**Wake County Health and Human Services Board**
**Meeting Minutes**
**June 26th, 2025**

**Board Members Present:**
Dr. Ojinga Harrison
Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Tonya Minggia
Dr. Jim Peterson
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Tanyetta Sutton
Irv Trust
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

**Guests Present:**
Deidre McCullers
Adrienne Woody

**Staff Members Present:**
Akanksha Acharya
Marcellos Allison
Debra Baker
Jennifer Brown
Felicia Downing
David Ellis
Odile Fredericks
Sara Gisler
Ann Godwin
Barbra Gonzalez
Kevin Harrell
David Hord
Brittany Hunt
Evan Kane
Dr. Joel Lutterman
Annemarie Maiorano
Jenelle Mayer
Michelle Mulvihill
Ken Murphy
Shanta Nowell
Modupe Omosaiye
Toni Pedroza
Sarah Plentl
Morgan Poole
Yolanda Thacker
Lechelle Wardell
Dana Webb-Randall
Rochelle Whitaker
Stantavia Wright

**Call to Order**
Chair Ann Rollins called the meeting to order at 7:33 a.m.

**Next Board Meeting** – July 24th, 2025

**Approval of Minutes**
Chair Ann Rollins asked for a motion to approve the May 22, 2025 Board meeting minutes. There was a motion by Ms. Christine Kushner and Mr. Irv Trust seconded. The minutes were unanimously approved.

**Treasurer's Report**
Mr. Terry McTernan, Treasurer, provided the Treasurer's Report. In May, the fund was reported as $9,917.95. Since that report, there had been an addition of $250 in Board members' donated stipends. Therefore, the fund was now at $10,167.95

**Health and Human Services Director's Update**
(Presented by Ms. Toni Pedroza and Ms. Annemarie Maiorano)
In the absence of Ms. Rebecca Kaufman (Health Director), Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) provided the Health and Human Services Director's update.

- Ms. Annemarie Maiorano (Deputy Director of Operations) was asked to provide an update on the ongoing Health and Human Services (HHS) restructure into the Social Services department and Public Health department. The departmental split, which has been planned since October 2024, was officially scheduled to occur on July 1st. There were two distinct committees dedicated to ensuring a seamless transition going forward. Ms. Maiorano explained that it was important for her to reiterate that there would be no changes to services. The departmental split would not be noticeable to clients as well as an overwhelming number of staff. What has been changing, behind the scenes, is the structure. A new Administration and Operations section has been added to Public Health as this had previously been an overarching function across all of HHS. Essentially, positions are being aligned in Public Health and Social Services to ensure stability in the administration section. Staff are dedicated to filling key positions in this regard so that employees know who they are reporting to. Approximately 90% of this process was complete with interviews occurring as recent as June 25th. County Manager David Ellis, alongside Deputy County Manager Duane Holder, Ms. Pedroza, and Ms. Kaufman, held Town Hall sessions for employees and had three more planned in July to address the restructuring. Any questions posed during these Town Halls are posted to a central internal webpage for staff to reference at any time. They can also ask additional questions on this page.
- Ms. Kaufman had left the following highlights, shared by Ms. Pedroza.
    - Ms. Melissa Pullen, Department Budget Manager, had been named the Public Health Administrative Director, a new position in Public Health.
    - Staff were finalizing the Deputy Public Health Director of Community Health with an announcement hoped for soon.
    - Maternal and Child Health (MCH) was helping to plan the upcoming Black Maternal and Infant Health Conference on August 14th (registration required - https://www.wakeahec.org/courses-and-events/75615/healing-the-water-transforming-systems-for-black-maternal--infant-health).
    - The HealthLit4Wake team accepted the President's Award from El Centro Hispano for their work in health equity.
    - The Accreditation team had over 80% of the required documents uploaded for the September site visit for reaccreditation.
- Ms. Pedroza then provided a Social Services update.
    - She uplifted the one million dollars that the Wake County Board of Commissioners (BOC) had granted Social Services to address the shortall in Energy Assistance need. This program started two years ago and had just received a certificate of recognition. This million dollars was added for and addressed families needs that had built up at the end of the COVID-19 pandemic when some bills still ran high. Some individuals had energy bills in excess of $800 to $1,000 which were assisted with through the Wake County Emergency Assistance (WCEA) program.
    - Staff were monitoring the progress of the Senate bill that would require two recertifications per year instead of one for Medicaid Expansion recipients. This would

impact 48,000 people in Wake County alone, doubling the work for workers and families alike. This serves as a discouragement for clients hoping to apply. Also likely to be passed are new work requirements. Currently, around 92% of the overall population in Medicaid is working already. However, this new requirement would be yet another discouragement, requiring a great deal of paperwork for little reward.

- Yet another proposed Senate bill change will have the County accepting more responsibility for errors in Food and Nutrition Services. There are still many unknowns with this particular proposed change (largely surrounding who, and to what percentage, would pay for any errors). A 5-10% error rate in Wake County equates to around $750,000 a month or $7 million a year. Such a change would be even more drastic and draining to a rural county with little funding but a large FNS population. Such a change will, undoubtably, impact every county in North Carolina. The state's role in the change would be up in the air with the current senate bill demanding the change be in effect by 2028. This will, at least, provide time for counties and the state alike to research and plan out the impacts of such a change.
- A big part of another bill focused on Child Welfare (CW) addresses the new statewide system – Path NC. This is a CW case management system built on a Salesforce platform. This is the platform currently being used by Wake County's own CW case management system. Because of this, staff are foreseeing a smoother transition for the County. The current transition to Path NC is planned to occur on November 3rd, 2025. Investigations and assessments will transition first with other section transitions occurring in chunks. This new statewide system will allow Wake County CW staff to see cases in other counties thereby lessening the number of cases that could be lost due to moving and losing communication.

Vice Chair Wanda Hunter asked if staff were aware of a new application called MyFriendBen (https://www.myfriendben.org/). This was a new screening tool currently available in North Carolina and Colorado for several categories of screenings. It helped to determine if someone filling out the screening tool would qualify for different benefits, something that could be an easily accessible tool for those overwhelmed by applications and processes.

Commissioner Cheryl Stallings noted that with the proposed changes to Medicaid and the Supplemental Nutrition Assistance Program (SNAP) the Wake County Board of Commissioners (BOC) had sent a letter outlining the impact to HHS to North Carolina Senators Thom Tillis and Ted Budd. This letter had been sent twice. Wake County has around 219,000 people on Medicaid, about half of which are children. There are, in turn, about 85,000 people on SNAP benefits. While it is easy to look at Wake County and to assume everyone is thriving, this is not the case for everyone who lives here. The BOC was also taking the issues of infant health and mortality seriously. There was a taskforce with three Commissioners – Stallings herself, Commissioner Shinica Thomas, and Commissioner Safiyah Jackson – currently reviewing infant health and mortality. The taskforce is hoping to produce more policy recommendations so that the discrepancies and disparities in Wake County could be addressed. This was part of the BOC's strategic plan and the Commissioners were serious about addressing it thoroughly and thoughtfully.

Board Chair Ann Rollins added that the Poe Center was a SNAP-Ed implementing agency for North Carolina. This was unfortunately something that that House already voted to cut as of October 1st, 2025. This was under advisement of the Senate currently. Senator Tillis had yet to take an official stand on the bill, so it was hoped that there was still time to make a difference.

Ms. Christine Kushner reinforced the migration occurring in North Carolina, particularly those coming to Wake County in order to establish a better life. It was important to address solutions on a state and national scale to continue to truly support those coming into and thriving in the county.

Mr. Irv Trust asked if there was a response from the letters sent to the senators and Commissioner Stallings stated that no response had been received as of yet. The BOC had focused on the senators as the bill was in the Senate. They would reach out to the House when the bill moved there. When asked if other county commissioners had followed suit in sending letters to their senators, Commissioner Stallings shared that the State Association was strong and actively advocating in this area.

Ms. Pedroza added that there were cuts that the Senate was currently discussing that would impact small hospitals. Many rural hospitals may be forced to close if these cuts were passed. Commissioner Stallings stated that the State County Association was doing advocacy around this very issue with senators in Washington, DC. Ms. Kushner asked if the State County Association was including rural counties in the conversation and Commissioner Stalling confirmed that they were. Chair Rollins stated that the Board would keep an eye out for an update with these proposed cuts.

**Energy Outreach Plan**

(Presented by Ms. Felicia Downing)

Ms. Felicia Downing (Economic Benefits Manager) gave an overview of the Energy Assistance program including the Crisis Intervention Program (CIP) and Low Income Energy Assistant Program (LIEAP). She began with a description of what Energy Assistance was and was not. If a household (HH) is disconnected or in jeopardy of disconnection and met the income requirements, they would be eligible for heating or cooling assistance through Energy Assistance. Notably, a medical reason was no longer required. Keeping medication cold or utilizing electricity for oxygen machines, however, was not a qualifying reason for assistance. Ms. Downing reported that LIEAP ran through March 31st while CIP, technically, ran year-round. CIP, however, often ran out of funding. Currently, Energy Assistance announced some CIP funding was available.

Ms. Downing spoke briefly about the County's partnership with the City of Raleigh, particularly in supporting the Utility Customer Assistance Program (UCAP) by determining eligibility for City of Raleigh customers. No funding was exchanged, however.

Payments for cooling and heating are made directly to vendors. Wake County works with 38 vendors in this regard. With heating, the County covers propane as well as electrical for the main heating source of the home.

