2025

# Chronic Disease Report

PUBLIC HEALTH REPORT

NORTH CAROLINA Accredited Health Department With Honors 2025-2029 Local Health Department Accreditation Board

WAKE COUNTY NORTH CAROLINA | Public Health

# TABLE OF CONTENTS

## 1.0 OVERVIEW

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.[1] Chronic diseases such as heart disease, cancer, and diabetes are among the leading causes of death and disability in the United States and contribute significantly to the nation's $4.9 trillion in annual healthcare costs.[2]

Currently, three in four American adults have at least one chronic condition, and over half have two or more.[1] The burden increases with age, with over 90% of adults 65 years and older having at least one chronic condition.[1] However, chronic diseases are not limited to just older populations, as more than 75% of adults aged 35–64 and 60% of those aged 18–34 have at least one condition, underscoring the widespread and lifelong impact of chronic diseases.[1,2] Many of these conditions are preventable, as they are often linked to common risk factors such as smoking, poor nutrition, physical inactivity, and excessive alcohol use.

Individuals can reduce their risk of chronic disease by:

- Quitting smoking
- Participating in regular physical activity
- Avoiding too much alcohol
- Eating a diet high in fruits and vegetables and low in sodium and saturated fats
- Receiving routine physical checkups and screenings
- Getting enough sleep

Preventing chronic diseases, or managing symptoms when prevention is not possible, can reduce health care costs and improve quality of life.

This report examines the burden of chronic diseases in Wake County, beginning with an overview of the county's geographic and sociodemographic composition. It focuses on chronic disease–related mortality and the disparities observed across racial and ethnic populations. The report explores the role of social determinants of health in shaping these disparities and concludes with strategies to reduce health inequities and improve outcomes for all residents. It also highlights the efforts of the Wake County Public Health (WCPH) Health Promotion Chronic Disease Prevention Section to prevent chronic diseases and reduce their impact on communities.

## 2.0 DATA SOURCES

Data from the following sources were analyzed for the 2025 Wake County Public Health (WCPH) Chronic Disease Report:

### United States Census Bureau

The Census Bureau collects and provides information about America's people and the economy of the United States. The Census Bureau's website includes data on demographic characteristics of the population (age, sex, race), employment status, marital status, income level, disability status and health insurance coverage. In this report, 2024 American Community Survey (ACS) (Census Bureau) estimates are reported for Wake County as well as North Carolina.

### North Carolina (N.C.) State Center for Health Statistics

The N.C. State Center for Health Statistics is responsible for data collection, health-related research, production of reports and maintenance of a comprehensive collection of health statistics. The 2025 WCPH Chronic Disease Report uses the leading causes of death data from the N.C. State Center for Health Statistics.

### WCPH Health Promotion Chronic Disease Prevention Section Programming and Services

In partnership with the community, the Wake County Health Promotion Chronic Disease Prevention Section provides a set of chronic disease and injury prevention and management services to populations and communities experiencing disparities. Data is collected on a quarterly basis. This report includes data from January 1- December 31, 2025.

### National Youth Tobacco Survey (NYTS)

The NYTS provides nationally representative data about middle and high school youth's tobacco-related beliefs, attitudes, behaviors, and exposure to pro- and anti-tobacco influences. The latest NYTS (2025) data are utilized in this report.

### Monitoring the Future

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of Americans from adolescence through adulthood. The latest Monitoring the Future (2025) data are utilized in this report.

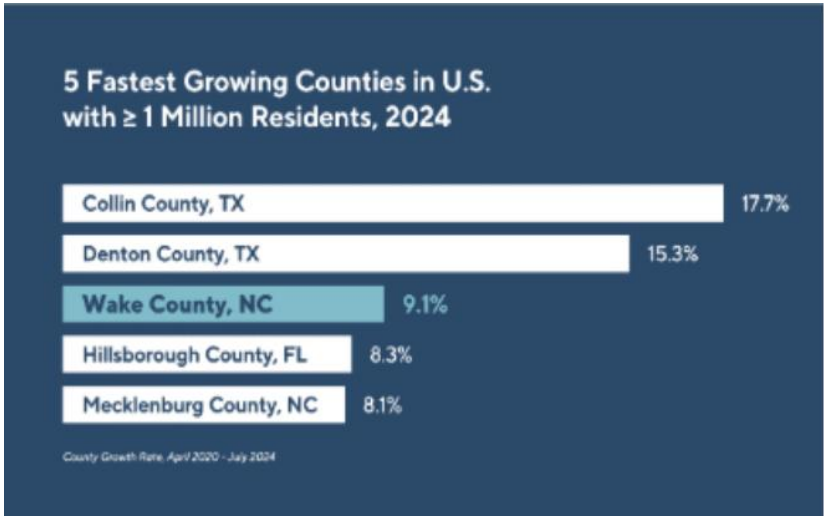
## 3.0 GEOGRAPHICAL COMPOSITION AND DEMOGRAPHIC PROFILE OF GENERAL POPULATION, WAKE COUNTY, N.C.

**Geographical description of Wake County:**

Wake County, with a population of over 1.2 million, is one of the fastest growing counties in the country. The county grows by approximately 66 people per day and added more than 103,000 people since 2020. A significant portion of this growth is attributed to an aging population, as U.S. Census Bureau estimates from April 2020 to July 2023 show that 52% of new residents were 55 and older.[3]

**Figure 1: Geographical Location of Wake County, N.C.**


**Figure 2: The Five Fastest Growing Counties in the United States with 1 Million or Greater Residents, 2024**



**Demographic Profile of Wake County:**

In 2024, the median age of people living in Wake County was 37.7 years. More than half of the population (54.9%) in Wake County is between the ages of 25 and 64 years. Nearly one third of the population (31.3%) are younger than 25 years old; and about 14.0% of the population are 65 years and older. Approximately 49.0% of the population is male and 51.0% of the population is female.

**Table 1: Population Distribution by Age Group and Sex, Wake County, NC 2024**

| Age Group | Males | % | Females | % | Total Population | % |
|---|---|---|---|---|---|---|
| | N = 603,548 | | N = 628,896 | | N = 1,232,444 | |
| <15 | 114,146 | 18.9% | 109,374 | 17.5% | 223,520 | 18.1% |
| 15-24 | 81,723 | 13.5% | 80,907 | 12.9% | 162,630 | 13.2% |
| 25-34 | 88,085 | 14.6% | 91,928 | 14.7% | 180,013 | 14.6% |
| 35-44 | 92,819 | 15.4% | 95,009 | 15.1% | 187,828 | 15.2% |
| 45-54 | 83,870 | 13.9% | 85,461 | 13.6% | 169,331 | 13.7% |
| 55-64 | 68,509 | 11.4% | 71,948 | 11.4% | 140,457 | 11.4% |
| 65+ | 74,396 | 12.4% | 94,269 | 14.8% | 168,665 | 13.7% |

Source: 2024 American Community Survey 1-Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

The four largest ethnic groups in Wake County are White (Non-Hispanic, single race) (54.9%), Black or African American (Non-Hispanic, single race) (18.1%), Hispanic or Latino (11.9%) and Asian (Non-Hispanic, single race) (9.6%) (Table 2).

**Table 2: Population Distribution by Race and Ethnicity, Wake County, NC 2024**

| Race and Ethnicity | Total Population<br><br>*1,232,444 | % |
|---|---|---|
| **Hispanic or Latino** | 146,144 | 11.9% |
| **White Non-Hispanic, single race** | 676,188 | 54.9% |
| **Black or African American Non-Hispanic, single race** | 223,072 | 18.1% |
| **American Indian/Alaska Native Non-Hispanic, single race** | 1,570 | 0.1% |
| **Asian Non-Hispanic, single race** | 118,756 | 9.6% |
| **Native Hawaiian and Other Pacific Islander Non-Hispanic, single race** | 181 | 0.0% |
| **Two or more races Non-Hispanic** | 60,900 | 4.9% |

## Poverty, Income and Education

In 2024, the median household income for Wake County was $106,848 compared to $73,958 for North Carolina. In Wake County, about 8.6% of the population was below the federal poverty level, compared to 12.5% for the State (Table 3). Of those residing in Wake County, 8.0% of males and 9.3% of females live below the federal poverty level. When broken down by Race and Ethnicity, 6.1% of Non-Hispanic White, 13.3% of Non-Hispanic Black, 17.5% of Hispanic or Latino and 4.6% of the Non-Hispanic Asian populations live below the federal poverty level. The percentage of residents living below the federal poverty level increased across all age groups when compared to the previous year.

**Table 3: Socioeconomic Characteristics of Population, Wake County and North Carolina, 2024**

| Characteristics | Wake County | North Carolina |
|---|---|---|
| **Median household income** | $106,848 | $73,958 |
| **Average per capita income** | $58,417 | $42,777 |
| **Below Federal Poverty Level** | | |
| **Individual** | 8.6% | 12.5% |
| **Male** | 8.0% | 11.4% |
| **Female** | 9.3% | 13.6% |
| **Below Federal Poverty Level by Age Group** | | |
| **<18** | 10.9% | 16.5% |
| **18-64** | 7.8% | 11.6% |
| **>=65** | 8.7% | 11.1% |
| **Below Federal Poverty Level by Race and Ethnicity** | | |
| **Hispanic or Latino** | 17.5% | 20.2% |
| **White Non-Hispanic, single race** | 6.1% | 9.3% |
| **Black or African American Non-Hispanic, single race** | 13.3% | 18.9% |
| **American Indian/Alaska Native Non-Hispanic, single race** | N | 17.1% |
| **Asian Non-Hispanic, single race** | 4.6% | 8.5% |
| **Native Hawaiian and Other Pacific Islander Non-Hispanic, single race** | N | 24.4% |
| **Two or more races Non-Hispanic** | 11.2% | 15.3% |

More than half (58.5%) of the population aged 25 years and older in Wake County has a bachelor's degree or higher. While 14.2% of the county population has a high school degree or GED, only 5.7% of the population reported having an education less than high school (Table 4).

**Table 4: Highest Educational Attainment of the Population (Age ≥25 Years), Wake County, NC 2024**

| Education | Males<br>N= 407,679 | % | Females<br>N= 438,615 | % | Total Population<br>N= 846,294 | % |
|---|---|---|---|---|---|---|
| **Less than High School** | 26,025 | 6.4% | 22,228 | 5.1% | 48,253 | 5.7% |
| **High School Diploma/GED** | 56,654 | 13.9% | 63,448 | 14.5% | 120,102 | 14.2% |
| **Some College, no degree** | 59,448 | 14.6% | 58,481 | 13.3% | 117,929 | 13.9% |
| **Associate degree** | 27,671 | 6.8% | 37,752 | 8.6% | 65,423 | 7.7% |
| **Bachelor's degree** | 137,493 | 33.7% | 146,472 | 33.4% | 283,965 | 33.6% |
| **Graduate or Professional degree** | 100,388 | 24.6% | 110,234 | 25.1% | 210,622 | 24.9% |

For Tables 2-4: Source: 2024 American Community Survey 1-Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

For Table 2: *This is the total including residents who identified as "other" race, which is not shown in the table.

For Table 3: N=The estimate cannot be displayed because there were an insufficient number of sample cases in the selected geographic area.

## Marital Status, Employment and Healthcare Coverage

Table 5 shows marital status information by sex for residents 15 years of age and older in Wake County. More than half (52.0%) of the population reported being married. Additionally, 11.1% females and 6.6% of males reported being divorced, while 34.1% of the population have never been married, and 3.2% of the population (mostly females) reported being widowed.

**Table 5: Marital Status of the Population (Age ≥ 15 years), Wake County, NC 2024**

| Marital Status (> 15 years) | Males N = 489,402 | % | Females N = 519,522 | % | Total Population N = 1,008,924 | % |
|---|---|---|---|---|---|---|
| **Married** | 265,176 | 54.2% | 259,913 | 50.0% | 525,089 | 52.0% |
| **Divorced** | 32,375 | 6.6% | 57,780 | 11.1% | 90,155 | 8.9% |
| **Never married** | 178,631 | 36.5% | 165,501 | 31.9% | 344,132 | 34.1% |
| **Widowed** | 6,743 | 1.4% | 25,774 | 5.0% | 32,517 | 3.2% |

Source: 2024 American Community Survey 1- Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

*Totals include marital status: separated, which is not shown in the current table.

Table 6 provides information on the employment status of the civilian labor force that is at least 16 years old and older for Wake County and North Carolina. The civilian labor force, or currently active workforce, is defined as all civilian noninstitutionalized residents who fulfil the requirements for inclusion among the employed or the unemployed. The employed of Wake County (67.6%) are defined as those who work for pay or profit at least one hour a week, or have a job, but are temporarily on leave due to illness, industrial action, etc. Those that are unemployed (3.7%) are defined as people without work but are actively seeking a job and are currently available to start work.[5] The unemployment rate has increased for Wake County from the previous year (3.4% vs. 3.7%).

**Table 6: Employment Status of the Population (Age ≥ 16 years), Wake County and North Carolina 2024**

| Employment Status | Wake County | | North Carolina | |
|---|---|---|---|---|
| **Characteristics** | Total | % | Total | % |
| **In Labor Force** | 698,006 | 70.3% | 5,697,035 | 63.4% |
| **Employed** | 670,885 | 67.6% | 5,369,487 | 59.8% |
| **Unemployed** | 25,900 | 3.7% | 223,064 | 4.0% |

Source: 2024 American Community Survey 1-Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

Table 7 shows the percentage of the Wake County population covered by health insurance compared to the state. More than half (67.8%) of Wake County's population has insurance through their employer. 14.0% of the population has Medicare, 12.2% are covered by Medicaid and 6.0% reported being uninsured, a slight decrease from the previous year.

