative is headed by the HIV/STD/HEP C Community Program Social Media Health Educator to promote prevention education, linkage testing, and treatment to reduce Sexually Transmitted Infections (STI) in Wake County. The purpose using social media is to increase residents' knowledge surrounding HIV/STIs by using marketing and promotional channels. This project is contracted with an National Social Media Agency to create a campaign to focus on educational messages through Social Media platforms with an emphasis to LGBTQ+ community.

Overview

State of the County Health Report 2023

The State of the County's Health (SOTCH) report provides information on health concerns identified in Wake County's 2022 Community Health Needs Assessment (CHNA). Information outlined in this SOTCH report serves as an update to the progression of the work to address the concerns. The 2022 CHNA priorities identified by the residents, stakeholders, and partners highlight an ongoing need to collectively address the social determinants of health through the Community Health Improvement Plans (CHIP).

Information provided within this report is specific to the identified 3 Priority Health issues:

- Access to Healthcare
- Affordable Housing and Homelessness
- Mental Health

Wake County Profile

In 2022, the median household income for the Wake County was \$96806 compared to \$67841 for the state. About 7.5% population was below the federal poverty level, compared to 12.8% for the state (Table 3). Of those residing in Wake County, 6.9% of males and 8.1% of females live below the federal poverty level. When broken down by race and ethnicity 5.0% of non-Hispanic white, 12.2% of Non-Hispanic Black, 14.7% of Hispanic or Latino and 4.9% of Asian population live below the federal poverty level.



Demographics



Median Household Income

Wake County	\$96,806
North Carolina	\$67,841

Employment Status

Wake County	1.8%
North Carolina	2.3%



Health Insurance Coverage- Uninsured

Wake County (%)	7.4%
North Carolina (%)	9.3%

Source: 2022 American Community Survey 1-Year Estimates, United States Census Bureau

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