For CIP, the HH meets income eligibility if the total household members' countable income is equal to or less than 150% of the current poverty level. If a HHS is disconnected or in jeopardy of disconnection and meets the income requirement, the household is eligible for heating or cooling assistance. The eligibility table is below. The best way to determine one's eligibility for assistance was to connect with a case manager who could help with their specific situation.

| Number In Household | Maximum Countable Income |
|---|---|
| 1 | $ 1,823 |
| 2 | $ 2,465 |
| 3 | $ 3,108 |

LIEAP provided a one-time annual energy provider payment to help eligible families pay their heating expense. This required income for the month prior to filling out the application, resources (cash, bank accounts) less than $2,250 (for fiscal year (FY) 2024 resources were *not* counted), and identifying a

primary heating source. The HH meets income eligibility if the total HH members' countable income is equal to or less than 130% of the current poverty level.

| Number In Household | Maximum Countable Income |
|---|---|
| 1 | $ 1,580 |
| 2 | $ 2,136 |
| 3 | $ 2,693 |

Next, the budgets and spending for CIP and LIEAP were reviewed with data as of May 15th, 2025.

## Crisis Intervention Program (CIP)

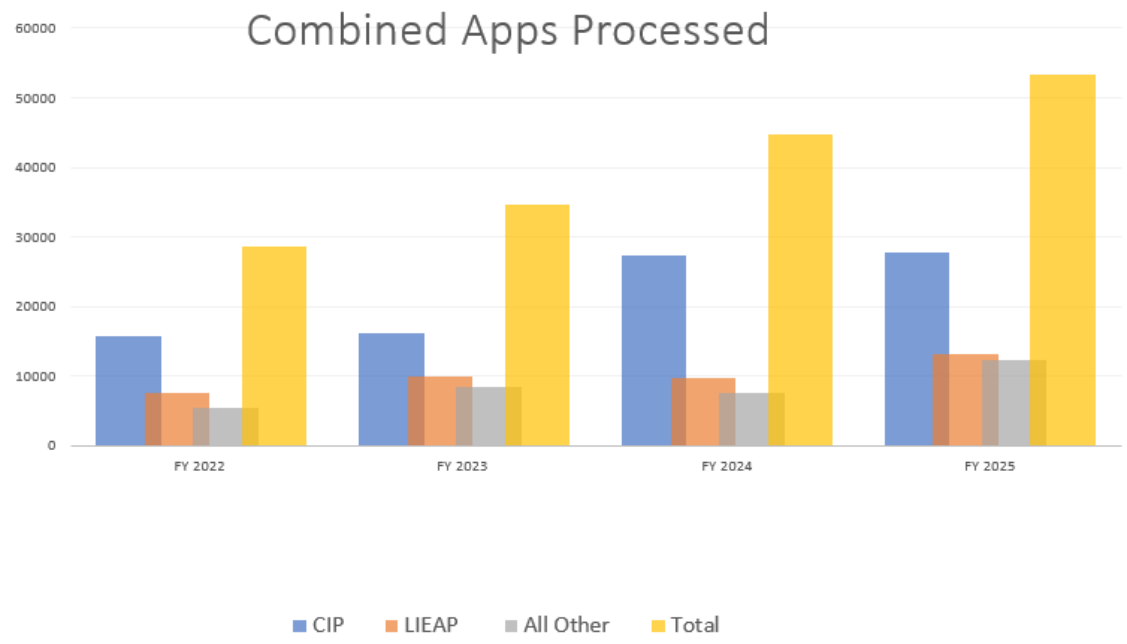
| FY | Total Allocation | Spent | Balance | % Spent |
|---|---|---|---|---|
| 2025 | $1,579,402.61 | $1,579,402.61 | 0 | 100% |
| 2024 | $3,097,375.52 | $3,096,579.05 | $530.67 | 99% |
| 2023 | $2,105,731.48 | $2,105,426.41 | $.03 | 99% |
| 2022 | $2,660,636.95 | $2,660,524.92 | $112.03 | 100% |

## Low Income Energy Assistance Program(LIEAP)

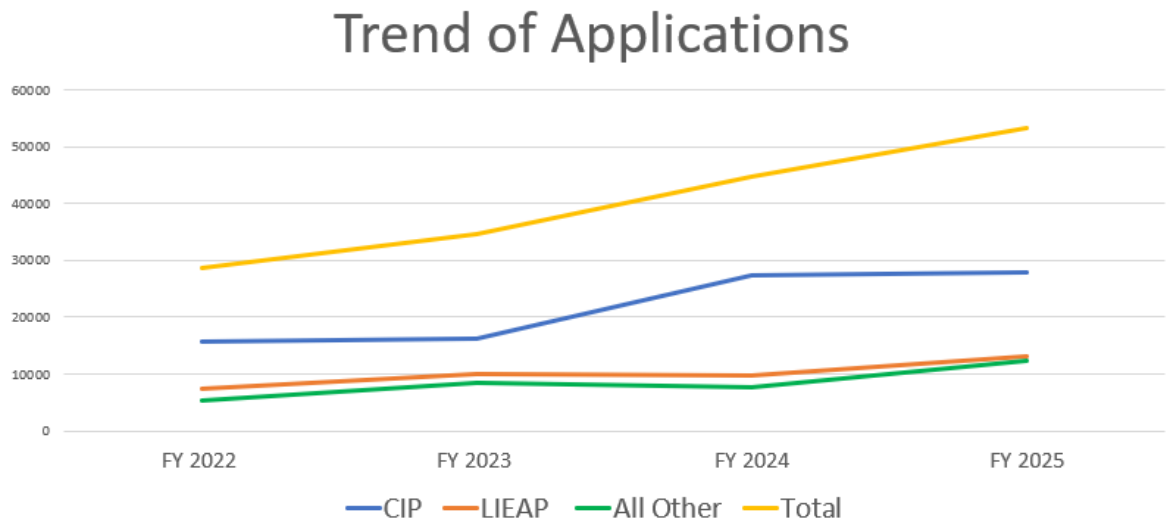
| FY A | Total Allocation | Spent | Balance | % Spent | Notes |
|---|---|---|---|---|---|
| 2025 | $2,921,512.00 | $2,718,789.16 | $202,722.84 | 93% | CIP funding exhausted in November |
| 2024 | $4,077,497.00 | $2,219,400.00 | $1,858,097.00 | 46% | |
| 2023 | $3,313,356.00 | $2,500,500.00 | $812,856.00 | 75% | |
| 2022 | $5,122,716.68 | $5,079,086.08 | $43,630.60 | 99% | Pandemic & Regular (Multiple Automatic Payments |

For 2025 for LIEAP, there was a remaining balance of over $202,000 that was ultimately reallocated to the County.

Ms. Downing cited the partnership with the Communications team as part of the reason behind the successful utilization of more of the funding. Ms. Barbra Gonzalez (Department Communications Consultant) in particular helped communicate to internal staff to encourage conversations around LIEAP. This is especially impressive given LIEAP's short timeframe, beginning in December with seniors able to apply and ending on March 31st.




The above graph shows the combined applications between Energy Assistance programs. There is a trend of increasing applications that is anticipated to continue. This is due to a combination of individuals seeking assistance after COVID-19, a struggling economy, inflation, and the ever-rising cost of rent. All of these considerations and more impact an individual's or family's ability to heat and cool their homes.




There is also the Wake County Emergency Assistance (WCEA) program of which a million dollars was allocated to assist with heating, cooling, water, or a combination of all three. Year-to-date (YTD) to May 20th, there have been 5,562 applications processed and nearly all funds have been exhausted. The Wake WCEA program had recently won a 2025 Achievement Award from the National Association of Counties (NACo).

Energy Assistance has several modes of outreach aside from in-person visits. This includes Microsoft

Bookings, virtual visits, ePass, mail, fax, and e-mail. This helps to ensure staff are reaching all levels of the population to ensure services are being advertised. Partners for Energy Assistance include Resources for Seniors, Dorcas Ministries, and Duke Energy. Staff continue to work with and build on a marketing plan and opportunities via the Wake County Communications Office. Staff would like to collaborate with different community partners to ensure that these services continue to reach those most in need.

There were two notable challenges facing Energy Assistance. These were duplicate applications being submitted using multiple methods or multiple times and the growing number of applications and decreased funding. In terms of decreased funding, staff were continuously having to pivot to ensure that they could provide services to the community. Balancing and making adjustments, in Energy Assistance, is key.

Finally, a list of the manager and supervisors for Energy Assistance was shared.

- Ms. Felicia Downing, Economic Benefits Manager
- Ms. Darnisha Young, Administrative Supervisor
- Ms. Erica Jennings, Energy Supervisor
- Ms. Jannie Bennett, Energy Supervisor
- Ms. Judith Enright, Energy Supervisor
- Ms. Sireda Richardson, Energy Supervisor
- Ms. Maria Sierra, Energy Vendor Payment Team Supervisor

Ms. Downing spoke briefly about the outreach plan, noting that staff went several places for outreach. The prior year staff were hopeful about local senior cafes but ultimately found these as less than lucrative given that most of the seniors did not qualify for LIEAP. This year, staff have already connected with a local Catholic church and connected with many in the Hispanic community. The plan was to increase communications and continue outreach efforts.

Vice Chair Wanda Hunter asked if any outreach efforts had been planned for back-to-school events to help assist the children of parents experiencing energy crises. Ms. Downing confirmed that staff had done a similar event in the past in collaboration with Ms. Vielka Gabriel (Seasonal and Volunteer Supervisor), but that it could certainly be repeated.