**Table 7: Healthcare Coverage in Wake County and North Carolina, 2024**

| Health Insurance Coverage | Wake County (%) | North Carolina (%) |
|---|---|---|
| **Employer** | 67.8% | 52.5% |
| **Medicaid** | 12.2% | 20.1% |
| **Medicare** | 14.0% | 19.4% |
| **Military/VA** | 1.9% | 3.1% |
| **Uninsured** | 6.0% | 8.6% |

Source: 2024 American Community Survey 1- Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

Table 8 displays disability statuses by sex, race and ethnicity and age in Wake County and North Carolina. In Wake County, the percentage of males with a disability and females with a disability is the same (8.8%). For North Carolina, the percentage for both sexes is similar also (14.1 % vs 13.9%). American Indians and Alaska Natives (Non-Hispanic, single race) have the highest percentage of disability in both Wake County as well as North Carolina (20.0% and 17.4% respectively) when compared with other races. In Wake County, the percentage of American Indians and Alaska Natives with a disability increased by 17% compared to the previous year (2023: 17.1%). The population older than 75 years of age has the highest percentage of disability compared to all other age groups in both the county and state.

## Table 8: Disability Status of the Population by Sex, Race and Ethnicity and Age, Wake County and North Carolina, 2024

| Label | Wake County (%) | North Carolina (%) |
|---|---|---|
| **Sex** | | |
| **Male** | 8.8% | 14.1% |
| **Female** | 8.8% | 13.9% |
| **Race and Ethnicity** | | |
| **Hispanic or Latino** | 7.2% | 8.5% |
| **White Non-Hispanic, single race** | 9.5% | 14.9% |
| **Black or African American Non-Hispanic, single race** | 9.9% | 15.5% |
| **American Indian/Alaska Native Non-Hispanic, single race** | 20.0% | 17.4% |
| **Asian Non-Hispanic, single race** | 4.4% | 5.9% |
| **Native Hawaiian and Other Pacific Islander Non-Hispanic, single race** | N | 28.0% |
| **Two or more races Non-Hispanic** | 7.0% | 11.0% |
| **Age** | | |
| **Under 5 years** | 0.0% | 0.5% |
| **5-17 years** | 5.0% | 6.7% |
| **18-34 years** | 6.8% | 8.7% |
| **35-64 years** | 7.3% | 13.5% |
| **65-74 years** | 17.3% | 24.0% |
| **75+** | 36.2% | 44.6% |

Source: 2024 American Community Survey 1-Year Estimates, United States Census Bureau[4] Note: Percentages may not sum to 100% due to rounding

N= The estimate cannot be displayed because there were an insufficient number of sample cases in the selected geographic area.

Understanding the county's demographic profile sets the stage for this report by informing audiences of the current makeup of Wake County and who may be disproportionately disadvantaged by age, race and ethnicity, income, education, employment, healthcare coverage and disability-key factors in addressing health inequities and improving overall community well-being. Additionally, to support this effort, the Wake County Social Equity Atlas serves as a vital resource by collecting, assembling, and analyzing socioeconomic and demographic data from the U.S. Census Bureau and other federal, state, and local agencies. The Atlas uses two key indices, community vulnerability and economic health to identify and measure the county's socioeconomic conditions. More information about the Social Equity Atlas can be found here.

## 4.0 SOCIAL DETERMINANTS OF HEALTH AND CHRONIC DISEASE: UNDERSTANDING DISPARITIES IN WAKE COUNTY

Chronic diseases like heart disease, diabetes, and cancer are shaped by more than just individual choices and genetics; they are also influenced by Social Determinants of Health (SDOH), which are nonmedical factors that influence health outcomes.[6] They are the conditions in which people are born, grow, work, live, and age.[6] The Healthy People 2030 framework identifies five key SDOH areas: economic stability, education, healthcare access, neighborhood conditions, and social support.[7] Challenges related to SDOH such as food insecurity, housing instability, lack of insurance, and environmental hazards increase chronic disease risks, particularly in communities with higher social and economic needs.[7] In Wake County, 8.6% of residents live below the federal poverty level with higher rates among Hispanic or Latino (17.5%) and Black or African American (13.3%) populations. 126,110 people or 11.1% of the population are food insecure.[8] Additionally, in the county, an unemployment rate of 3.7% and a lack of insurance among 6.0% of residents can both limit access to healthcare services and hinder effective management of chronic diseases. These disparities along with systemic barriers contribute to health inequities across the county's diverse population.

To reduce these disparities, local strategies in Wake County must align with national efforts to improve SDOH. The Healthy People 2030 framework recommends policies that improve housing, education, and healthcare access, in order to create healthier communities. Strengthening data collection, leveraging regional insights, and implementing community-driven solutions are essential to addressing the root causes of chronic disease morbidity and mortality.[7]

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

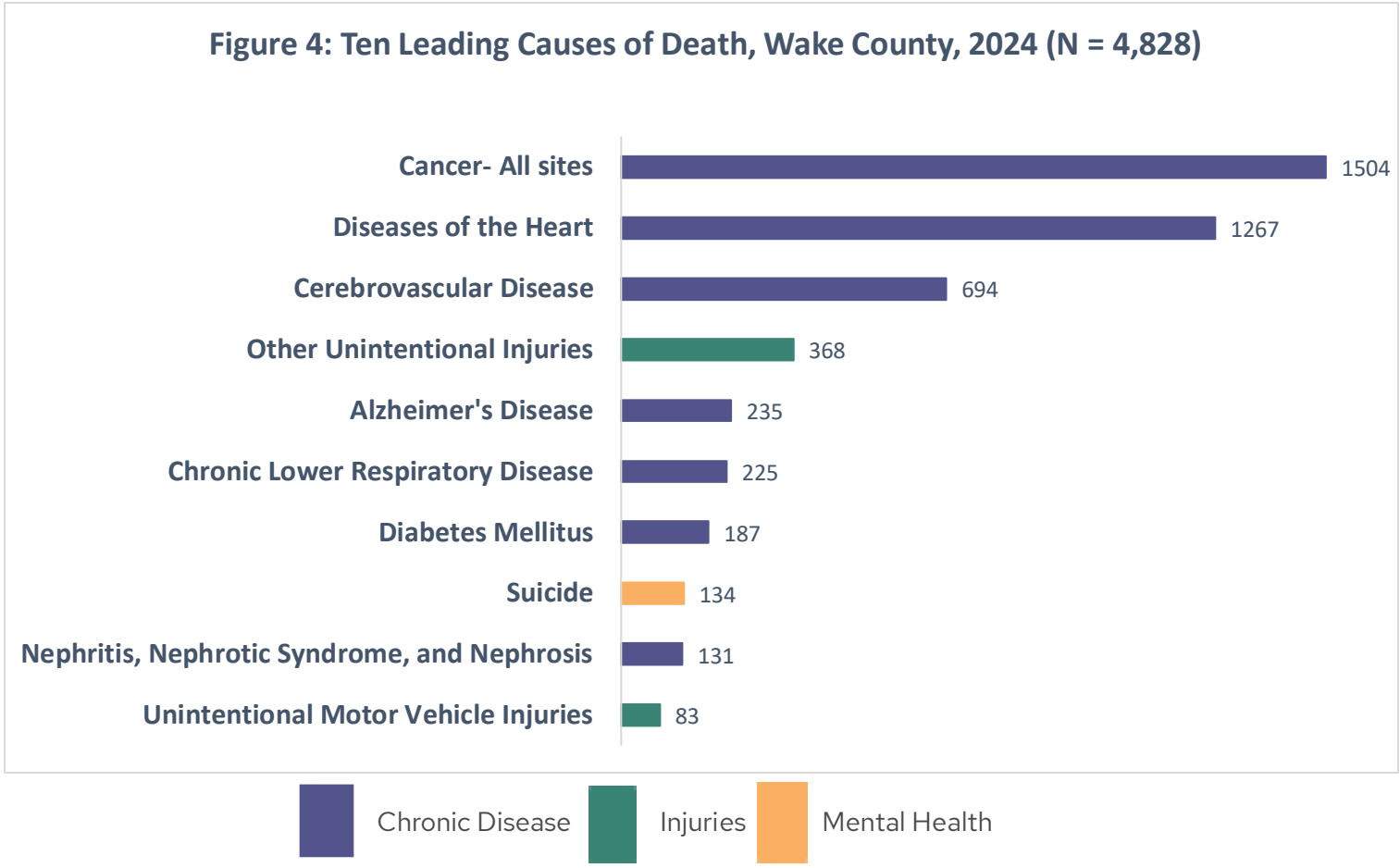

Source: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health, retrieved 3/12/26

## 5.0 LEADING CAUSES OF DEATH IN WAKE COUNTY, N.C.

Leading causes of death provide critical insight into the most pressing health challenges facing a community. In Wake County, examining mortality data not only highlights the burden of chronic diseases but also reveals underlying disparities and opportunities for public health action. Understanding these patterns is essential for prioritizing prevention strategies, reducing premature deaths, and improving life expectancy and quality of life for all residents.

In 2024, seven of the ten leading causes of death in Wake County were chronic diseases (Figure 4). As in the previous year, cancer and diseases of the heart ranked #1 and #2, respectively. While cerebrovascular disease ranked #3, Alzheimer's disease, chronic lower respiratory diseases, diabetes mellitus, and nephritis, nephrotic syndrome, and nephrosis ranked #5, #6, #7, and #9, respectively.

## Figure 4: Ten Leading Causes of Death, Wake County, 2024 (N = 4,828)




Source: Special report prepared by N.C. State Center for Health Statistics 3/25/2026.

Of the 6,912 total deaths in Wake County in 2024, 2,084 were due to causes outside the top ten shown in Figure 4.

## 5.1 CANCER

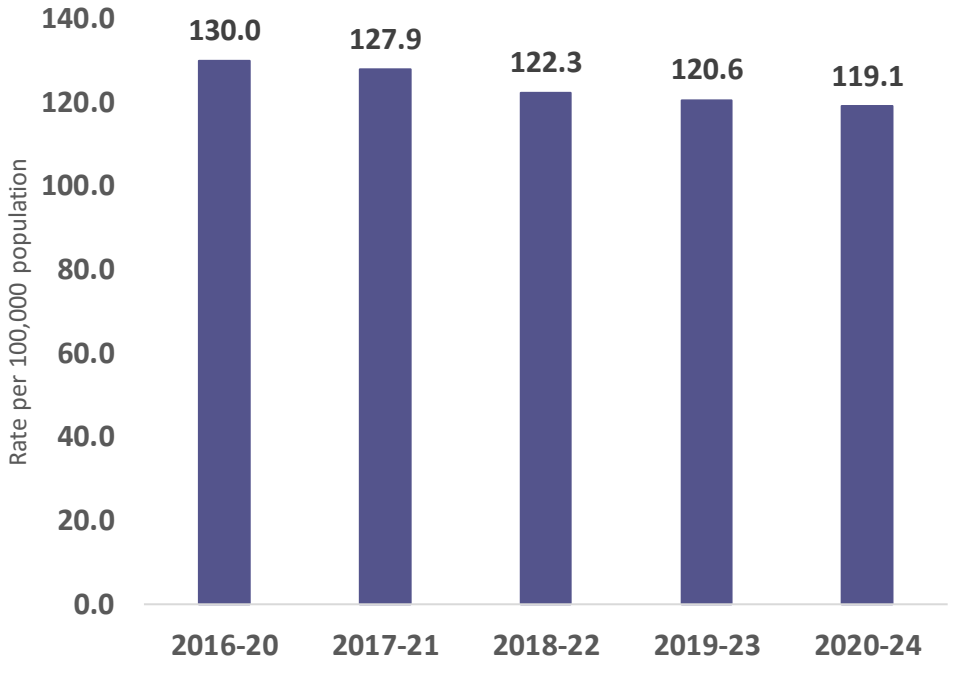
As in previous years, cancer was the leading cause of death in Wake County for 2024. However, Wake County's all cancer mortality rate has steadily decreased since 2016-20 (Figure 5).

Figure 6 shows the 5-year average trend for all cancer mortality rates by race, ethnicity (White, African American and Hispanic) and sex in Wake County.

Overall:

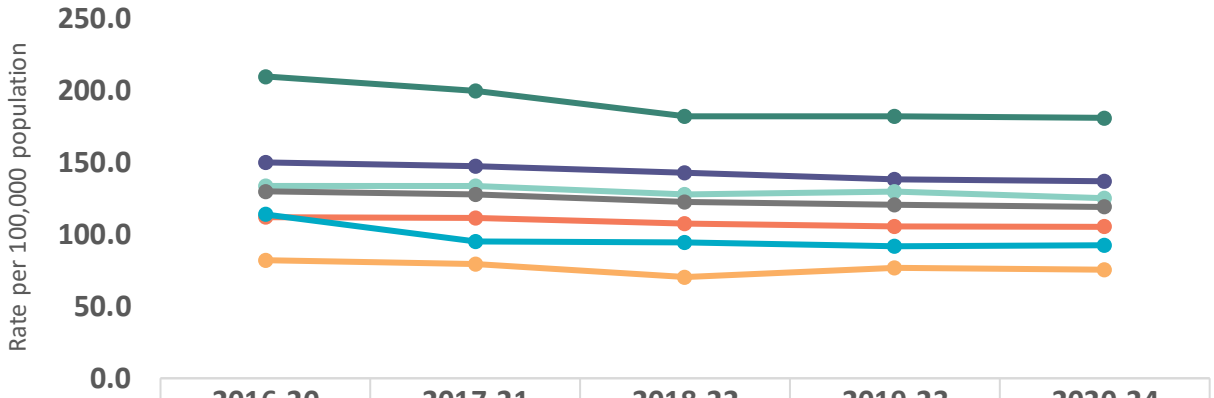
- Men continue to have higher cancer death rates than women.
- African American men continue to have higher cancer death rates than all other racial groups.
- Among racial and ethnic groups, African American women saw the greatest mortality rate decrease (4%) in 2020–24 compared to 2019–23.