Ms. Christine Kushner asked if the decrease in funding was due to the impacts of COVID-19 increasing need or if the funding simply decreased over time. Ms. Downing and Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) both agreed that it was a combination of the two. Ms. Downing explained that the WCEA was meant as a solution to this issue. While staff typically receive energy funding from the State July 1st, the past two years have shown delays in this timetable. Because of WCEA, they can still proudly start the program July 1st so as not to delay anyone receiving potentially life-saving energy assistance.

Ms. Maty Ferrer Hoppmann asked if the count for a household for energy assistance only counted United States citizens and legal residents. Ms. Downing confirmed that this was accurate. Ms. Pedroza added that anyone could apply. For example, an immigrant parent could apply for their child if the child was a United States citizen.

Commissioner Cheryl Stallings asked Ms. Downing about the partnership with Duke Energy. Ms. Downing explained that Duke Energy did a lot of different funding efforts but one of the most appealing was the “Share the Light.” This could assist qualified applicants with up to $2,500. This is extremely helpful as the maximum assistance for crisis from Wake County is $600. The ability to pay this much, however, is stunted by limited donations to the fund.

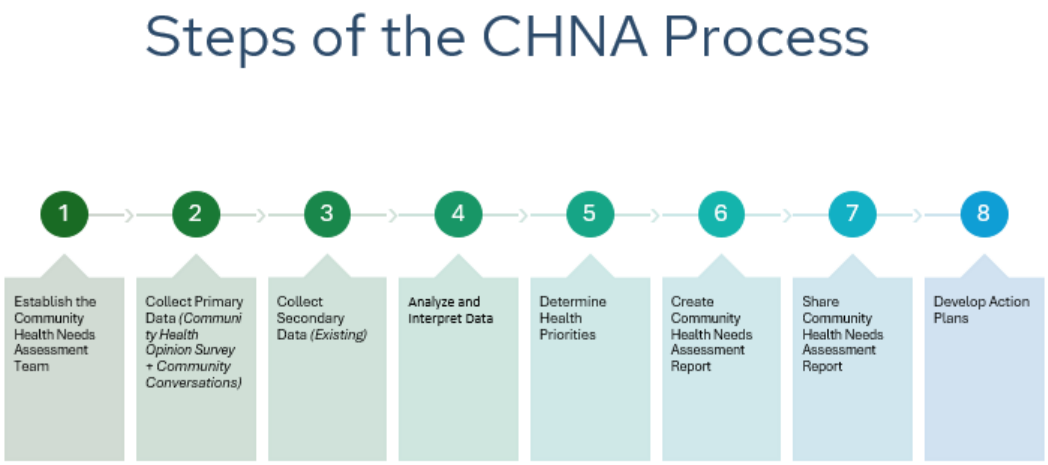
Vice Chair Hunter pointed out that Duke Energy had offers for those using energy efficient utilities and appliances. She asked if clients were connected with these programs and Ms. Downing stated that the County did not connect them. If a client mentioned needing an energy efficient appliance, staff would refer them. But crisis was always the main point of the applications. This was potentially an opportunity to help educate clients as some might be in crisis due to not having energy efficient appliances. Board members pointed out that Duke Energy did release energy efficiency audits with their billing statements.

Mr. Irv Trust asked if the transition of Dominion Energy into Enbridge Gas North Carolina had any bearing or impact on financial commitments. Ms. Downing noted that the only change was in the name, no funding was provided through Enbridge. When asked if their rates were reduced, Ms. Downing stated that they were not.

When asked about the County's partnership with Dorcas Ministries, Ms. Downing explained that staff referred clients to Dorcas if they could not provide assistance with a client's particular need(s). Staff keep a long list of partners in Wake County in case funding is exhausted or a client does not meet eligibility requirements. The outreach plan requires two meetings a year with partners to ensure contacts are up-to-date and to identify additional resources.

**Chair Ann Rollins asked for a motion to approve the annual Energy Outreach Plan. There was a motion to approve the plan by Mr. Irv Trust. Ms. Tanyetta Sutton seconded. The plan was unanimously approved.**

**Community Health Needs Assessment (CHNA) [Benchmark #1.3a and 38.2]**
(Presented by Mr. Marcellos Allison)
Mr. Marcellos Allison (Live Well Wake Program Manager) presented the Community Health Needs Assessment (CHNA). The CHNA is required of local health departments (LHDs), tax exempt hospitals [501(c)(3) organizations], Federally Qualified Health Centers, and United Way agencies every three years to collect data and gather insights on community challenges. The purpose is to identify health status, concerns, and resources in Wake County to report findings, work with the community to determine the priority issues, and develop a community-based action plan. In Wake County, this assessment is spearheaded by Live Well Wake (LWW). To complete this assessment, Wake County partnered with the North Carolina Institute of Public Health (NCIPH) to gather data, share insights, and finalize the 2025 report. Wake County's 2025 CHNA process began in May 2024 and lasted until May 2025.




There are three co-chairs during the CHNA process. There is then the Live Well Wake Action Team

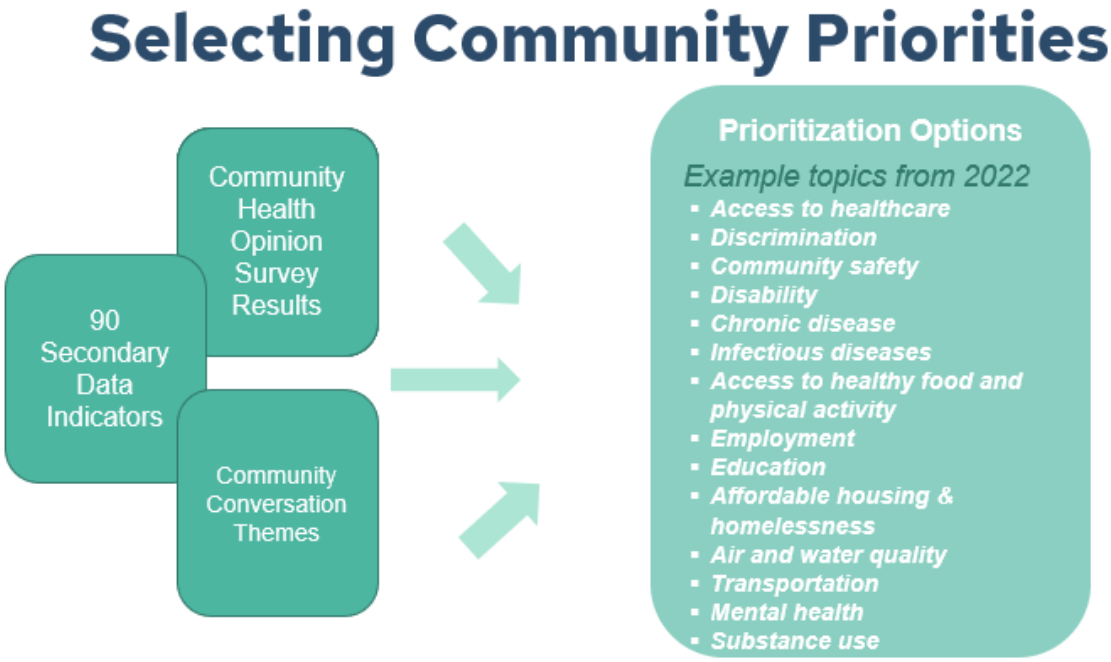
(LWWAT) whose members provide funding for the CHNA process. A Steering Committee of over sixty stakeholders provide guidance throughout the CHNA process and there are workgroups of stakeholders who meet monthly to implement LWW strategies. The LWWAT notably has representation from several community partners including UNC Health, WakeMed, Neighbor Health, Right Care, Delta Dental, Advance Community Health, Duke Health, and the Poe Center, to name a few.

The NCIPH conducted six "Community Conversations" sessions with people experiencing homelessness, veterans, older adults, Asian Americans, African Americans, and Latinx/Hispanic individuals.

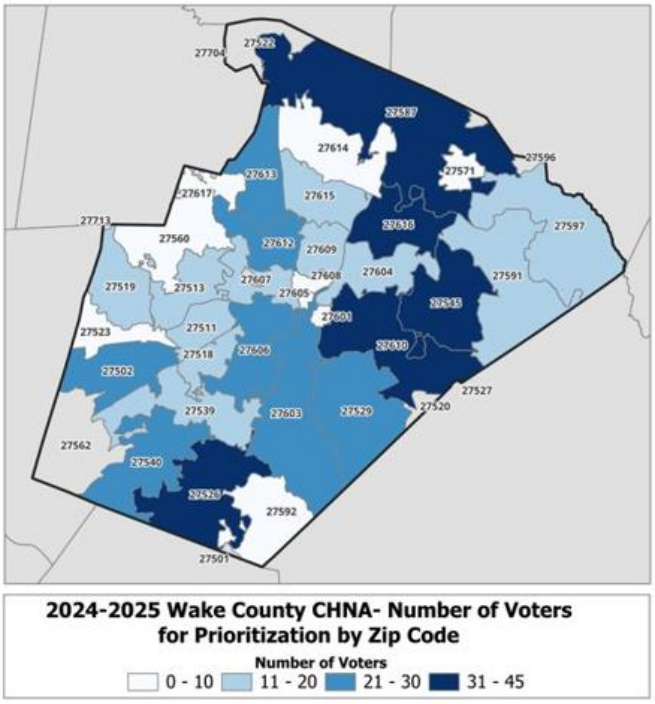

These conversations revealed concerns around healthcare inaccessibility, resource coordination, preventative health services, and school support. Overall the following major themes emerged.

- Rapid growth of the area means that resources in the county need to reflect the changing demographic
- ESL Programs, school counselors, and mental health resources that promote the "whole child"
- Language barriers for non-English speaking residents make accessing healthcare difficult. Places where all services are provided in one place (healthcare, health education, pharmacy, etc.) are most helpful
- Information about resources is not cohesive
- Rising housing costs
- The need for more public transportation and accessible parks and greenways
- More preventative services needed for chronic illness, mental health, and addiction
- Sometimes it takes weeks or months to access prenatal care

Community feedback was collected across all eight service zones in the county for the Community Health Opinion Survey (CHOS). Fliers were posted at seven Health and Human Services buildings including all five Regional Centers. Staff convened six unique community populations to engage in community conversations. These conversations increased feedback and participation from historically underrepresented populations in previous CHNA cycles. A total of 1,191 responses collected from the 2025 CHOS. This survey was administered in English and Spanish. Of those, 19.8% identified as Black/African American and 10% identified as Hispanic/Latino. A total of 12.4% were received via postcards. Feedback was collected from 97 stakeholders, 57 organizations, 1,722 survey respondents (CHOS + Prioritization), 59 Community Conversations participants for a total of 1,938 participants in Wake County's 2025 CHNA.




Below are data points from the Prioritization Survey which allowed residents to vote on the top topics for 2025.




This survey was open from January 15th until January 30th in 2025. There were 624 eligible responses with the following demographics.

- 73.3% of respondents identify as women

- Racial/ethnic distribution
    - 52.2% White
    - 26% Black
    - 5.8% Hispanic/Latino
    - 2.7% Asian
    - 2.9% Two or More Races
    - 0.3% American Indian/Alaska Native
- Age Breakdown
    - 47.1% are between 40-59 years old
    - 25.2% are 20-39 years old
    - 11.7% are under 20 years old

The three selected community priorities are access to healthcare, mental health, and affordable housing and homelessness. These were, notably, the same as the year before, which was not a shock to staff. This could lead to the opportunity for continued assessment and continuing efforts that are making a noticeable change.

Next steps for the CHNA were then outlined.

- Monday, July 7th, 2025
    - CHNA presentation during the Wake County Board of Commissioners (BOC) Meeting
    - BOC are given printed copies of the CHNA Full Report and Executive Summary
    - LWWAT is encouraged to attend the meeting and receive their printed copies as well
- Tuesday, July 8th, 2025
    - Article release, email notification, social media blast, and website upload (steering committee, workgroups, chamber directors, economic development directors, Wake County libraries)
    - Social media toolkits also shared with all partners. Partners are welcome to pick up copies from 10 Sunnybrook Road, Raleigh, NC 27610
    - PowerPoint Templates of CHNA sent out to the LWWAT along with a tracking form for template slides presentation
- August 2025 (Date TBD)
    - Develop the Community Health Improvement Plan (CHIP)

The CHIP is a three-year strategic plan that is required by the North Carolina Department of Health and Human Services (NCDHHS). A kickoff stakeholder meeting will take place August 2025 with an interactive half-day using Results Based Accountability as a framework. By the end of the kickoff event, staff anticipate having a shared understanding of the "story behind the curve," revise results statements, define shared visions for what success of the workgroups would look like, and begin brainstorming what might work to address the priority areas. There will be an opportunity for kickoff attendees to sign up for a workgroup to continue action planning following the kickoff meeting. There will be a second meeting in September focused on prioritizing brainstormed strategy ideas from the kickoff event. The last meeting will take place in October and will be focused on developing action steps and performance measures for identified strategies and finishing a complete draft of the action plan.

Mr. Birchie Warren asked how 'mental health' was being interpreted for the community priorities. What about mental health needed addressing? Was it the quality or quantity or access or something altogether different? Mr. Allison explained that it was everything to do with mental health. When compared to Mecklenburg County, Wake County had less mental health providers. More mental health facilitates providing resources are also needed. This was heard as a day-to-day struggle for residents with mental health being noted as a challenge in their lives. The focus, then, was on health education, resources, and

connecting people to services.

Mr. Irv Trust asked if there were data points indicating how respondents felt about progress already made in these key areas. This could give feedback on how the issues were being addressed. Mr. Allison confirmed that some of the survey questions addressed this. Board Chair Ann Rollins added that anecdotally, there had been noticeable change over time. One of the previous CHNA priorities was around food insecurity. The Public Health Committee, a subcommittee of the Health and Human Services Board, had developed its own food insecurity taskforce that eventually led to the hire of Ms. Sydney Mierop (Food Security Program Manager). The taskforce still meets, now led by Commissioner Tara Waters. These tireless efforts helped to remove food insecurity as a recurring top three priority over time. Chair Rollins was encouraged that the County now had its own Behavioral Health department led by Ms. Denise Foreman (Director of Behavioral Health). These efforts, along with focus from several other committees and workgroups, would hopefully begin to have the same impact for mental health, access to healthcare, and affordable housing.

Commissioner Cheryl Stallings added that the County had just taken the lead of the Continuum of Care (COC) which addressed homelessness needs. This was another area that they hoped to see progress in. She asked if the fall meetings would be used to provide tangible policy recommendations or if these would evolve from the workgroups. Mr. Allison stated that work would continue with stakeholders to establish these recommendations and that they would be shared once formed. Commissioner Stallings thanked Mr. Allison noting that the Board of Commissioners (BOC) would be interested in hearing how these priorities would continue to be supported.

Vice Chair Wanda Hunter had, in previous Board meetings, stressed the need for an environmental scan of Wake County to identify all the resources and community organizations. She reiterated the need here, noting that the same priorities would continue to rise to the top without proper supports and strategies. There seemed to be a lack of success metrics, especially with such buzzwords as 'affordable housing.' What did it mean? Affordable to *who*? And who would be getting this affordable housing with a growing homeless population in the county? Mental health, too, posed this same problem with language interchanging between 'mental health' and 'behavioral health' just from the CHNA to the County's own Behavioral Health department. Who would be helped for 'mental health' – just those on opioids or those suffering from the crack addiction? She quoted the late Commissioner James West who would often caution to be "high touch, not high tech." Knowing how many providers the county currently has and how many were needed to provide services in demand would help to get to the root of these issues.

Ms. Christine Kushner voiced concern over the delays in prenatal care. Improving access for pregnant women seemed like the opportunity to address low-hanging fruit. She also noted how only 16% of those surveyed were aged 60 or older. With Wake County's aging population growing by the day, were seniors' needs truly being addressed? It was noted that seniors were a focus group for the CHNA and Board members were encouraged that more young adults completed the survey. Ms. Kushner also inquired about the validity of the survey given the population of Wake County. Was the survey still representative of the population? Mr. Allison stated that the surveys and their respondents were weighted to ensure they matched the demographics of Wake County as a whole. When talking to the NCIPH who conducted the survey, they felt confident that this was a representative sample. Historically hearing from even 1% of a population as large as Wake County has proven to be a challenge. However, staff are always eager to increase the response rate to better understand community needs.

County Manager David Ellis stated that, with the top three priorities the same as the year before, it would be crucial to outline what accomplishments have been made. The community would be eager to know what progress had already been made in these three areas.

Vice Chair Hunter asked if there were any opportunities for someone to sit down with those taking the surveys as health literacy could also pose an obstacle depending on how the questions were asked. Having someone there to explain the language could help ensure understanding. Mr. Allison said that the County worked with Southeastern Healthcare of NC partnering with six Community Health Workers (CHWs) who went to twenty events across the county for outreach. These CHWs would have been available to help fill out the survey with on-site. There was a budget for this initiative and, because of this, limitations on outreach.

Ms. Tanyetta Sutton agreed with Mr. Warren's statement of mental health seeming vague as a priority given the magnitude of the issue. More and more people are overcoming the stigma of mental health and its professionals and seeking help. However, there are now limited resources forcing some individuals to wait three to six months to be seen. This is an issue at the state, board, and licensure level. Companies are simply not paying therapists if they are not licensed as full therapists, thereby discouraging those already in the field. Such discouragement was felt in the community, something Ms. Tamara Wilson added to by confirming that there were individuals eager to receive help but finding services hard to obtain. It took Social Workers two years post graduate degree before they could be fully licensed, a limiting factor for those looking for work. Ms. Sutton went on to add that there was now a stigma of therapy not working due to the many hurdles that were in the way. For some, associate licenses were hired and practiced under another's license, but this also put the licensed therapist at risk if something occurred. It was an overall concerning problem in addition to cuts to mental health in general.

Dr. Ojinga Harrison noted that a number of zip codes on the "Number of Voters for Prioritization by Zip Code" image had very few (0-10) participants. How should these areas with less participation be understood? Mr. Allison explained that there were two surveys. The first was the CHOS which focused on understanding if respondents had a doctor, if they were insured, income level, and concerns about their health. There were respondents from all eight service zones in Wake County for the CHOS. There were more responses for this – the longer survey – than for the following prioritization survey. The prioritization survey was the one referenced in the image with zip codes and focused solely on prioritization of issues. The results were compared to the previous survey as well as with the Community Conversations taking place with groups across the county. Staff were purposeful about trying to hear from a variety of organizations and demographics throughout the county in order to have as full a composition as possible.