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




Source for Figures 5 and 6: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

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

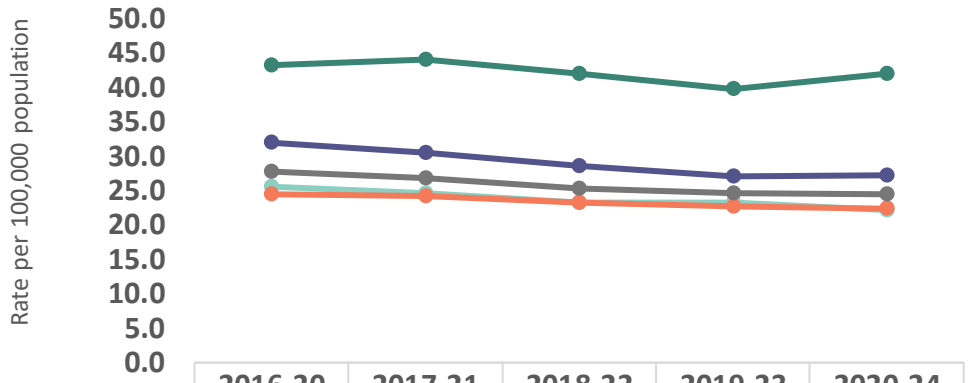



| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 209.9 | 199.6 | 182.0 | 182.1 | 181.1 |
| White Men | 150.1 | 147.6 | 142.9 | 138.5 | 137.0 |
| African American Women | 133.5 | 133.7 | 128.0 | 129.8 | 125.2 |
| White Women | 112.0 | 111.7 | 107.4 | 105.7 | 105.3 |
| Hispanic Men | 113.9 | 95.0 | 94.4 | 91.8 | 92.6 |
| Hispanic Women | 82.1 | 79.7 | 70.4 | 76.7 | 75.2 |
| All | 130.0 | 127.9 | 122.3 | 120.6 | 119.1 |

## 5.1a TRACHEA/BRONCHUS/LUNG CANCER

Trachea/bronchus/lung cancer remained the leading cause of cancer-related death in Wake County during 2020-24. From 2016-20 to 2020-24, the overall trachea/bronchus/lung cancer mortality rate decreased by 12% (Figure 7). Mortality was higher among African American and White men compared with women of the same race. After consecutive declines in 2018–22 and 2019–23, the death rate for African American men increased by 6% in 2020–24.

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




| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 43.3 | 44.1 | 42.0 | 39.8 | 42.1 |
| White Men | 32.0 | 30.5 | 28.6 | 27.1 | 27.2 |
| African American Women | 25.6 | 24.7 | 23.3 | 23.3 | 22.2 |
| White Women | 24.5 | 24.3 | 23.3 | 22.7 | 22.4 |
| All | 27.8 | 26.9 | 25.4 | 24.6 | 24.5 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.1aa TOBACCO-RELATED DEATHS IN WAKE COUNTY AND NORTH CAROLINA (N.C.)

**Table 9: Top Five Causes of Death Attributed to Tobacco Use, Wake County, 2024**

| 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 | 4% |
| I25.0 | Atherosclerotic cardiovascular disease, unspecified | 4% |

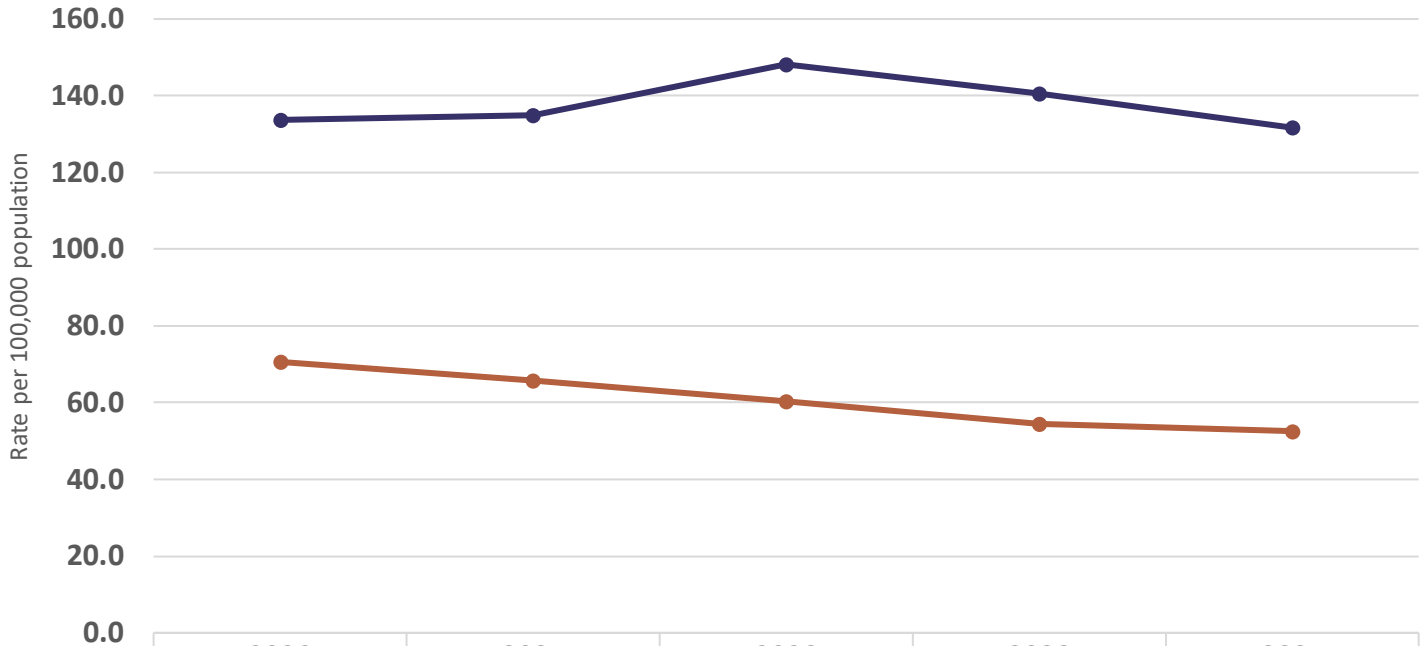
Data Source: 2020-2024 tobacco related death data provided by North Carolina Center for Health Statistics (SCHS) on 1/12/2026.

The table to the left shows the significant impact of tobacco use on mortality, particularly through **lung cancer (C34.9) and chronic obstructive pulmonary disease (J44.9), which together account for 38% of tobacco-related deaths**. Additionally, cardiovascular diseases, including heart attacks (I21.9) and atherosclerotic heart disease (I25.1, I25.0), contribute to 13% of deaths.

Overall, tobacco-related deaths in Wake County have been declining since 2021 and remain significantly lower than the state average. Between 2020 and 2024, the county experienced a 25% decrease in the tobacco-related death rate. More than half (52%) of the deaths occurred in age group 60-79 years. The majority (73%) of tobacco-related deaths were observed among White Non-Hispanic individuals. Males accounted for 61% of tobacco-related deaths, while females accounted for 39%.

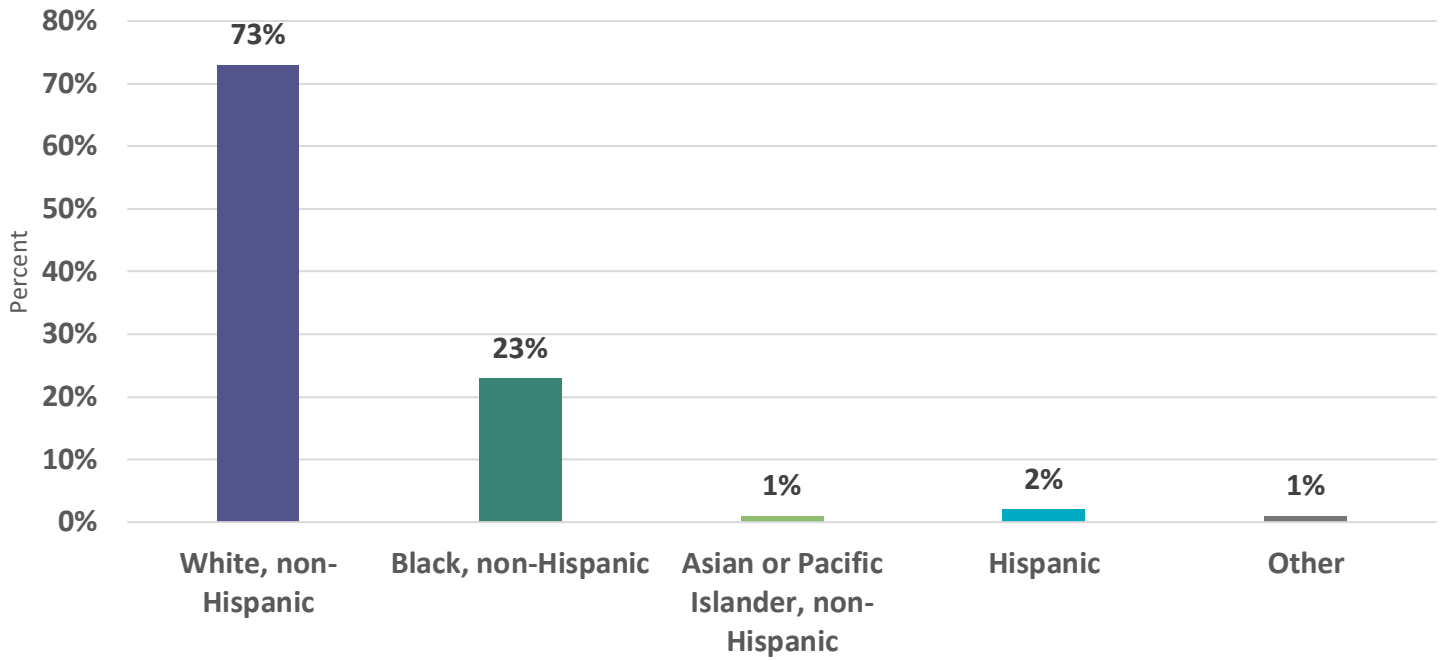
The data below includes deaths where tobacco use was identified as a contributing factor. Counts reflect cases where the "Yes" or "Probably" options were selected on the death certificate.

## Figure 8: Tobacco-Related Deaths per 100,000 population, Wake County and North Carolina, 2020-2024




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| NC | 133.8 | 134.9 | 148.2 | 140.6 | 131.7 |
| Wake | 70.6 | 65.6 | 60.3 | 54.5 | 52.6 |

## Figure 9: Percentage of Tobacco-Related Death Among Adults Aged 20 and Over by Race and Ethnicity, Wake County, 2024

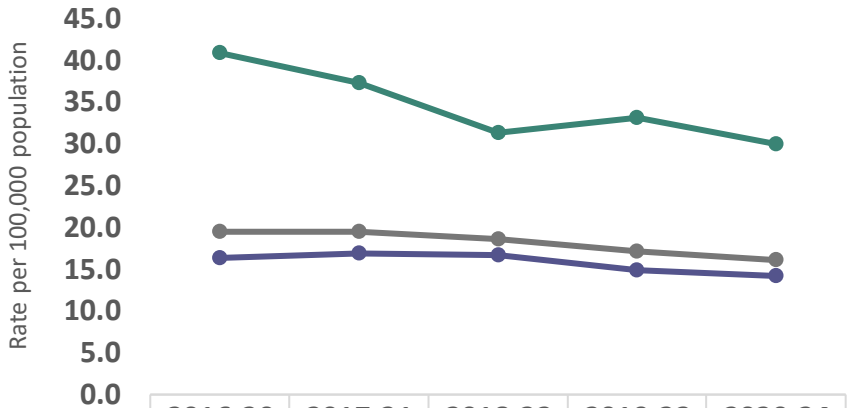



Data Source for Figures 8 and 9: 2020-2024 tobacco related death data provided by North Carolina Center for Health Statistics (SCHS) on 1/12/2026. Note: ACS 1-Year Estimates for Toal Population. The 2020 data is based on the 5-Year Estimate since the 1-Year Estimate was unavailable. Interpret 2020 data with caution.

## 5.1b PROSTATE CANCER

Prostate cancer was the second leading cause of cancer-related death among men in Wake County during 2020-24. Since 2016-20, the overall prostate cancer mortality rate has steadily decreased. A significant disparity in prostate cancer mortality persists between African American men and white men. However, in 2020–24, the mortality rate declined by 10% for African American men and by 5% for White men compared to 2019–23 (Figure 10).