Dr. Harrison pointed out the interconnected nature of the three priorities selected. He commented on the rising stress levels of children who are much more likely to feel the strain of society as compared to years past. Information is readily available like never before and technology is developing so rapidly that children receive that information in much different filters than their parents before them. The sheer intensity of this, along with inflation and wages not rising quick enough to meet needs, left a society stressed and strained. He brought up the Board's interest in housing during their priority setting years ago and noted the general appreciation in the general health and wellbeing of the community.

Dr. Joel Lutterman (Medical Director – Public Health Services) spoke to prenatal care access issues noting that the Wake County clinic was very eager to assist with clients. However, it could also be an issue of connecting clients to resources. Work was still needed to build those relationships in the community and the trust to call when services were needed.

Commissioner Cheryl Stallings informed Board members that there were a number of Advanced Community Health Centers open throughout the county that did not have income eligibility requirements. These centers provided primary care with a number of them providing behavioral health care. The resources the county already had needed marketing and proper outreach to the community. She commended Mr. Allison and his team for the work they were doing to uplift these issues.

Dr. Kelcy Walker Pope, too, thanked Mr. Allison for the work on the CHNA. She uplifted the demographics – particularly the 26% Black respondents compared to 52.2% white respondents – in the prioritization survey. It would be important to be intentional and thoughtful about the voices in the room for following steps. It was those that were underrepresented who were in the top of charts in other areas, leading to a need to ensure their voices and their experiences were heard.

Board members thanked Mr. Allison for his presentation and looked forward to receiving the final CHNA in print. No formal vote was needed for this presentation as the Board had reviewed the report.

**Public Health Report: Chronic Disease [Benchmark #2.4]**
(Presented by Ms. Akanksha Acharya and Ms. Sarah Plentl)
Ms. Morgan Poole (Epidemiology Program Manager) introduced Ms. Akanksha Acharya (Senior Epidemiologist) who led the Chronic Disease Public Health Report with care and expertise. Ms. Poole also introduced Ms. Sarah Plentl (Health Promotion and Disease Prevention Section Manager) who would be sharing stories from patients. Staff asked Board members to view this not only as mere data points but as stories of the community – of Wake County as a whole.

According to the Centers for Disease Control and Prevention (CDC), "chronic diseases are health conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both" (https://www.cdc.gov/chronic-disease/about/index.html). Chronic diseases are the leading causes of death and disability in the United States. Six in ten adults in the United States have a chronic disease and four in ten adults have two or more. Preventing chronic diseases or managing symptoms when prevention is not possible can reduce costs and improve quality of life. This report highlights chronic disease burden in Wake County with a focus on mortality, health disparities, social determinants of health, and local prevention efforts by Wake County Health and Human Services (WCHHS) in preventing chronic diseases and reducing their impact on communities.

The following data sources and methodology helped to inform the report.

- United States Census Bureau
    - In this report, 2023 American Community Survey (ACS) estimates are reported for Wake County as well as North Carolina
- North Carolina (NC) State Center for Health Statistics
    - This report uses the leading causes of death data from the NC State Center for Health Statistics
- WCHHS Health Promotion Chronic Disease Prevention Section Programming and Services
    - Data are collected on a quarterly basis
    - This report includes data from January 1st to June 30th, 2024
- National Youth Tobacco Survey (NYTS)
    - The latest NYTS (2024) data are utilized in this report
- Monitoring the Future
    - The latest Monitoring the Future (2024) data are utilized in this report
- North Carolina Youth Risk Behavior Survey (NC YRBS)
    - The latest NC YRBS (2023) data are utilized in this report

Next the sociodemographic composition was shared for Wake County.

- **Population**: Over 1 million, growing more than twice as fast as the rest of North Carolina, adding 51 new residents per day and 225,000 over the past decade
- **Age**: In 2023, the median age of people living in Wake County was 37.7 years. Additional data

regarding age and sex can be found in Table 1 on page five of the report

- **Race and Ethnic Makeup**: the four largest ethnic groups in Wake County are White (Non-Hispanic, single race) (56.0%), Black or African American (Non-Hispanic, single race) (18.6%), Hispanic or Latino (11.5%), and Asian (Non-Hispanic, single race) (8.8%) (Table 2, page six of the report)
- **Income**: The median household income for Wake County was $102,918 compared to $70,804 for North Carolina (Table 3, page seven of the report)
- **Education**: More than half (58.8%) of the population aged 25 years and older has a bachelor's degree or higher (Table 4, page eight of the report)
- **Employment and Health Insurance**: 3.4% of the population is unemployed and more than half (66.9%) of Wake County's population has insurance through their employer (Tables 6 and 7, pages ten and eleven of the report)
- **Disability**: American Indian and Alaska Natives (Non-Hispanic, single race) has the highest percentage of disability in Wake County as well as North Carolina (Table 8, page twelve of the report)

Chronic diseases are shaped by more than personal choices and genetics; they are also driven by Social Determinants of Health (SDOH). SDOH are conditions where people are born, live, work, and age. There are five key areas according to Healthy People 2030: Economic stability, education, healthcare access, neighborhoods, and social support. Barriers like poverty, food insecurity, and unsafe housing increase chronic disease risks – especially for marginalized groups.

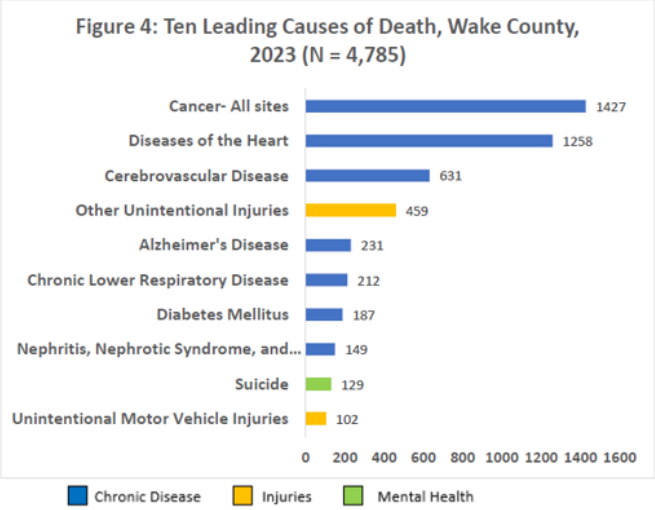
**Figure 3: The Five Key Domains of Social Determinants of Health (SDOH)**


Source: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health, retrieved March 26th, 2025

In Wake County, the impact of SDOH cannot be overstated. A total of 7.1% live below the federal poverty level with higher rates observed among Black or African American (10.9%) and Hispanic or Latino (10.3%). Meanwhile 3.4% are unemployed and 6.7% are uninsured. These conditions limit care and worsen chronic disease outcomes. The following were outlined as solutions.

- Understand associated risk *and* protective factors to appropriately implement prevention efforts or help individuals manage their conditions when prevention is not in reach
- Have policies to improve access to housing, education, and healthcare
- Use local data and community-led action
- Align with national equity efforts

These efforts, and others, addressing SDOH can help build equity that leads to better health for all.




There were 6,864 deaths in Wake County in 2023, and the 2,079 deaths not shown in Figure 4 were from other causes of death not categorized here.

After reviewing the top ten leading causes of death in the county, additional details were given for the chronic diseases.

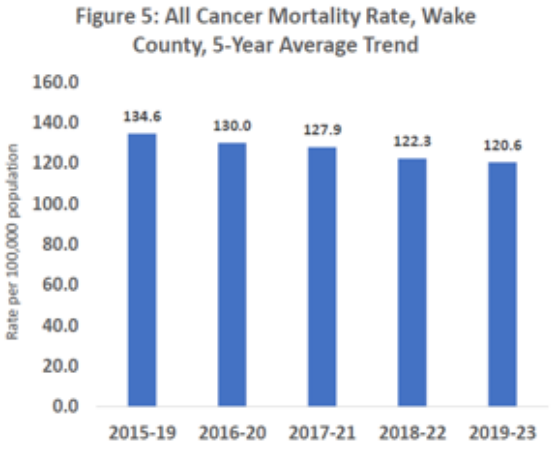
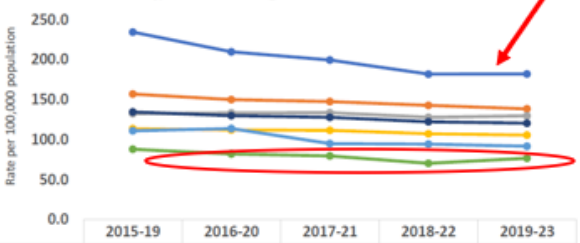


Figure 6: All Cancer Mortality Rates by Race, Ethnicity and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 234.5 | 209.9 | 199.6 | 182.0 | 182.1 |
| White Men | 157.0 | 150.1 | 147.6 | 142.9 | 138.5 |
| African American Women | 132.6 | 133.5 | 133.7 | 128.0 | 129.8 |
| White Women | 113.7 | 112.0 | 111.7 | 107.4 | 105.7 |
| Hispanic Men | 111.1 | 113.9 | 95.0 | 94.4 | 91.8 |
| Hispanic Women | 88.0 | 82.1 | 79.7 | 70.4 | 76.7 |
| All | 134.6 | 130.0 | 127.9 | 122.3 | 120.6 |

Cancer was the leading cause of death in Wake County for 2023. All cancer mortality rates continue to decline. Men continue to have higher cancer death rates than women. Black or African American men continue to have higher cancer death rates than all other racial groups. Hispanic women saw the highest increase in death rate (9%) in 2019-2023 compared to 2018-2022. The top cancer deaths, as outlined in the image below include trachea/bronchus/lung cancer, prostate cancer, breast cancer, pancreatic cancer, colon/rectum/anal cancer, and cervical cancer.

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2024 Estimates

Estimated New Cases

| Male | | | Female | | |
|---|---|---|---|---|---|
| Prostate | 299,010 | 29% | Breast | 310,720 | 32% |
| Lung & bronchus | 116,310 | 11% | Lung & bronchus | 118,270 | 12% |
| Colon & rectum | 81,540 | 8% | Colon & rectum | 71,270 | 7% |
| Urinary bladder | 63,070 | 6% | Uterine corpus | 67,880 | 7% |
| Melanoma of the skin | 59,170 | 6% | Melanoma of the skin | 41,470 | 4% |
| Kidney & renal pelvis | 52,380 | 5% | Non-Hodgkin lymphoma | 36,030 | 4% |
| Non-Hodgkin lymphoma | 44,590 | 4% | Pancreas | 31,910 | 3% |
| Oral cavity & pharynx | 41,510 | 4% | Thyroid | 31,520 | 3% |
| Leukemia | 36,450 | 4% | Kidney & renal pelvis | 29,230 | 3% |
| Pancreas | 34,530 | 3% | Leukemia | 26,320 | 3% |
| **All sites** | **1,029,080** | | **All sites** | **972,060** | |

Estimated Deaths

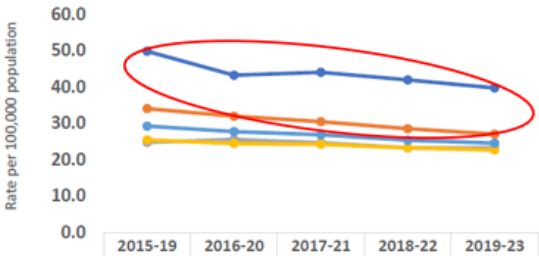
| Male | | | Female | | |
|---|---|---|---|---|---|
| Lung & bronchus | 65,790 | 20% | Lung & bronchus | 59,280 | 21% |
| Prostate | 35,250 | 11% | Breast | 42,250 | 15% |
| Colon & rectum | 28,700 | 9% | Pancreas | 24,480 | 8% |
| Pancreas | 27,270 | 8% | Colon & rectum | 24,310 | 8% |
| Liver & intrahepatic bile duct | 19,120 | 6% | Uterine corpus | 13,250 | 5% |
| Leukemia | 13,640 | 4% | Ovary | 12,740 | 4% |
| Esophagus | 12,880 | 4% | Liver & intrahepatic bile duct | 10,720 | 4% |
| Urinary bladder | 12,290 | 4% | Leukemia | 10,030 | 3% |
| Non-Hodgkin lymphoma | 11,780 | 4% | Non-Hodgkin lymphoma | 8,360 | 3% |
| Brain & other nervous system | 10,690 | 3% | Brain & other nervous system | 8,070 | 3% |
| **All sites** | **322,800** | | **All sites** | **288,920** | |

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.



Also included were data points surrounding the leading cause of cancer death in Wake County during 2019-2023: Trachea/bronchus/lung cancer.

Figure 7: Trachea, Bronchus and Lung Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend



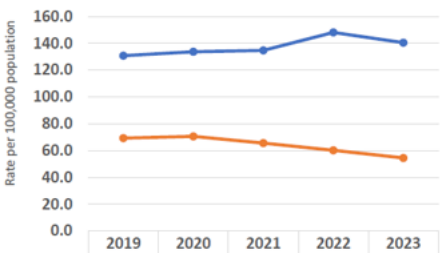

| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 49.9 | 43.3 | 44.1 | 42.0 | 39.8 |
| White Men | 34.1 | 32.0 | 30.5 | 28.6 | 27.1 |
| African American Women | 24.8 | 25.6 | 24.7 | 23.3 | 23.3 |
| White Women | 25.5 | 24.5 | 24.3 | 23.3 | 22.7 |
| All | 29.3 | 27.8 | 26.9 | 25.4 | 24.6 |

Overall lung cancer mortality rate has decreased by 16% from 2015-2019 to 2019-2023. Black or African American men have the highest mortality rates compared to other racial groups. Both Black men and white men experienced higher mortality rates compared to their female counterparts, however there was a notable decrease in mortality rates for both groups of men by 20% and 21%, respectively.

**Table 9: Top Five Causes of Death Attributed to Tobacco Use, Wake County, 2023**

| ICD 10 Codes | Description | Percentage |
|---|---|---|
| C34.9 | Malignant neoplasm (cancer) of the bronchus and lung, unspecified | 24% |
| J44.9 | Chronic obstructive pulmonary disease (COPD), unspecified | 14% |
| I21.9 | Acute myocardial infarction (heart attack), unspecified | 5% |
| I25.1 | Atherosclerotic heart disease of native coronary artery | 5% |
| I25.0 | Atherosclerotic cardiovascular disease, unspecified | 5% |

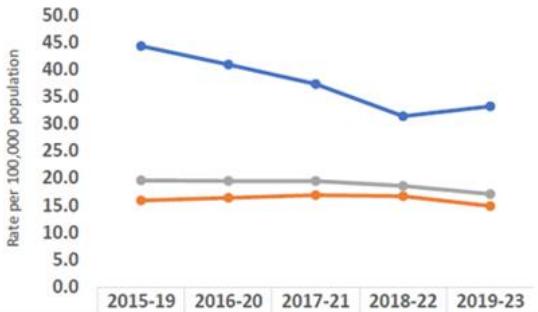
Figure 8: Tobacco-Related Deaths per 100,000 population, Wake County and North Carolina, 2019- 2023




| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| NC | 130.8 | 133.8 | 134.9 | 148.2 | 140.6 |
| Wake | 69.3 | 70.6 | 65.6 | 60.3 | 54.5 |

Lung cancer (C34.9) and chronic obstructive pulmonary disease (J44.9) account for 38% of tobacco-related deaths. Cardiovascular diseases (121.9, 125.1, 125.0) contribute an additional 15%. Tobacco-related deaths have declined by 21% between 2019 and 2023 in Wake County. Mortality remains significantly lower than the North Carolina state average.

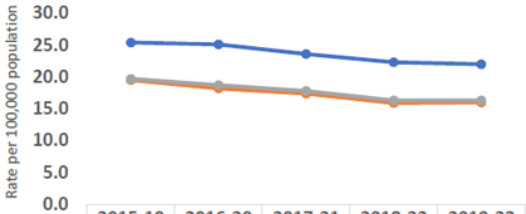
Figure 10: Prostate Cancer Mortality Rates by Race, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 44.3 | 40.9 | 37.3 | 31.4 | 33.2 |
| White Men | 15.9 | 16.4 | 16.9 | 16.7 | 14.9 |
| All | 19.6 | 19.5 | 19.5 | 18.6 | 17.1 |

Prostate cancer was the second leading cause of cancer-related death in Wake County during 2019-2023. The overall mortality rate has been declining since 2015-2019. Significant disparities in mortality rates persists between Black or African American men and white men. This gap further increased in 2019-2023 as the mortality rate among Black men increased by 6% compared to the 2018-2022 period.

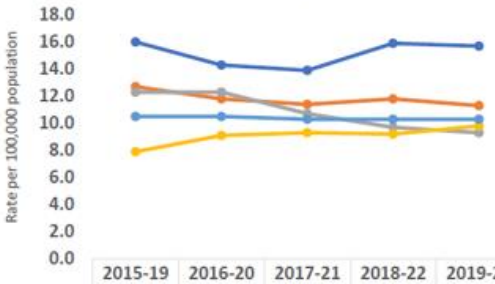
Figure 11: Breast Cancer Mortality Rates by Race, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Women | 25.4 | 25.1 | 23.6 | 22.3 | 22.0 |
| White Women | 19.5 | 18.2 | 17.4 | 15.9 | 16.0 |
| All | 19.7 | 18.7 | 17.8 | 16.3 | 16.3 |

Breast cancer was the third leading cause of cancer-related death in Wake County during 2019-2023. Mortality rates for African American and white women remain stable. However, significant disparities in mortality rates persist between Black and white women.

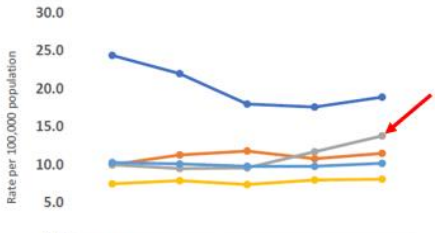
Figure 12: Pancreatic Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 16.0 | 14.3 | 13.9 | 15.9 | 15.7 |
| White Men | 12.7 | 11.8 | 11.4 | 11.8 | 11.3 |
| African American Women | 12.3 | 12.3 | 10.7 | 9.7 | 9.3 |
| White Women | 7.9 | 9.1 | 9.3 | 9.2 | 9.8 |
| All | 10.5 | 10.5 | 10.3 | 10.3 | 10.3 |

Pancreatic cancer was the fourth leading cause of cancer-related death in Wake County during 2019-2023. In 2019-2023, the mortality rates for both African American and white men showed slight declines following increases observed during 2018-2022. The mortality rate for white women increased by 7% during 2019-2023. Mortality rates among African American women have shown a steady decline since 2016-2020.