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



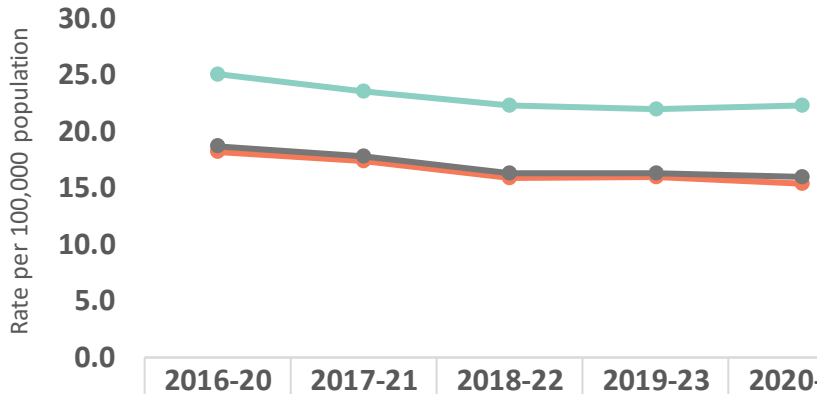

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 40.9 | 37.3 | 31.4 | 33.2 | 30.0 |
| White Men | 16.4 | 16.9 | 16.7 | 14.9 | 14.2 |
| All | 19.5 | 19.5 | 18.6 | 17.1 | 16.1 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.1c BREAST CANCER

Breast cancer was the third leading cause of cancer-related death among women in Wake County during 2020-24. Since 2016-20, the overall breast cancer mortality rate has steadily decreased, both white women and African American women have seen dramatic decreases over the last several years (15% and 11%, respectively). A disparity in breast cancer death rates remains between African American and white women (Figure 11).

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




| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Women | 25.1 | 23.6 | 22.3 | 22.0 | 22.3 |
| White Women | 18.2 | 17.4 | 15.9 | 16.0 | 15.4 |
| All | 18.7 | 17.8 | 16.3 | 16.3 | 16.0 |

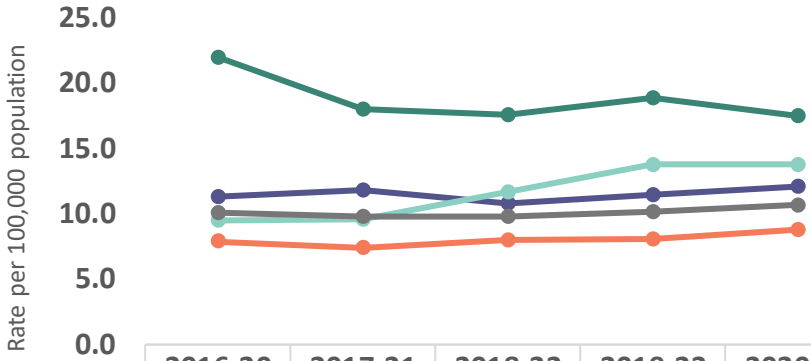
Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.1d COLON/RECTUM/ANAL CANCER

Colon/rectum/anal cancer was the fourth leading cause of cancer-related death in Wake County during 2020-24. Figure 12 shows:

- A significant gap in colon/rectum/anal cancer mortality rates persists between African American and White populations.
- Compared to 2019-23, mortality rates increased for both White men and women, by 5% and 9% respectively, while rates for African American men declined by 7% and remained stable for African American women.

**Figure 12: Colon/Rectum/Anal Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend**



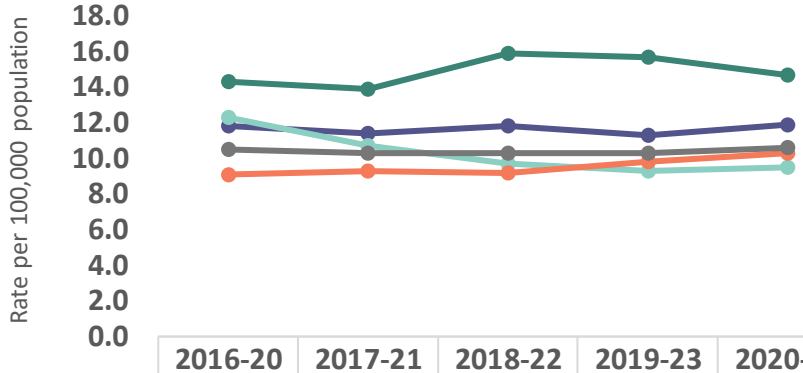

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 22.0 | 18.0 | 17.6 | 18.9 | 17.5 |
| White Men | 11.3 | 11.8 | 10.8 | 11.5 | 12.1 |
| African American Women | 9.5 | 9.6 | 11.7 | 13.8 | 13.8 |
| White Women | 7.9 | 7.4 | 8.0 | 8.1 | 8.8 |
| All | 10.1 | 9.8 | 9.8 | 10.2 | 10.7 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.1e PANCREATIC CANCER

Pancreatic cancer was the fifth leading cause of cancer-related death in Wake County during 2020-24. During this period, mortality rates increased for White men, White women and African American women. The largest increases were seen in White men and women; both saw a 5% increase in death rates compared to 2019-23 (Figure 13). In contrast, the death rate for African American men decreased by 6% during the same period (2020-24).

**Figure 13: Pancreatic Cancer Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend**

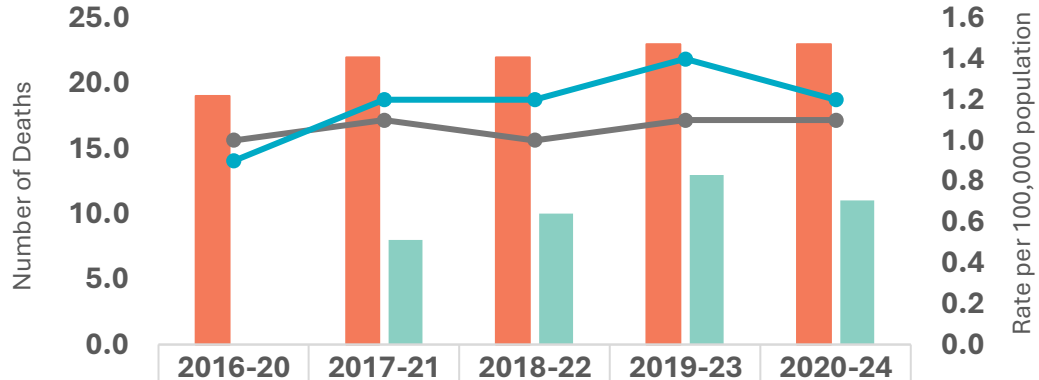



| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 14.3 | 13.9 | 15.9 | 15.7 | 14.7 |
| White Men | 11.8 | 11.4 | 11.8 | 11.3 | 11.9 |
| African American Women | 12.3 | 10.7 | 9.7 | 9.3 | 9.5 |
| White Women | 9.1 | 9.3 | 9.2 | 9.8 | 10.3 |
| All | 10.5 | 10.3 | 10.3 | 10.3 | 10.6 |

## 5.1f CERVICAL CANCER

Overall, the cervical cancer death rate for women in the county has decreased by 14% in 2020-24 compared to 2019-23. Due to the consistently small number of deaths among African American women over each five-year period, a stable mortality rate could not be calculated for this group (Figure 14).

**Figure 14: Cervical Cancer Mortality Rates and Counts by Race, Wake County, 5-Year Average Trend**




| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| White Women Deaths | 19.0 | 22.0 | 22.0 | 23.0 | 23.0 |
| African American Women Deaths | * | 8.0 | 10.0 | 13.0 | 11.0 |
| White Women Mortality Rate | 1.0 | 1.1 | 1.0 | 1.1 | 1.1 |
| African American Women Mortality Rate | - | - | - | - | - |
| All Women Mortality Rate | 0.9 | 1.2 | 1.2 | 1.4 | 1.2 |

*Data suppressed due to fewer than 5 deaths. - Rate cannot be calculated due to the number being too low (count being less than 5)

Source for Figures 13 and 14: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

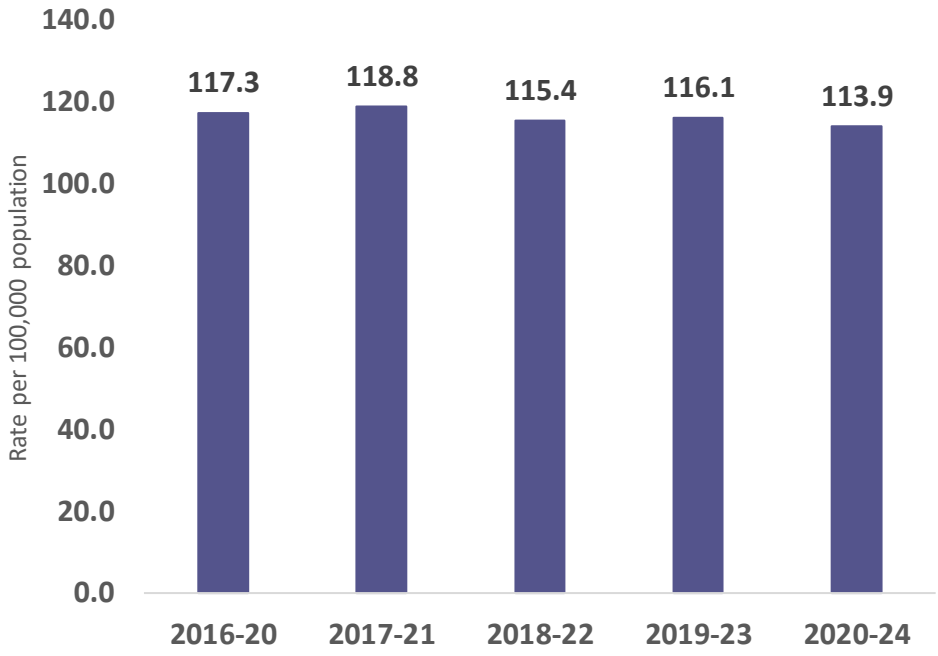
## 5.2 HEART DISEASE

Heart disease includes a range of conditions such as coronary artery disease, heart attack, arrhythmia, atrial fibrillation, heart valve disease, heart failure, and congenital heart defects. In Wake County, heart disease was the second leading cause of death in 2024. The county's heart disease mortality rate decreased in 2020-24 compared to 2019-23 (Figure 15).

Figure 16 shows the following disease mortality trends:

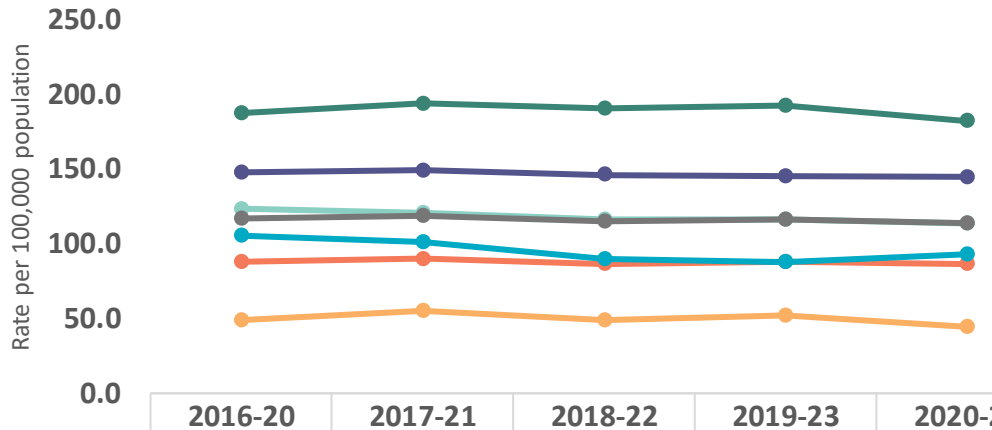
- Men from all racial/ethnic groups (White, African American and Hispanic) had higher mortality rates than women of the same race and ethnicity.
- A disparity in death rates persists between the African American population compared to other racial and ethnic groups.
- During the 2020-24 period, mortality rates decreased for all racial and ethnic groups except Hispanic men, in which the population experienced an increase of 6% in their heart disease mortality rate. In contrast, Hispanic women experienced the largest decrease in heart disease mortality rates, with a 15% decrease compared to the previous period.

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




Source for Figures 15, 16, and 17: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http:// www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

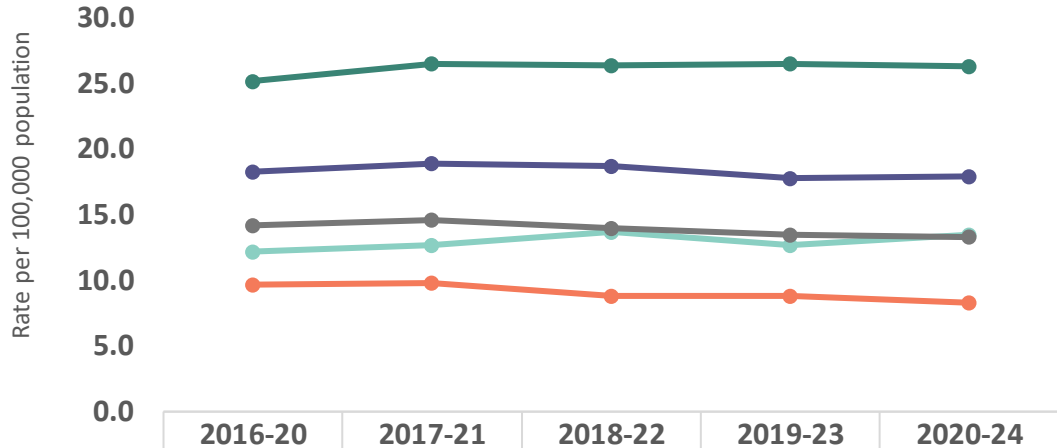
## Figure 16: Heart Disease Mortality Rates by Race, Ethnicity and Sex, Wake County, 5-Year Average Trend




| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 187.5 | 194.1 | 190.5 | 192.5 | 182.2 |
| White Men | 147.6 | 149.4 | 146.3 | 145.3 | 144.9 |
| African American Women | 123.6 | 120.7 | 116.3 | 116.1 | 113.7 |
| White Women | 87.8 | 90.2 | 86.5 | 88.3 | 86.5 |
| Hispanic Men | 105.5 | 101 | 90.1 | 87.8 | 92.8 |
| Hispanic Women | 49.1 | 55.2 | 48.7 | 52.2 | 44.5 |
| All | 117.3 | 118.8 | 115.4 | 116.1 | 113.9 |

In Wake County, the overall heart attack mortality rate decreased by 6% in 2020–24 compared to 2016–20 (Figure 17). Heart attack mortality remains consistently higher in men than in women and is greater among the African American population compared with the White population.