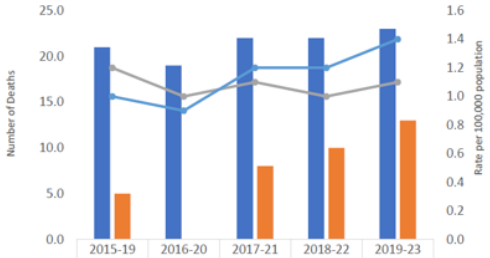
Figure 13: Colon/Rectum/Anal Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 24.4 | 22.0 | 18.0 | 17.6 | 18.9 |
| White Men | 10.0 | 11.3 | 11.8 | 10.8 | 11.5 |
| African American Women | 10.0 | 9.5 | 9.6 | 11.7 | 13.8 |
| White Women | 7.5 | 7.9 | 7.4 | 8.0 | 8.1 |
| All | 10.3 | 10.1 | 9.8 | 9.8 | 10.2 |

Colon/rectum/anal cancer was the fifth leading cause of cancer-related death in Wake County during 2019-2023. Significant disparities in mortality rates persist between African American and white populations. African American men experienced an increase (7%) in 2019-2023, reversing the declining trend observed since 2015-2019 and widening the gap between them and other groups. In 2019-2023, mortality rates increased across all racial groups compared to 2018-2022. African American women experienced the largest increase (18%); mortality rates among this population has steadily increased since the 2017-2021 period.

Figure 14: Cervical Cancer Mortality, White Women and African American Women, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| White Women Deaths | 21.0 | 19.0 | 22.0 | 22.0 | 23.0 |
| African American Women Deaths | 5.0 | * | 8.0 | 10.0 | 13.0 |
| White Women Death Rate | 1.2 | 1.0 | 1.1 | 1.0 | 1.1 |
| African American Women Death Rate | - | - | - | - | - |
| All Women Death Rate | 1.0 | 0.9 | 1.2 | 1.2 | 1.4 |

There was a slight increase in the number of cervical cancer deaths among white and African American women in 2019-2023 compared to 2018-2022. Due to a consistent small number of deaths among African American women, a stable mortality rate could not be calculated. The overall mortality rate increased in 2019-2023 compared to the previous five-year period.

Figure 15: Heart Disease Mortality Rate, Wake County, 5-Year Average Trend

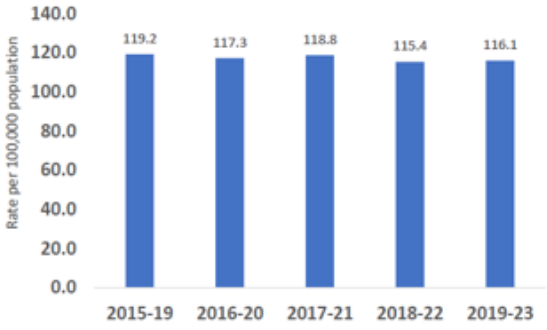
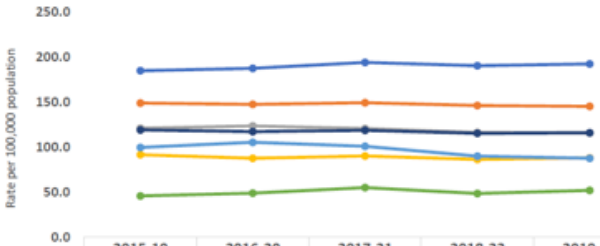



Figure 16: Heart Disease Mortality Rates by Race, Ethnicity and Sex, Wake County, 5-Year Average Trend

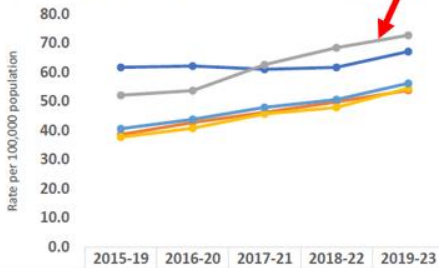



| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 184.9 | 187.5 | 194.1 | 190.5 | 192.5 |
| White Men | 149.1 | 147.6 | 149.4 | 146.3 | 145.3 |
| African American Women | 121.2 | 123.6 | 120.7 | 116.3 | 116.1 |
| White Women | 91.7 | 87.8 | 90.2 | 86.5 | 88.3 |
| Hispanic Men | 99.7 | 105.5 | 101 | 90.1 | 87.8 |
| Hispanic Women | 46.0 | 49.1 | 55.2 | 48.7 | 52.2 |
| All | 119.2 | 117.3 | 118.8 | 115.4 | 116.1 |

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. Heart disease was the

second leading cause of death in Wake County for 2023. The mortality rate increased slightly in 2019-2023 compared to 2018-2022. Men of all racial/ethnic groups died at higher rates than women. Racial disparities persist between the African American population compared to other racial/ethnic groups. The largest increase in mortality rate was seen among Hispanic women (7%) in 2019-2023 compared to 2018-2022.

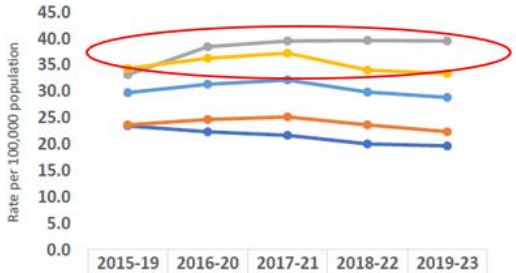
Figure 18: Cerebrovascular Disease Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 61.7 | 62.1 | 61.0 | 61.7 | 67.1 |
| White Men | 38.6 | 42.7 | 46.2 | 49.8 | 53.8 |
| African American Women | 52.1 | 53.7 | 62.6 | 68.4 | 72.7 |
| White Women | 37.7 | 40.8 | 45.7 | 47.9 | 54.5 |
| All | 40.6 | 43.8 | 47.9 | 50.6 | 56.2 |

Cerebrovascular disease includes various conditions like stroke, carotid stenosis, vertebral stenosis, intracranial stenosis, aneurysms, and vascular malformations. This was the third leading cause of death in Wake County for 2023. From 2015-2019 to 2019-2023, mortality rates increased across all racial groups, including both white and Black populations. During this period, the overall death rate increased by 38%. A significant racial gap persists in the death rate between African American and white men and women. Since 2017-2021, Black women have had the highest mortality rates which continue to increase.

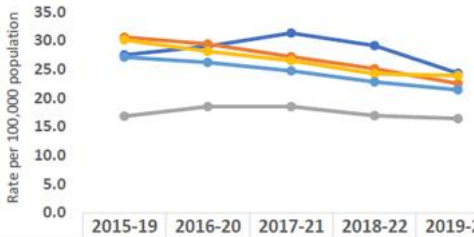
Figure 19: Alzheimer's Disease Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 23.5 | 22.4 | 21.7 | 20.1 | 19.7 |
| White Men | 23.7 | 24.7 | 25.2 | 23.7 | 22.4 |
| African American Women | 33.2 | 38.5 | 39.6 | 39.7 | 39.6 |
| White Women | 34.4 | 36.3 | 37.3 | 34.1 | 33.4 |
| All | 29.8 | 31.4 | 32.2 | 29.9 | 28.9 |

Alzheimer's disease was the fifth leading cause of death in Wake County for 2023. Women continued to die at higher rates from Alzheimer's disease than men, reflecting national trends. African American women experienced the highest mortality rate, highlighting a continued disparity in Alzheimer's disease outcomes.

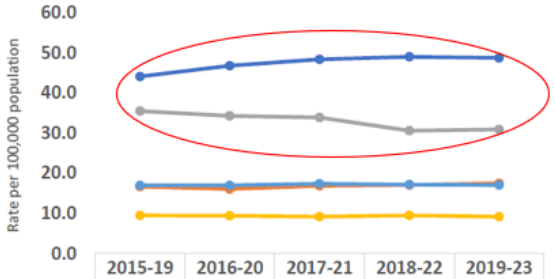
Figure 20: Chronic Lower Respiratory Disease Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 27.5 | 29 | 31.3 | 29.1 | 24.3 |
| White Men | 30.6 | 29.4 | 27.2 | 25.1 | 22.5 |
| African American Women | 16.8 | 18.5 | 18.5 | 16.9 | 16.4 |
| White Women | 30.1 | 28.1 | 26.5 | 24.2 | 23.9 |
| All | 27.1 | 26.2 | 24.7 | 22.8 | 21.4 |

Chronic lower respiratory disease was the sixth leading cause of death in Wake County for 2023. African American men had the highest mortality rate among racial groups. However, the mortality rate decreased by 17% from 2018-2022 to 2019-2023 for this group. The overall mortality rate declined by 21% from 2015-2019 to 2019-2023.

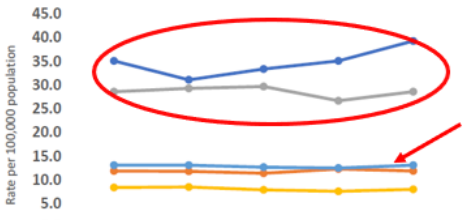
Figure 21: Diabetes Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 44.1 | 46.8 | 48.4 | 49.0 | 48.7 |
| White Men | 16.7 | 16.1 | 16.9 | 17.1 | 17.5 |
| African American Women | 35.5 | 34.3 | 33.9 | 30.6 | 30.9 |
| White Women | 9.5 | 9.4 | 9.2 | 9.5 | 9.2 |
| All | 17.0 | 17.0 | 17.4 | 17.2 | 17.1 |

Diabetes was the seventh leading cause of death in Wake County for 2023. The most significant and longstanding disparity was observed when comparing diabetes mortality rates across racial and ethnic groups, particularly between African American and white men and women. While the overall diabetes death rate had remained stable, the disparity in outcomes persisted, highlighting the ongoing need for targeted interventions.