**Figure 17: Heart Attack Mortality Rates by Race and Sex, Wake County, 5-Year Average Trend**

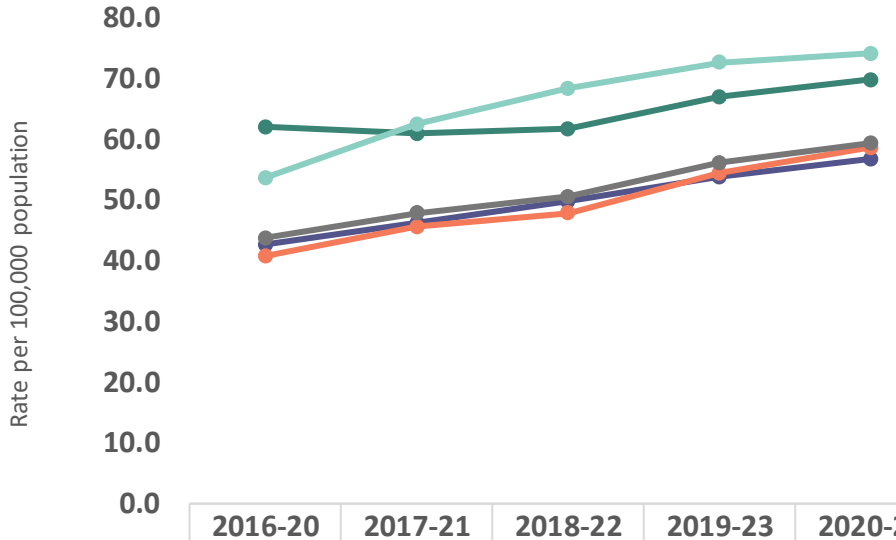



| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 25.2 | 26.5 | 26.4 | 26.5 | 26.3 |
| White Men | 18.3 | 18.9 | 18.7 | 17.8 | 17.9 |
| African American Women | 12.2 | 12.7 | 13.7 | 12.7 | 13.5 |
| White Women | 9.7 | 9.8 | 8.8 | 8.8 | 8.3 |
| All | 14.2 | 14.6 | 14.0 | 13.5 | 13.3 |

## 5.3 CEREBROVASCULAR DISEASE

Cerebrovascular disease was the third leading cause of death in Wake County in 2024. Cerebrovascular disease includes conditions such as stroke, carotid stenosis, vertebral stenosis, intracranial stenosis, aneurysms, and vascular malformations. From 2016-20 to 2020-24, the cerebrovascular disease death rate rose by 36% in Wake County. Cerebrovascular disease mortality rates increased across all racial groups, including both white and African American populations. Although a persistent disparity remains between African American and white men and women, increases across all groups have slightly narrowed the gap. Since the time period of 2017-21, African American women have had the highest mortality rates which continue to increase, while white women experienced the largest increase (8%) in mortality rates within recent years when comparing 2020-24 to 2019-23 (Figure 18).

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



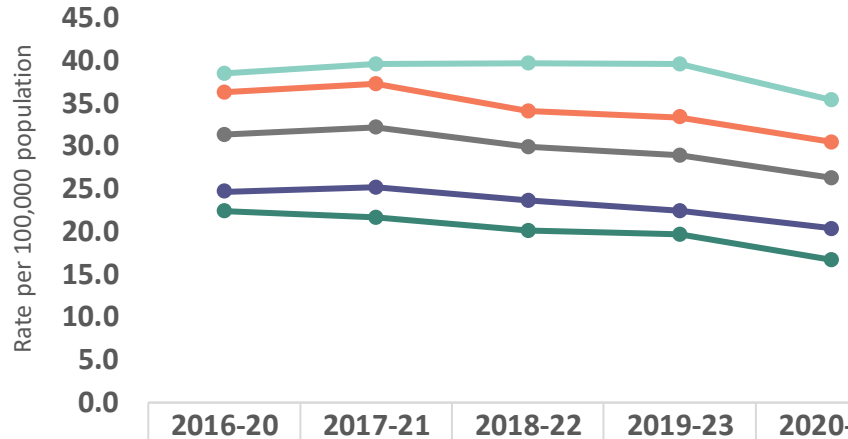

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 62.1 | 61.0 | 61.7 | 67.1 | 69.9 |
| White Men | 42.7 | 46.2 | 49.8 | 53.8 | 56.8 |
| African American Women | 53.7 | 62.6 | 68.4 | 72.7 | 74.2 |
| White Women | 40.8 | 45.7 | 47.9 | 54.5 | 58.7 |
| All | 43.8 | 47.9 | 50.6 | 56.2 | 59.4 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.4 ALZHEIMER'S DISEASE

Alzheimer's disease was the fifth leading cause of death in Wake County in 2024. Women continued to die from Alzheimer's at higher rates than men, reflecting national trends. Among all racial groups, African American women experienced the highest mortality rate, highlighting a continued disparity in Alzheimer's disease outcomes. The overall mortality rate for Alzheimer's disease has been declining since 2018-22 and declined by 16% in 2020-24 compared to 2016-20 (Figure 19).

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



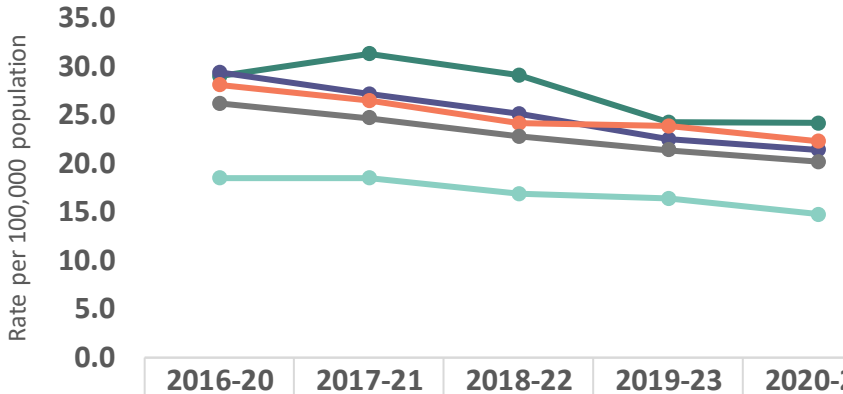

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 22.4 | 21.7 | 20.1 | 19.7 | 16.7 |
| White Men | 24.7 | 25.2 | 23.7 | 22.4 | 20.4 |
| African American Women | 38.5 | 39.6 | 39.7 | 39.6 | 35.4 |
| White Women | 36.3 | 37.3 | 34.1 | 33.4 | 30.5 |
| All | 31.4 | 32.2 | 29.9 | 28.9 | 26.3 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.5 CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory was the sixth leading cause of death in Wake County in 2024. The overall death rate for chronic lower respiratory disease has consistently declined year over year. Compared to 2016-20, the overall mortality rate decreased by 23% in 2020-24. African American men had the highest death rate among all racial groups, including both white and African American populations. Mortality rates across all racial groups declined, with the largest decrease observed among African American women, in which the population saw a 10% decrease compared to 2019–23 (Figure 20).

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



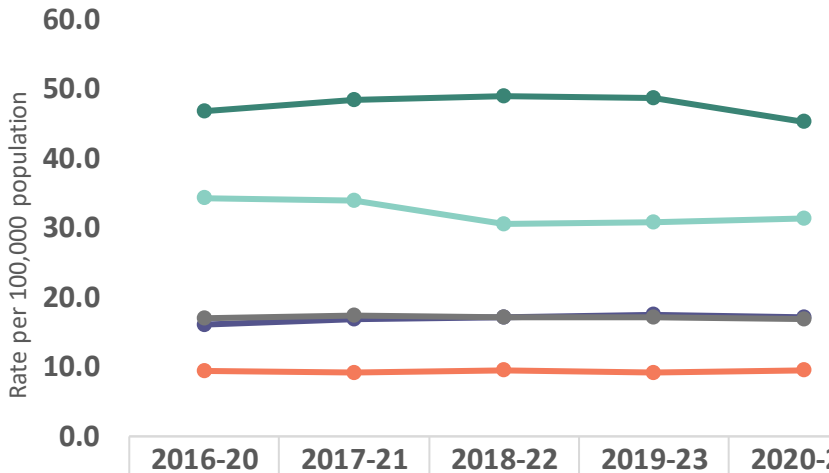

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 29.0 | 31.3 | 29.1 | 24.3 | 24.2 |
| White Men | 29.4 | 27.2 | 25.1 | 22.5 | 21.4 |
| African American Women | 18.5 | 18.5 | 16.9 | 16.4 | 14.8 |
| White Women | 28.1 | 26.5 | 24.2 | 23.9 | 22.3 |
| All | 26.2 | 24.7 | 22.8 | 21.4 | 20.2 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.6 DIABETES

Diabetes was the seventh leading cause of death in Wake County in 2024. The most significant and longstanding disparity is observed when comparing diabetes mortality rates across racial and ethnic groups, particularly between African American and white men and women. In Wake County, the overall diabetes mortality rate declined slightly. Rates decreased among men of both races, mostly among African American men, whose rate fell by 7% while rates increased among women of both races in 2020-24 compared to 2019-23. These trends highlight persistent disparities and underscore the ongoing need for effective interventions (Figure 21).

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



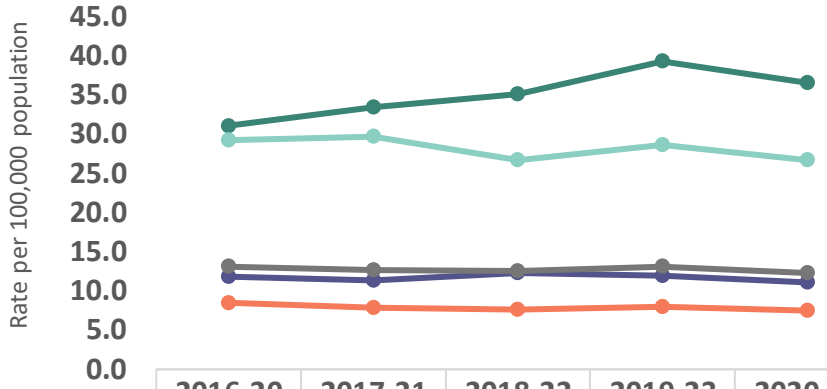

| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 46.8 | 48.4 | 49.0 | 48.7 | 45.3 |
| White Men | 16.1 | 16.9 | 17.1 | 17.5 | 17.2 |
| African American Women | 34.3 | 33.9 | 30.6 | 30.9 | 31.4 |
| White Women | 9.4 | 9.2 | 9.5 | 9.2 | 9.5 |
| All | 17.0 | 17.4 | 17.2 | 17.1 | 16.9 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 5.7 NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS

Nephritis, nephrotic syndrome, and nephrosis (kidney disease) was the nineth leading cause of death in Wake County in 2024. Persistent disparities in mortality rates continue to exist between African American and white men and women, with African American men experiencing the highest burden. Mortality rates decreased among both African American and White populations in 2020-24 compared to 2019-23. The overall kidney disease mortality rate decreased by 6% during the same period (Figure 22).

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




| | 2016-20 | 2017-21 | 2018-22 | 2019-23 | 2020-24 |
|---|---|---|---|---|---|
| African American Men | 31.1 | 33.4 | 35.1 | 39.3 | 36.6 |
| White Men | 11.8 | 11.4 | 12.3 | 11.9 | 11.1 |
| African American Women | 29.3 | 29.7 | 26.7 | 28.6 | 26.7 |
| White Women | 8.5 | 7.9 | 7.6 | 8.0 | 7.5 |
| All | 13.1 | 12.7 | 12.5 | 13.1 | 12.3 |

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, and 2016. N.C. State Center for Health Statistics (N.C. SCHS). http://www.schs.state.nc.us/data/databook/. 2020-24 data provided in N.C. SCHS special report on 3/25/2026.

## 6.0 MORTALITY DATA SUMMARY

Chronic diseases continue to pose a major public health challenge in Wake County, with significant disparities observed across racial and ethnic groups. In 2024, cancer remained the leading cause of death with a decreasing overall mortality rate. However, disparities persist, particularly among African American men, who experience the highest cancer death rates according to surveillance data. African American women saw the largest decline (4%) in cancer-related mortality in 2020-24 compared to 2019-23. Lung cancer remains the leading cause of cancer-related deaths, although its mortality rate has declined. Prostate and breast cancer also continue to be major contributors to cancer-related deaths, with ongoing disparities between African American and White populations.

Heart disease was the second leading cause of death, with higher mortality rates observed among men across all racial and ethnic groups, and African American populations experiencing the highest rates. Hispanic men had the largest increase (6%) in heart disease mortality. The overall heart attack mortality rate declined by 6% in 2020-24 compared to 2016-20. Stroke was the third leading cause of death, with a 36% increase in mortality from 2016- 20 to 2020-24. White women had the highest increase (8%), and racial disparities in stroke mortality remain evident.

Alzheimer's disease ranked fifth with women continuing to have higher mortality rates than men although mortality has decreased since 2018–22. Chronic lower respiratory disease was the sixth leading cause with a 23% decrease in mortality between 2016–20 and 2020-24. However, African American men had the highest mortality rates while white women had higher rates than African American women.

Diabetes was the seventh leading cause of death with the largest mortality disparity between African American and white populations. Mortality rates decreased among men of both races while increasing among women of both races, but the overall mortality rate for diabetes declined slightly. Kidney disease (nephritis, nephrotic syndrome, and nephrosis) ranked nineth, continuing to show persistent disparities with African American populations experiencing higher mortality rates than white populations.

# 7.0 PROMOTING GREAT HEALTH AND WELLNESS FOR ALL AND REDUCING CHRONIC DISEASE DISPARITIES IN WAKE COUNTY

Wake County continues to make meaningful progress in reducing deaths from several leading chronic diseases, including cancer, heart disease, chronic respiratory conditions, etc. However, these improvements tell only part of the story. Beneath overall declines, persistent disparities remain, highlighting that not all communities are benefiting equally.

Surveillance data across multiple conditions show variation in mortality patterns and disease burden. Shifts in trends across several groups, including changes in heart disease and cerebrovascular disease mortality suggest that progress may be slowing or uneven. These patterns underscore that improving overall outcomes alone is not sufficient and that sustained, coordinated efforts are needed to reduce gaps.

Efforts should prioritize strengthening prevention and long-term disease management through culturally responsive, community-informed approaches. Expanding access to screenings for cancer, diabetes, and hypertension can support earlier detection and improved outcomes. Strengthening chronic disease management can also help reduce complications and improve quality of life.[11,12]

Collaboration across healthcare providers, public health agencies, and community organizations remains critical to ensuring coordinated, continuous care across prevention and treatment. In addition, strengthening protective factors such as supportive environments, access to resources, and social connectedness can contribute to improved health outcomes over time.

Many communities continue to face barriers related to healthcare access, transportation, and other social and environmental conditions. Addressing these broader factors including access to healthy foods, safe spaces for physical activity, and reliable transportation will be important for supporting long-term improvements in health.[9,10]

Moving forward, using data to guide decision-making, investing in partnerships, and scaling evidence-based strategies will be essential to advancing chronic disease prevention and improving overall community health.[9,10,11]

# 8.0 TOBACCO AND NICOTINE USE OVERVIEW

**Smoking**

Smoking remains the leading cause of preventable disease, disability, and death in the United States, accounting for over 480,000 deaths annually, including more than 41,000 from secondhand smoke exposure.[13] The 2025 County Health Rankings reported that 10% of Wake County adults smoke every day (or most days) and have smoked at least 100 cigarettes in their lifetime.[14] The percentage of adults who smoke cigarettes in Wake County is lower than that of North Carolina (16%).[14]

**Smoking causes:**

- More than twelve types of cancer
- Increased risk of cardiovascular disease
- Respiratory conditions, such as chronic obstructive pulmonary disease (COPD) and emphysema
- Increased risk of low birth weight
- Increased risk of premature death[14]

Any tobacco product use is defined as the use of one or more of the following tobacco products: e-cigarettes, nicotine pouches, cigarette, cigars, smokeless tobacco (chewing tobacco, snuff, dip, or snus), other oral nicotine products, heated tobacco products, hookahs, pipe tobacco, or bidis (small, brown cigarettes wrapped in a leaf).[18]

E-cigarettes continue to be the most used tobacco products by youth.[15] In the U.S., youth are more likely to use e-cigarettes than adults. According to the 2025 National Youth Tobacco Survey (NYTS), more than 1.13 million youth were estimated to be current e-cigarette users in the U.S. compared to around 1.63 million in 2024, and 2.13 million in 2023.[16] Youth e-cigarette use continues to be a public health crisis, despite the continued decline. Similar to last year's NYTS, more than one in four current e-cigarette users report daily use. Daily use of e-cigarettes puts these youth at a higher risk for a lifetime of nicotine addiction, as well as dual use with other tobacco products. Additionally, flavors such as fruit, candy, desserts, or other sweets, and mint/menthol continue to be the largest proportion of flavor-types used among current e-cigarette users.

**Image 1: Examples of E-cigarettes**


Source: https://www.cdc.gov/tobacco/e-cigarettes/index.html, retrieved 4/10/2026

According to the NYTS, an estimated 22.9% of U.S. high school students and 11% of middle school students had ever used a commercial tobacco or nicotine product in 2025. Nationally, current tobacco use among high school students is 9.5%, and among middle school students is 4.1%.
The 2025 Monitoring the Future Report, conducted by the National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA), has shown an increase in past 30-day use of any nicotine as well as nicotine use other than vaping amongst 12th-grade students. Both surveys' data emphasize the ongoing need for providing evidence-based cessation services to help current users quit nicotine products.[17]

Youth cigarette smoking rates remain near record lows, according to the Campaign for Tobacco Free Kids.[19] However, there were no statistically significant declines in youth tobacco product use in the past year – either for individual products or overall. About one in five high school seniors still report current use (in the past 30 days) of any tobacco product, including 15.7% who use e-cigarettes. In addition, the current use of nicotine pouches among high school seniors increased from 1.4% in 2023 to 4.4% in 2025.

According to the 2025 Monitoring the Future Report, "For nicotine vaping, the downward trending from 2024 to 2025, although not statistically significant, continues a 180-degree turn centered at the pandemic onset. Prior to the pandemic, use levels surged from 2017 to 2019 and then held steady in 2020. Large declines took place during the pandemic and have since continued to the point where the 2025 levels for past 12-month use are close to where they started in 2017, the first year that questions on nicotine vaping were included in the survey. Specifically, in 2025, past 12-month use was 20% in 12th grade (compared to 35% in 2020 and 19% in 2017), 14% in 10th grade (compared to 31% in 2020 and 16% in 2017), and 9% in 8th grade (compared to 17% in 2020 and 10% in 2017)."

### Any Nicotine Use

In 2025, any nicotine use in the past 30 days declined in all three grades, a decrease that was statistically significant in 8th grade. The 2024 decline in any nicotine use is driven in large part by a decline in nicotine vaping, even though vaping is the most popular way to use nicotine. Any nicotine use was indicated by any use of any of the following: vaping nicotine, cigarettes, large cigars, flavored small cigars, regular small cigars, tobacco using a hookah, or smokeless tobacco.

### Any Nicotine Use Other Than Vaping

In 2025, past 30-day nicotine use other than vaping rose markedly amongst 12th-grade students, increasing from 7% in 2024 to 12% in 2025. This overall rise reflected small, cumulative increases across multiple tobacco products rather than a dominant change in any single drug.

In 10th and 8th grades, this index decreased slightly, although the decreases were not statistically significant. The increase in 2025 among 12th graders marks an abrupt departure from an overall, extended decline since this measure was first tracked by the survey in 2017. Prevalence had fallen threefold from 21% in 2017 to 7% in 2024. Future surveys will indicate whether the 2025 increase marks the start of a sustained increase or if it is only temporary. In 10th and 8th grades, the long-term decline in use continued in 2025. In 10th grade, use of any nicotine product other than vaping has gradually and steadily declined from 8% in 2017 to 4% in 2025, and in 8th grade, the respective numbers are 6% and 2%.

Any nicotine use other than vaping is indicated by any use of any of the following: cigarettes, nicotine pouches (added to the survey and the index in 2023), large cigars, flavored small cigars, regular small cigars, tobacco used in a hookah, or smokeless tobacco.

### Nicotine Pouches

Nicotine pouches are small, white pouches that contain nicotine that users place in their mouth. They are different from other smokeless tobacco products, such as snus, dip, or chew, because they do not contain any ground tobacco leaf. Use is readily concealable because users do not expectorate juice. In 2025, lifetime use increased in all grades, although not significantly. From 2024 to 2025, it increased from 7% to 10% in 12th grade, from 4% to 5% in 10th grade, and from 0.8% to 1.4% in 8th grade. Nicotine pouches have generated much media attention amid concerns that adolescent use may grow rapidly, often drawing comparisons to the rise of nicotine vaping from 2017 to 2019. As of 2025, prevalence remains relatively low at 7% in 12th grade for past 12-month use (which compares to 20% for nicotine vaping). Similar oral nicotine products have made substantial inroads among students in the past (e.g., smokeless tobacco reached a lifetime prevalence of 32% in the early 1990s), suggesting that the prevalence of nicotine pouch use has a potentially high ceiling.

**Significant changes to NC Tobacco Prevention and Control**

On April 1, 2025, significant federal-level changes resulted in the elimination of the Centers for Disease Control and Prevention's Office on Smoking and Health. This decision had substantial impacts on funding and infrastructure across state and local public health systems throughout the United States, including North Carolina, which has long relied on the Office on Smoking and Health for both financial support and technical assistance. As a result, the North Carolina Tobacco Prevention and Control Branch experienced a major loss of federal funding and a substantial reduction in workforce. Following a period of uncertainty, the state's regional tobacco prevention and control infrastructure was modestly restructured, and new funding from the state's JUUL settlement was allocated, shifting the scope of work for Regional Managers. These changes are expected to have lasting implications for years—and potentially decades—to come. [20]

# 9.0 WAKE COUNTY TOBACCO PREVENTION AND CONTROL (TPC) PROGRAM

The purpose of this program is to prevent deaths and reduce health problems associated with tobacco use.

# RECENT EVENTS

## JANUARY 2025

- In January, the Wake County Tobacco Prevention and Control Program (WCTPC) educated the WCPSS Board of Education on the benefits of changing the NC YR&S and YIS to an opt-out model to increase the amount of data collected on tobacco usage among youth in Wake County. The school board unanimously voted to change to an opt-out model on January 10th, 2025.

- From December 2024 to February 2025, Wake County and the Poe Center for Health Education conducted a retailer assessment including merchant information within a CounterTools report. 241 individual retail sites were recorded. These assessments provide localized data on product availability, including flavors, pricing, promotions, and placement of both the products themselves and the store's location. This information is particularly relevant to youth access to and use of tobacco products.

## FEBRUARY 2025

- The Wake County Tobacco Prevention and Control Coordinator presented at Journeys in Mental Health and Wellness (a mental health provider in Wendell, NC) on integrating tobacco cessation into treatment plans for substance use and psychiatric disorders. This effort also included assisting providers and the practice in registering as a referral site with the North Carolina Quitline.

RECENT EVENTS

## MARCH 2025

- On March 20, the Wake County Tobacco Prevention and Control Coordinator presented at the Wake County Public School System's School Resource Officer Supervisors' meeting about vaping in schools, alternative to suspension programs, UDO Amendments, vape detectors, and Tobacco 21. Fifteen SRO supervisors were in attendance.

## APRIL 2025

- On April 7, the Wake County Tobacco Prevention and Control Program partnered with Wake AHEC to conduct a tobacco use treatment training for providers. The training covered evidence-based tobacco use treatment, resources for patients trying to quit, and education around new and emerging tobacco products. A total of 122 attendees participated, representing a range of disciplines, including social workers, dental assistants, nurses, and behavioral health specialists.

RECENT EVENTS

## MAY 2025

- On May 15, the Wake County Tobacco Prevention and Control Coordinator assisted in planning and facilitating the 2025 Wake County Tobacco-Free Community Forum in partnership with the Poe Center for Health Education. The youth-led 2025 Forum "Clearing the Air: A Vape-Free Future for Our Community" highlighted the current tobacco prevention and control landscape. The event featured a diverse panel discussing local tobacco prevention and control efforts, including youth tobacco use, gaps in knowledge and misconceptions, Tobacco 21, and other strategies to further protect youth. A total of 60 individuals attended the in-person event at the Wake County Commons Building. Participants included elected officials from the North Carolina State House of Representatives, Wake County Board of County Commissioners, local School Board members, candidates for local office, and municipal leaders.

- The Wake County Tobacco Prevention and Control Program (WCTPC) served as a guest judge for the Wake Early College of Health and Sciences symposium, where student groups proposed vaping and cigarette cessation products. WCTPC provided feedback and technical assistance to youth as they developed their projects.

## RECENT EVENTS

### MAY 2025

- In May, the Wake County Tobacco Prevention and Control Coordinator presented to 22 members of the Wake County HIV/SII team on tobacco use among populations disproportionately impacted by tobacco use and HIV. The presentation included information about QuitlineNC, how to become a Quitline referral site, and how to refer individuals to Quitline services.

### JUNE 2025

- In June, two separate communications were conducted with Wake County residents who reported concerns about smoking in multi-unit smoke-free housing. Resources were provided, and follow-up calls were made to respective apartment complexes.
- The Wake County Tobacco Prevention and Control Program (WCTPC) provided cessation resources and tobacco education materials during St. Matthew's Compassion Day.

## RECENT EVENTS

### JULY 2025

- In collaboration with Wake County Fire Services, WCTPC launched a tobacco use and cancer prevention screening survey for firefighters across Wake County, including Raleigh and Cary. This effort is part of a broader initiative to reduce tobacco use among firefighters. The survey was conducted from July through August and received 303 responses.

### AUGUST 2025

- WCTPC presented to the Fire Volunteer, Training, and Wellness Subcommittee on survey results and shared proposed next steps based on the data collected. WCTPC was invited to return to present findings to the Fire Commission in October.