Figure 22: Kidney Disease Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend




| | 2015-19 | 2016-20 | 2017-21 | 2018-22 | 2019-23 |
|---|---|---|---|---|---|
| African American Men | 35.1 | 31.1 | 33.4 | 35.1 | 39.3 |
| White Men | 11.9 | 11.8 | 11.4 | 12.3 | 11.9 |
| African American Women | 28.6 | 29.3 | 29.7 | 26.7 | 28.6 |
| White Women | 8.4 | 8.5 | 7.9 | 7.6 | 8.0 |
| All | 13.1 | 13.1 | 12.7 | 12.5 | 13.1 |

Kidney disease was the eighth leading cause of death in Wake County for 2023. Persistent disparities in death rates continue to exist between African American men and women, with African American men experiencing the highest burden. From 2018-2022 to 2019-2023, African American men, African American women, and the overall kidney disease mortality rate saw increases (12%, 7%, 5%, respectively) highlighting a growing public health concern that needs attention.

A colorful summary of mortality trends from 2015 to 2023 is included below. Green arrows indicate that the mortality rate has decreased, red arrows indicate that the rate has increased, and yellow arrows indicate a stable rate.

- Cancer ↓
  - Some cancer-related deaths have **remained stable** or have **slightly increased**
  - Interventions Needed: Yes
  - Disparities Still Exist: Yes
- Heart Disease ↑
  - Interventions Needed: Yes
  - Disparities Still Exist: Yes
- Heart Attacks ↓
  - Interventions Needed: Yes
  - Disparities Still Exist: Yes
- Stroke ↑
  - Interventions Needed: Absolutely AND Disparities still exist
- Alzheimer's Disease ↓
  - Interventions Needed: Yes
  - Disparities Still Exist: Yes
- Chronic Lower Respiratory Disease ↓
  - Interventions Needed: Yes
  - Disparities Still Exist: Yes
- Diabetes —
  - Interventions Needed: Yes

    - Disparities Still Exist: Yes

- Kidney Disease
    - Interventions Needed: Yes
    - Disparities Still Exist: Yes

Next, strategies and recommendations for promoting health equity and reducing disparities were shared.

- Focus on populations disproportionately affected
- Strengthen protective factors within key social determinant domains
- Implement and/or provide sex-specific outreach and treatment strategies and targeted interventions
- Improve disease management, early detection, or support for individuals at risk and/or managing diseases
- Engage communities and make sure they have a seat at the table and are involved in the design, implementation, and evaluation of health initiatives
- Strengthen data collecting and tracking
- Prioritize equitable access, prevention, and community-driven solutions

The impact of the Wake County Health and Human Services Health Promotion Chronic Disease Prevention programming and services could not be overstated when discussing chronic diseases. These included the Breast and Cervical Cancer Control Program (BCCCP), Movin' and Groovin', Farmer's Market, WISEWOMAN, Couch to 5K, Summer Food Service Program (SFSP), Safe Routes to Schools (SRTS), Public Health education campaigns, the Drug Overdose Prevention Initiative, Tobacco Prevention and Control (TPC), and the Minority Diabetes Prevention Program (MDPP).

Ms. Plentl shared three success stories from the Public Health report - #2 ("Alex"), #3 ("Patient A"), and #5 ("Brenda"), all listed on pages 43 and 44 of the report. "Alex" was an 8-year-old prediabetic patient that was now no longer prediabetic thanks to a dietitian. For "Patient A," working with the BCCCP after being diagnosed with breast cancer allowed her to receive timely medication. After surgery, "Patient A" has resumed her love for rock climbing. Last but most certainly not least, "Brenda" was a MDPP participant completed the yearlong class and lost weight, learning healthier eating habits, how to track her calories, and developing a personal goal of achieving 6,000 steps a day. Ms. Plentl wrapped up the presentation by handing out a Health Promotion infographic of 2024 metrics outlining the high level difference being made in Wake County thanks to services and programs.

Vice Chair Wanda Hunter thanked staff for their intentionality around adding the humans back into the report. This had been a request of the Board to staff during previous presentations of various Public Health reports with the current iteration giving both data and a defined look at the *person* not just the case numbers. She noted how systemic issues, in addition to the proclaimed need for education and outreach, had to be addressed to make a sustainable difference in mortality rates. There was, at minimum, the barrier of insurance companies stepping in and preventing preventative screenings that could save lives. A mammogram that might have been allowed annually could now be limited to every five years, missing a cancer diagnosis that only worsens as the years go by. Vice Chair Hunter reminded the Board how voting was how changes were made to these systemic issues. When even the best of insurances had limited ability for screenings thanks to policies, this was still an issue.

When asked about the screening for colon and rectal cancer at home, it was explained that this was in reference to the Cologuard test. Dr. Joel Lutterman (Medical Director – Public Health Services) explained that the Cologuard test is getting better. However, the test was not interchangeable with a colonoscopy, which, while the gold standard, was more invasive and required preparation. Cologuard was usually

recommended to populations with low risks and did expand the ability to test given the ease of taking it at home.

Dr. Jim Peterson asked if the analysis considered the access to medications as many chronic diseases, notably cardiovascular, stroke, heart disease, and diabetes could be managed contingent on consistent medication. Unfortunately, this was not a part of the data received from the State. It was also difficult to marry such data with county-level numbers given the smaller number of cases.

Dr. Ojinga Harrison inquired about improvements with the African American population and how it might relate to the gentrification of the county given the decreasing opportunities for low-income residents to remain in Wake County. He asked if rates were also decreasing on a state level or if they could be associated strictly with the county. Ms. Acharya explained that the rates were in line with state and national figures.

When asked about the price of insulin and if trends in diabetes had any indication of that access improving mortality rates, Ms. Acharya said that the data was too limited to know.

Dr. Harrison asked about the influence of the COVID-19 pandemic on cancer screenings, noticing there was an uptick in some cancers after a downward trend. It was acknowledged that the pandemic seemed to discourage cancer screenings as many were loathe to travel, especially to hospitals where many of the confirmed cases were.

Ms. Maty Ferrer Hoppmann noted that in many statistics, the Hispanic population was not included. Ms. Acharya explained that when a case number was too low, that data could not be shared, so this was the reason for the omission. Ms. Hoppmann asked if only the clinics could refer clients to the Health Promotion Chronic Disease services and programs. Ms. Plentl clarified that referrals from community organizations were accepted, albeit rarer than internal referrals. The MDPP, notably, was a program that staff went out into the community to connect with purposeful outreach.
Ms. Poole thanked the Board members for their comments about bringing the report to life with the personal stories and elevation from mere data points. She spoke of the personal nature of the data – of the very real and very loved lives behind each and every number. Ms. Christine Kushner agreed, noting the sense of urgency that it added to address the obstacles and limitations leading to the mortalities.

**Chair Ann Rollins asked for a motion to approve the Chronic Disease report. There was a motion to approve the report by Ms. Maty Ferrer Hoppmann. Dr. Jim Peterson seconded. The report was unanimously approved.**

**Committee Chairs Update**
(Presented by Chair Ann Rollins, Dr. Anita Sawhney and Vice Chair Wanda Hunter)
Chair Ann Rollins noted a few highlights from the Regional Networks Committee report. On May 31st, the Northern Regional Center (NRC) collaborated with the Wake Forest Library to host its inaugural Volunteer Fair designed to connect individuals with local community organizations reliant on volunteer support. This was time at the start of the summer to engage teens and college students. Meanwhile, a meeting of the East Wake Food Family took place at the Eastern Regional Center (ERC) on May 15th. Attendees included wake County staff and various citizens and organizations interested in addressing food insecurity in the Eastern region. Participants were provided countywide updates relative to the Summer Meals, SUN Bucks, and Electronic Benefits Transfer (EBT) Double Bucks programs.

In May 2025, Departure Drive Regional Center continued to cultivate meaningful partnerships that strengthen its collaborative impact across key community health sectors. A standout example is the

ongoing partnership with the Wake Dental department, which reflects a shared commitment to delivering essential dental health services to incoming patients and community members. Finally the Western Region participated in the Project PHOENIX Community Day sponsored by the Town of Cary Community Relations Police unit. This event attracts 1,000 neighbors annually. Staff set up a table display and promoted the Western Health and Human Services Center (WHHSC) and services on May 31st.

Dr. Anita Sawhney (Chair of the Public Health Committee) noted that the Committee did not meet in June and therefore there was no update at this time.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) shared that the Committee had received the same Energy Outreach presentation that the Board had that day. The Committee also received a presentation surrounding World Elder Abuse Awareness Day (WEAAD) and Adult Protective Services (APS) from Ms. Brooke Blanton (Senior and Adult Services Manager).

**Public Comments**

- Ms. Deidre McCullers thanked Commissioner Cheryl Stallings and the Wake County Board of Commissioners (BOC) for reaching out to North Carolina Senators Thom Tillis and Ted Budd concerning the proposed cuts to Medicaid and the Supplemental Nutrition Assistance Program (SNAP).

**Adjournment**

The meeting was adjourned at 9:37 a.m.

**Board Chair's Signature:** Ann Rollins **Date:** 7/24/2025

Respectfully submitted by Brittany Hunt