## RECENT EVENTS

### SEPTEMBER 2025

- The Health Promotion Supervisor presented to the St. Paul Church Health Ministry to explore potential partnership opportunities for a tobacco and menthol education event. Five Health Ministry members attended. Participants received brief education on smoke-free and tobacco-free policies and other tobacco prevention and control strategies. The group expressed interest in learning more about vaping than menthol.
- WCTPC presented to Morse Clinic on the increased risks of substance use disorder (SUD) and tobacco use, the benefits of tobacco cessation, and the positive impact of becoming a Quitline referral site for their clients. Following the presentation, the Wake County Tobacco Prevention and Control Coordinator assisted clinic staff in becoming a Quitline referral site.
- WCTPC presented to the Wake PIJ Health and Wellness Committee on tobacco use in schools and available cessation resources.

# RECENT EVENTS

## OCTOBER 2025

- The Wake County Tobacco Prevention and Control Program (WCTPC) presented to the Wake County Fire Commission on the results of the tobacco use survey conducted among Fire Services. Next steps and implementation of cessation tools were discussed.
- WCTPC presented to more than 1000 students at Green Level High School on the dangers of e-cigarettes and nicotine products, strategies for quitting, and available cessation resources. A second informational session was conducted for 21 parents, focusing on nicotine, vaping, THC products, and strategies to support students who are using these products and want to quit.

## NOVEMBER 2025

- WCTPC collaborated with the Wake County Communications Department to develop a social media campaign for the Great American Smoke Out (GASO)
- WCTPC began educating Raleigh City Council members on the benefits of a tobacco-free public places ordinance. This effort was conducted in partnership with the Poe Center for Health Education and the American Heart Association.
- WCTPC attended the ADCNC gala and provided education to individuals with substance use disorder (SUD) on the benefits of quitting tobacco.

# MEDIA AND COMMUNICATIONS

- Lesbian/Bisexual Cessation Campaign – Wake County utilized $15,000 from the Healthy Communities Grant to renew its contract with DRAFT Advertising for a cessation media campaign focused on reaching lesbian and bisexual women who use tobacco. The campaign ran from February to June 2025 and generated over 1 million impressions, with a click-through-rate (CTR) of 0.45%. As a result, nearly 5,000 users clicked through to the QuitlineNC website, and 233 text message initiations were recorded to begin the registration process with participants starting their quit journeys.

- Rescue Campaign – Youth Tobacco Prevention. Wake County allocated $15,000 in General Aid to Counties funding to contract with the Rescue Agency to amplify the Behind the Haze campaign. The target audience included Wake County youth ages 13-18 who were susceptible to, had ever used, or were currently using vape products. The campaign resulted in 926,582 impressions, 4,898 exploratory engagements (video completions, clicks, reactions), and 11 active engagements (shares, comments, saves).

The Wake County Tobacco Prevention and Control Program utilizes Counter Tools, a public health organization that supports local efforts to reduce tobacco use through data, analytics and policy-focused strategies, particularly within the retail environment.  In 2025, Wake and Johnston counties partnered with Counter Tools to conduct environmental scans of a select number of tobacco retailers within their communities. The resulting report provides insights into the local tobacco retail landscape and can be accessed here.

## 10.0 OTHER WCPH HEALTH PROMOTION CHRONIC DISEASE PREVENTION PROGRAMS AND SERVICES

In addition to Tobacco Prevention and Control efforts, Wake County's Health Promotion and Chronic Disease Prevention team works to create healthier communities through education, outreach, and screenings. The team focuses on preventing disease and injury by addressing key topics such as nutrition, physical activity, tobacco use, wellness, and chronic disease. By partnering with schools, workplaces, and community organizations, they empower individuals and families to make informed choices and improve their health. Data below reflect outcomes observed from January 1, 2025, to December 31, 2025.

Source for Local Morbidity Facts: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT), Emergency Department Visits for Diabetes (ICD910 CM), Acute MI (ICD 10 CM), Cervical Cancer (ICD910CM) and Breast Cancer (ICD910CM), Wake County, 2025

**Local Morbidity Facts:**

**For Wake County:**

- The 2025 Breast Cancer Emergency Department (ED) Visit Rate for those aged 20 and older is 112.9 per 100,000 population
- The 2025 Cervical Cancer Emergency Department (ED) Visit Rate for those aged 20 and older is 8.9 per 100,000 population
- The 2025 Myocardial Infarction Emergency Department (ED) Visit Rate for those aged 20 and older is 241.9 per 100,000 population

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
| **Clinical Services** | | |
| • Breast and Cervical Cancer Control Program (BCCCP) | • Wake County BCCCP provides free or low-cost breast and cervical cancer screenings and follow up services to eligible women in Wake County.<br>Eligible women are:<br>• Uninsured or underinsured,<br>• Between the ages of 40-64 for breast screening services and 18-64 for cervical screening services, and<br>• Have a household income at or below 250% of the federal poverty level.<br>For more information regarding BCCCP, contact Jane Riley, 919-212-9310.<br><br>*BCCCP also provides navigation to Breast/Cervical Cancer Medicaid for women diagnosed with these cancers outside of BCCCP* | • 7 breast cancer detected<br>• 1 cervical cancer detected<br>• 594 breast cancer screenings<br>• 30 cervical cancer screenings |
| • WISEWOMAN | • Wake County WISEWOMAN provides free cardiovascular health screenings to BCCCP eligible women. Women are screened for blood pressure, cholesterol, diabetes, and body mass index (BMI). Participants create physical activity and nutrition goals and receive health coaching based on those goals. Women with abnormal lab values are referred to a medical provider for treatment and management of their chronic condition. For more information regarding the WISEWOMAN, contact Elizabeth Spender-Smith, 919-250-3990. | • 63 women received WISEWOMAN screening services<br>• 123 health coaching sessions were completed<br>• 7 referrals to a medical provider<br>• 4 patients secured primary care |

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
|  • Medical Nutrition Therapy | • Nutrition counseling provided to patients of Wake County Public Health Women's Clinic and Child Health Clinic | **Women's Clinic:**<br>• 157 clients seen in Women's Clinic<br>• 140 clients seen for more than one visit<br>• 63% showed positive health change<br>**Child Health Clinic:**<br>• 163 clients seen in Child Health Clinic<br>• 59 clients seen for more than one visit<br>• 81% showed positive health change |
| **Community Health Education and Physical Activity Programs**<br>  • Movin' and Groovin' | • The Health Promotion Chronic Disease Prevention Section in partnership with the City of Raleigh Parks, Recreation and Cultural Resources offers a 10-week Movin' and Groovin' Community Physical Activity Series. This free fitness program helps individuals get active and stay active! Participants also receive take home activities to ensure continued movement throughout the week. Water, snacks, and wellness-based door prizes are provided. Movin' and Groovin' is open to everyone over the age of 12. For more information regarding Movin' and Groovin', contact Elizabeth Spender-Smith, 919-250-3990. | • 76 registered participants<br>• The fall and spring series had an average of 27 adult participants at each session<br>• 18 participants eligible for free produce |

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
|  • Couch to 5K | • The Health Promotion Chronic Disease Prevention Section partners with City of Raleigh's Parks and Recreation and Cultural Resources Department to offer "Couch to 5K". Couch to 5K is a nine-week training series for anyone 12 years of age and older. Participants meet as a group once a week and follow a daily training program to ensure continued progress and success. For more information regarding Couch to 5K, contact Elizabeth Spender– Smith, 919-250-3990. | Spring Series<br>• 50 participants on first day, 21 completed the C25k<br>• 44% of participants completed the program, 100% of participants reported improvements in at least one of these outcomes: speed, endurance, confidence, strength, improved sleep, weight loss. 100% of participants would like the program to be offered again and would recommend the program to others.<br>Summer Series<br>• 13 runners completed the 5k<br>• 84% of participants saw an increase in their cardiovascular endurance and running confidence. Participants also reported experiencing physical and mental gains including improved strength, speed, sleep and weight loss. A few even got new workout gears!<br>• The participants ranked the program 4.8 out of 5. 100% of participants stated they would participate in the program again and would recommend the program to others. |

| Programs and Services | | January 1, 2025-December 31, 2025 |
| --- | --- | --- |
|  • Public Health Education Campaigns | • The Health Promotion Chronic Disease Prevention Section provides educational information and activities to employees of Wake County regarding Breast Cancer Awareness Month, Heart Health Month, and National Nutrition Month. | • 2025 Breast Cancer Awareness Month<br>• 2025 Heart Health Month<br>• 2025 National Nutrition Month |

**Local Morbidity Facts:**

- The 2025 Diabetes Emergency Department (ED) Visit Rate for those aged 20 and under is 80.9 per 100,000 population
- The 2025 Diabetes Emergency Department (ED) Visit Rate for those aged 20 and older is 1,077.4 per 100,000 population

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
|  • Minority Diabetes Prevention Program (MDPP) | • The North Carolina Minority Diabetes Prevention Program (NC MDPP) is a free, year-long diabetes prevention program. Throughout the program, participants learn how to eat healthier, meal plan, get active and overcome barriers. | New cohort began on February 18, 2025, at the Wake Forest Center for Active Aging<br>• 28 active participants during this Cohort with 21 graduating<br>• 75% of participants completed the series (in January 2026)<br>• 22 classes facilitated<br>• 8 (38%) participants lost 5-7% of their initial weight<br>• 67% of participants had normal blood glucose levels (A1C) at the end of the program |

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
| **Food Security and Local Food Systems** | | |
|  • Farmer's Market | • Health Promotion provides technical support and nutrition education at farmer's markets to increase access to fresh, local food among low resource individuals. Health Promotion promotes the use of SNAP/EBT at farmer's markets by advertising the Double Bucks program (SNAP/EBT match) throughout the community. | • 9 farmers' markets in Wake County (9 accept EBT payments, 2 accept WIC payments and 3 accept Senior vouchers) |
|  • Summer Food Service Program | • The Summer Food Service Program (SFSP) ensures that low-income children continue to receive nutritious meals when school is not in session. The Sunnybrook meal site provides meals, along with activities, for any child aged 1-18 or adults with disabilities who participate in school programs. | Sunnybrook reapplied to be a site for summer 2025 with the serving dates:<br>June 24 – August 7, 2025<br>• Averaging 22 meals per day (2 days/week)<br>• Sunnybrook meal site served 311 meals in all |

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
|  **Drug Overdose Prevention Initiative** | • The Drug Overdose Prevention Initiative is a coordinated effort to reduce opioid overdoses through a partnership with Wake County EMS and Certified Peer Support Specialists (CPSS). Wake County partners with Healing Transitions which encourages individuals who use substances toward harm reduction. | • 2,186 Clients served by PORT (Post Overdose Response Team)<br>• 305 Clients received MOUD (Medication for Opioid Use<br>• Disorder)<br>• 4,174 Rides to Treatment<br>• 2,139 Naloxone Kits Distributed<br>• 645 trained on how to use Naloxone |
|  **Tobacco Prevention and Control (TPC)** | • The Tobacco Prevention and Control (TPC) regional project provides technical expertise to guide policy development to move forward tobacco-related policy in Wake County. TPC also provides tobacco cessation resources and professional training. | • 1 93 people receiving NRT through Wake public-private partnership with Quitline NC<br>• 1,807 Stakeholders educated around evidence-based smokefree/tobacco-free policy (Youth Media Spokesperson training for Poe Center Youth Empowerment Group, Wake County Tobacco-Free Coalition, Wake AHEC tobacco use treatment webinar, Wake County Tobacco-Free Community Forum, Wake Fire Commission, Green Level High School students and parents, Wake County School Board, Wake County School Resource Officers, City of Raleigh City Council, Wake Early College of Health and Science, Morse Clinic, Wake County PTA, Journeys in Mental Health and Wellness)<br><br>More information about Wake County's Tobacco Prevention and Control Program and mortality data can be found earlier in the report. |

| Programs and Services | | January 1, 2025-December 31, 2025 |
|---|---|---|
| **Safe Routes to Schools (SRTS)** | • The Safe Routes to School initiative is a comprehensive approach to making it safer and easier for K-12 students to walk and bike to school. This is accomplished by creating and maintaining a wide variety of partnerships across different sectors with local, regional, and state-level partners. | • 12,160 individuals participating in walking, biking or rolling encouragement activities<br>• 21 schools registered for Bike to School Day (May 2025)<br>• 45 schools registered for Walk to School Day (October 2025)<br>• All Kids Bike curriculum purchased to be implemented in 4 schools (Lynn Road, Jeffrey's Grove, Carver and Forestville Road Elementary Schools)<br>• 11 school safety consultations provided<br>• 145 helmets distributed to K-12 settings<br>• 191 Individuals Attended Traffic Safety Education Programs<br>• 843 Individuals Participated in Bike Skills Education Programs<br>For more information about SRTS, please refer to https://www.wake.gov/departments-government/health-human-services/children-and-family-services/safe-routes-school-wake-county. |

# 11.0 HEALTH PROMOTION PROGRAM TESTIMONIALS AND SUCCESS STORIES

The following stories are testimonials from individuals who have benefited from Health Promotion services and programs.

**BCCCP**

**Success Story #1:** Each year, the Breast and Cervical Cancer Control Program (BCCCP) partners with WakeMed during Breast Cancer Awareness Month to ensure uninsured, low-income women receive timely follow-up imaging after abnormal results from the WakeMed Free Mammography Screening Event.

The following timeline highlights the journey of one woman supported by the WCPH BCCCP Nurse Navigator. Her experience demonstrates the impact of timely care, strong coordination, and effective partnership across the healthcare continuum.

**Timeline of Care**

- 11/4/2025 – The WakeMed Breast Imaging Navigator provided the patient's abnormal screening report to the Wake County Public Health BCCCP Navigator, who contacted the patient to determine eligibility and obtain program consent.
- 12/9/2025 – The Wake Radiology Navigator requested BCCCP approval for diagnostic imaging and a breast biopsy.
- The BCCCP Navigator approved coverage the same day and obtained the necessary referrals from the patient's primary care provider (PCP).
- 12/11/2025 – The patient received a BCCCP-covered left breast biopsy.

**Timeline of Care Cont.**

- 12/12/2025 – Biopsy results confirmed a Left Breast Invasive Ductal Carcinoma, Stage 1b. The BCCCP Navigator secured a referral from the patient's PCP for a new-patient breast cancer consultation at the North Carolina Surgery Center at UNC REX, also covered by BCCCP.
- 12/13/2025 – The BCCCP Navigator facilitated the patient's transition to oncology care and requested that a UNC REX Oncology Nurse Navigator be assigned. The oncology navigator assisted the patient with applying for UNC Financial Assistance for treatment coverage, as she did not qualify for NC Breast and Cervical Cancer Medicaid.
- 12/17/2025 – The patient began her cancer treatment journey with an evaluation at the Breast Surgery office and the development of her treatment plan.
- 1/7/2026 – The UNC Financial Navigator notified the patient of her approval for UNC Financial Assistance.

**Patient Impact**

Throughout her journey, the patient expressed deep gratitude for the support provided by the WCPH BCCCP Navigator, noting that timely diagnostic services enabled her early-stage diagnosis and connection to treatment. She also valued the breast cancer education she received from both BCCCP and UNC REX Oncology Navigators.

**Program Impact**

This case demonstrates how skilled navigators and their efforts can lead clients to early detection of breast cancers and positively influence survival outcomes.

**Minority Diabetes Prevention Program (MDPP)**

**Testimonial #1 – Participant A: Class of 2025**

Before enrolling in the MDPP, I was increasingly aware that my blood sugar levels were trending in the wrong direction. I understood the medical implications of pre-diabetes, yet knowledge alone had not translated into consistent behavioral change.

The program introduced disciplined routines that made prevention practical. Regular weigh-ins, food logs, activity goals, and open group dialogue reinforced daily decision-making. Tracking intake and movement shifted my approach from occasional effort to steady, measurable progress.

What stands out most is the renewed confidence I gained. The course reframed pre-diabetes as a condition responsive to informed lifestyle choices rather than an unavoidable outcome. That clarity strengthened my commitment to long-term health stewardship.

**Testimonial #2 – Participant B: Class of 2025**

When I entered the MDPP, I carried a strong personal motivation: both of my parents lived with diabetes, and I did not want to continue that pattern. My annual physical showed rising numbers, which created urgency.

The program's structure helped me turn determination into sustained habits. Consistent sessions, goal setting, nutritional awareness, and increased physical movement required accountability beyond what I had maintained on my own. I became more attentive to portion sizes, more intentional about exercise, and more disciplined in tracking my progress.

Completing the program strengthened my resolve to protect my health. I now feel prepared with practical strategies to reduce risk and maintain stability. The experience has been empowering and deeply worthwhile.

**Medical Nutrition Therapy**

**Testimonial #3:** "My nutritionist has explained to me a lot about food. A balanced dish is healthier than eating anything, it is also important to drink a lot of water and keep doing exercises, in my case, just a little because I needed to gain weight. Of course, today I feel better physically, my energy has increased and I feel happier, I feel less tired. Now I have more energy and I feel good, I can smile more often, and I feel more confident in myself. I have improved. At the beginning I had my A1C around 14% and currently I am at 6.0% I can say I have improved a lot, thanks to the advice of my nutritionist, I have learned to eat healthy and I have gained weight. My health condition was quite worrying because no matter how hard I tried I couldn't gain weight and every day I felt bad, without energy and this caused me a little depression. Now I feel much better. I eat food to live; I don't live to eat. Thanks to my nutritionist for helping me." (MNT patient quote)

**Testimonial #4:** "I feel better since I started with a nutritionist. I have more energy and learned to exercise and eat healthier and the results I have been having with my weight I like to thank you, Beth." (MNT patient quote).

**Community Exercise Programs**

**Testimonial #5:** "To the Health promotion department at Wake County, I am so happy to be able to share my experiences with the Health Promotion department. I have been going to their events for quite some time, I don't think I have missed any of the classes offered during the summer and spring because I enjoyed them so much. These classes and events have made such a difference in my life both mentally and physically because the exercises not only help me with my body but also my mental health. I enjoyed getting together with the group of people and we look forward to every spring and summer at the park. I cannot say enough about the ladies that run the program, their energy and enthusiasm is great, they make everyone feel like a big family. I have been so motivated by them that after the last class last summer, I decided to increase my exercise routine and cut down on my sugar, I managed to lose 43 pounds, I know that the motivation these programs offer was a big help. I hope the ladies continue with these programs because they are a great help to the community. I also attended the Heart Health Month event this year and I was really impressed by all the information that was given by the doctors that were a part of it, the ladies did a great job. I am so thankful for Wake County for making this program possible and the team that helps us do better, through sunshine, heat and sometimes a little rain but always with a positive attitude. Thank you all" (Wake County Employee).

**Testimonial #6:** "To the Wake County Health Education program, I am so grateful to have the opportunity to express myself about the classes and events that are put together by Elizabeth Spender-Smith and the whole Health Education program, I have to say that I was reluctant to attending the exercises classes at first but my wife asked me to go with her and even though I was not sure how I was going to fit in, I went and I have never looked back, I really enjoy the classes , I never thought I was going to enjoy exercising with a group of people at the park, the ladies are great motivators , sometimes you arrive at the park with little energy but before you know it , you are moving all over the place, I hope the programs keep going because it really gives you a reason to go out and exercise, I now look forward to all the events offer by Wake County, thank you all for such a great service to the community, it really has make a difference in my health and my wife's. Thank you" (Community Exercise Program Participant)

**Testimonial #7:** "A few years ago I knew I needed some fitness in my life. I googled what exercise could I do that took no special equipment, could be done any time of day and anywhere, at no cost, and Google said running. I tried to run around my block and couldn't make it to end of my street. And then I saw the Couch to 5K program in the City of Raleigh's Parks and Recreation Leisure Ledger. I signed up. And sure enough, I was able to go from my Couch to a 5K. And they gave me a medal on race day for doing it. The only time I have ever received a medal in my life. Now, I have 6 medals, and I've been able to convince work colleagues and family members to join me on some runs. I keep signing up for the Couch to 5K sessions for a few reasons, to keep me running, to keep me stretching (which I am not good at on my own), and now that I turned 50, to see if I can outrun someone a decade or two younger." (Community Exercise Program Participant)

**WISEWOMAN**

**Testimonial #8:** "The wisewoman program has helped me long-term with lifestyle, exercise, and healthy eating. Also help me to see progress not perfection.  So thankful for this program in our community thanks to Elizabeth Spender Smith also in the journey toward a better and healthier tomorrow." (WISEWOMAN participant)

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# 14.0 APPENDIX: EMERGING NICOTINE PRODUCTS AND YOUTH EXPOSURE IN WAKE COUNTY, NC

A detailed issue brief developed in collaboration with the Tobacco Prevention and Control Program is provided below and can also be accessed here.

Public Health

Wake County Public Health

# Public Health Issue Brief: Emerging Nicotine Products and Youth Exposure in Wake County, NC

## OVERVIEW

In Wake County, youth are surrounded by nicotine products. Flavored vapes and synthetic nicotine pouches are commonly found in stores near schools and neighborhoods, making them highly visible and easy to access.[1] These products are designed to appeal to young people with sweet flavors and colorful packaging. And it's working. According to the 2022 North Carolina Youth Tobacco survey, **e-cigarettes remain the most commonly used tobacco product among youth.**[2]

Over **90%** **of Middle and High School E-Cigarette Users Choose Flavored Products**

Sales restrictions are in place, but enforcement is inconsistent. Federal law prohibits the sale of tobacco and vape products to anyone under 21. However, North Carolina law only prohibits sales to those under 18. Since enforcement falls to state agencies such as Alcohol Law Enforcement (ALE), this gap undermines protections for youth ages 18 to 20.[3]

**According to the 2025 Synar Survey,**

**14.2% of retailers sold tobacco to minors**

highlighting the critical need for stronger local enforcement and clearer alignment with federal law.[4] Without action, young people will continue to face easy access to products that put them at risk for long-term addiction.[4]

## WAKE COUNTY'S RETAIL LANDSCAPE: A CLOSER LOOK

Data from the NC Region 7 Tobacco Influence Dashboard displays:

- A high density of tobacco retailers throughout Wake County, including near schools and residential areas.
- Retail clustering in both urban and suburban areas, increasing visibility.
- Tobacco advertisements are commonly found both inside and outside stores.
- A wide variety of store types, including gas stations, convenience stores, and dollar stores sell these products.

This retail environment increases youth exposure to marketing and makes it easier to access emerging nicotine products.[5]

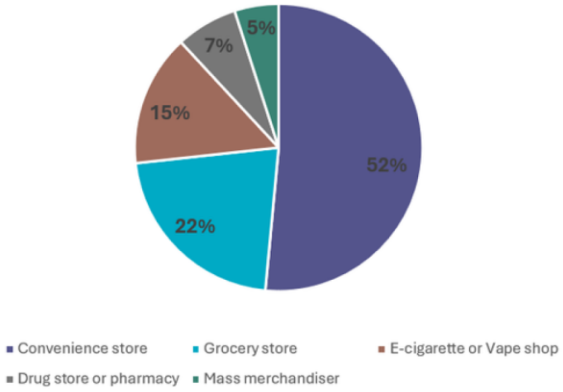
### RETAILER CHARACTERISTICS

Understanding which types of stores sell tobacco products is key to addressing youth access. In Wake County, tobacco is available in a range of retailers, from convenience stores to pharmacies, many of which display tobacco advertising inside and outside their businesses. Exposure to this marketing has been linked to higher rates of youth tobacco use and earlier initiation.[1]

## WHY IT MATTERS[1]

- Increased exposure = increased risk: Youth who see tobacco marketing are more likely to start using it.
- Retail proximity to schools normalizes product presence and undermines prevention efforts.
- Retailers with frequent advertising are often concentrated in geographic areas with poorer health outcomes, which may contribute to health disparities.
- 95% of tobacco users start before the age of 21.

**Figure 1:**
**Type of Retailers Selling Tobacco Products, Wake County, Jan-Feb 2025**



RETAIL ADVERTISING

Some retail stores expose youth to tobacco marketing by placing advertisements and products at eye level and alongside popular children's items, such as candy and toys.

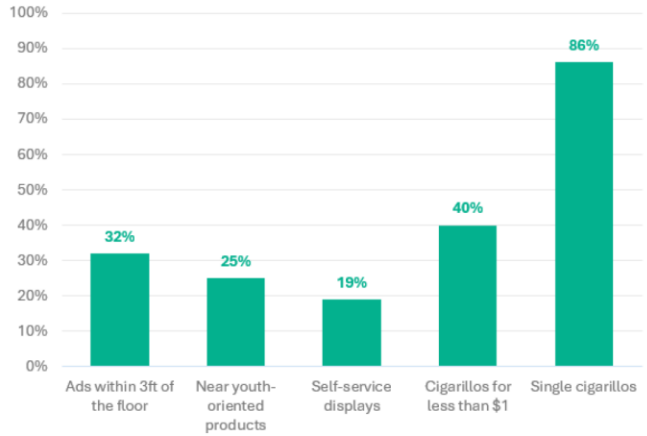
**During January - February 2025 in Wake County**

**47%** of retailers had exterior tobacco advertising

**50%** of retailers accepted WIC

**59%** of retailers accepted SNAP

**Figure 2:** Percent of Retailers with Youth Appealing Displays and Products, Wake County, Jan-Feb 2025




- **Ads within three feet of the floor:** commercial tobacco product marketing placed at what is perceived at youth/child's eye level.
- **Near youth-oriented products:** sometimes, tobacco products are placed near candy or toys that are directly marketed to children.
- **Self-service displays:** commercial tobacco product displays not located behind a counter that a customer can access products themselves.
- **Cigarillos:** a small cigar, generally flavored tobacco rolled in a dried tobacco leaf. Can be sold individually or in small multi-packs.

## POLICY GAPS IN NORTH CAROLINA [1]

As of March 2025:

- North Carolina remains one of only 7 states that has not raised the minimum age of tobacco purchase to 21 under state law.
- North Carolina is one of 10 states without a tobacco retailer licensure system.

Without a licensing system, the state lacks the ability to:

- Track and monitor where tobacco is sold.
- Limit the number or type of retailers.
- Enforce location restrictions (e.g., near schools).
- Penalize repeat violators beyond federal enforcement.

These gaps weaken enforcement and make it harder to prevent youth from accessing tobacco products.

## POLICY OPPORTUNITIES FOR WAKE COUNTY [1]

Wake County and other counties in North Carolina can consider the following strategies:

- Advocate for the adoption of a statewide tobacco retail licensing system to track and regulate retailers.
- Use zoning authority to limit new retailers near youth-focused spaces.
- Advocate for the restoration of local control to allow for regulation of tobacco advertising, pricing, etc.
- Educate retailers and increase frequency of compliance checks.
- Advocate for statewide "Tobacco 21" enforcement with strong local support.

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