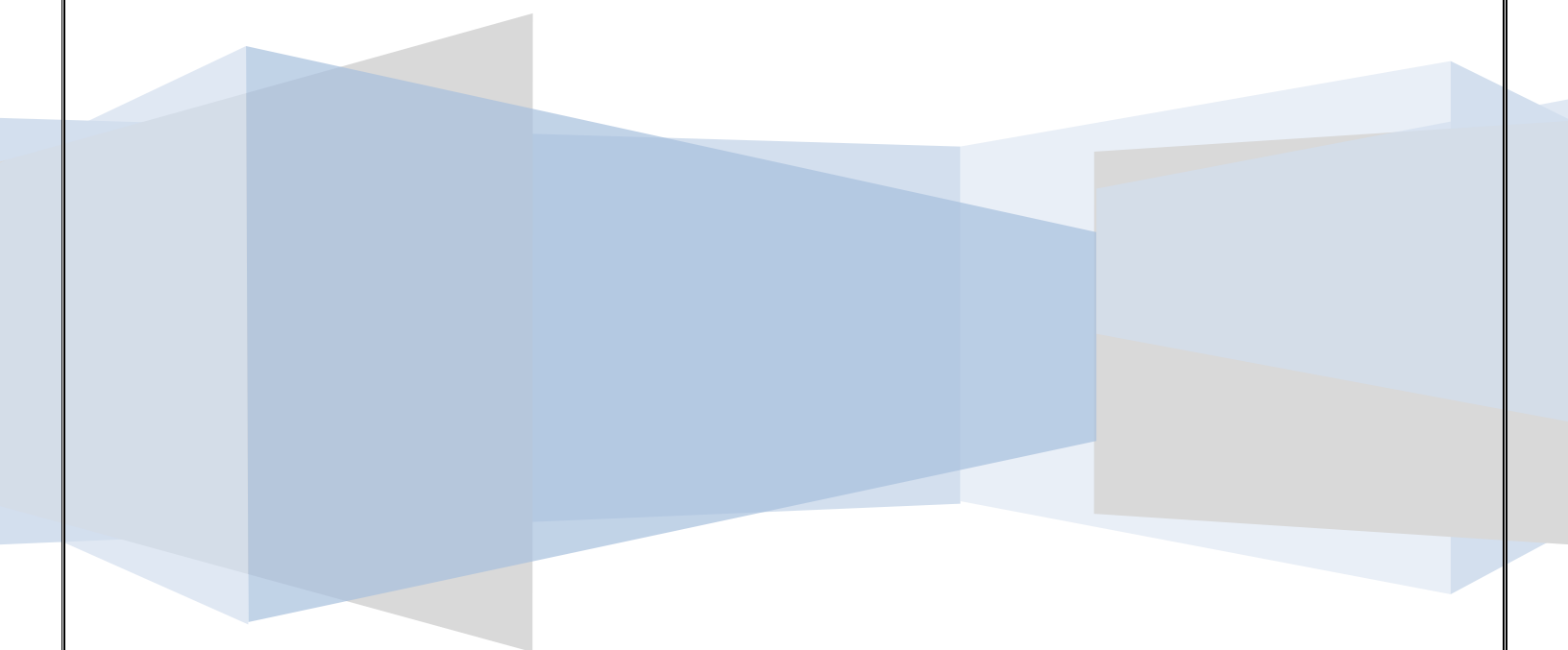




# **State of the County's Health Report 2011**



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**Vision:** Wake County will be a great place to live, work, learn and play. It will be a place where people are self-sufficient, enrich their lives, respect the environment, appreciate their heritage, participate in government, and plan for a better tomorrow.

**Mission:** to improve the economic, education, social well-being, and physical quality of the community, we are committed to collaboration; service excellence and embracing new approaches to more effectively meet the ever-changing needs of our customers.

## **2011 State of the County's Health Report Wake County, North Carolina**

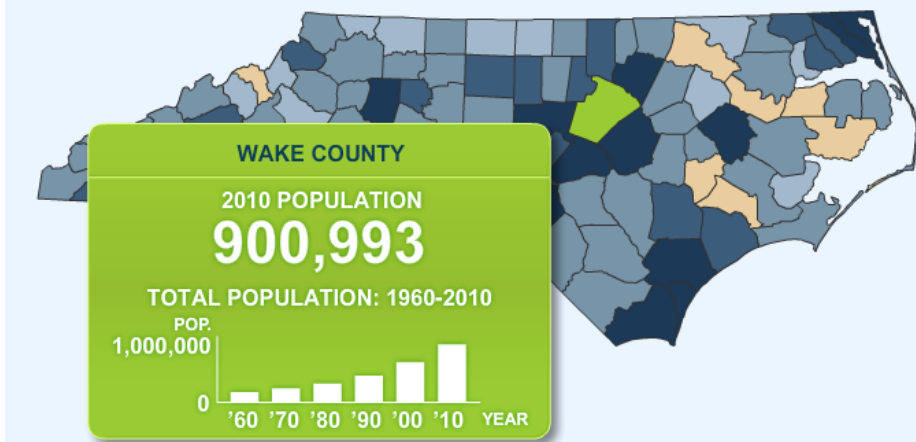
Wake County Human Services is pleased to present the 2011 State of the County's Health Report. The purpose of this report is to convey current information on the health status of the county. This report illustrates local demographics, leading causes of death, and other priority issues affecting our community. A formal Community Health Assessment is undertaken every four years and was completed during the 2010 cycle. The 2010 report is available for viewing at [www.wakegov.com](http://www.wakegov.com).

### **Overview: Wake County Population and Projected Trends**

The U. S. Census released its official Census 2010 population. The County's population rose to 900,993 as of April 1, 2010, up from 627,876 on April 1, 2000. This represents a gain of 43.5%, or 273,147 residents. Projections by the North Carolina State Demographer indicate the population of Wake County will exceed 1 million by 2015. In April 2010, Wake County had 76,549 residents over the age of 65, for a total of 8.5% of the population. This is an increase from 46,732 and 7.4% in 2000. In 2010 the poverty rate in Wake County was 12%. The Unemployment Rate was 8.2% in 2010, decreasing to 7.7% in October 2011.

Source: Wake County Planning Department.

## 2010 CENSUS RESULTS



According to the United State Census 2010

- Raleigh ranks as the 43rd [most populous city](#) in the United States.

### Population

Raleigh	403,892
Wake County	900,993
North Carolina	9,535,483

### Age/Gender

Median Age	34.4
Male	48.7%
Female	51.3%

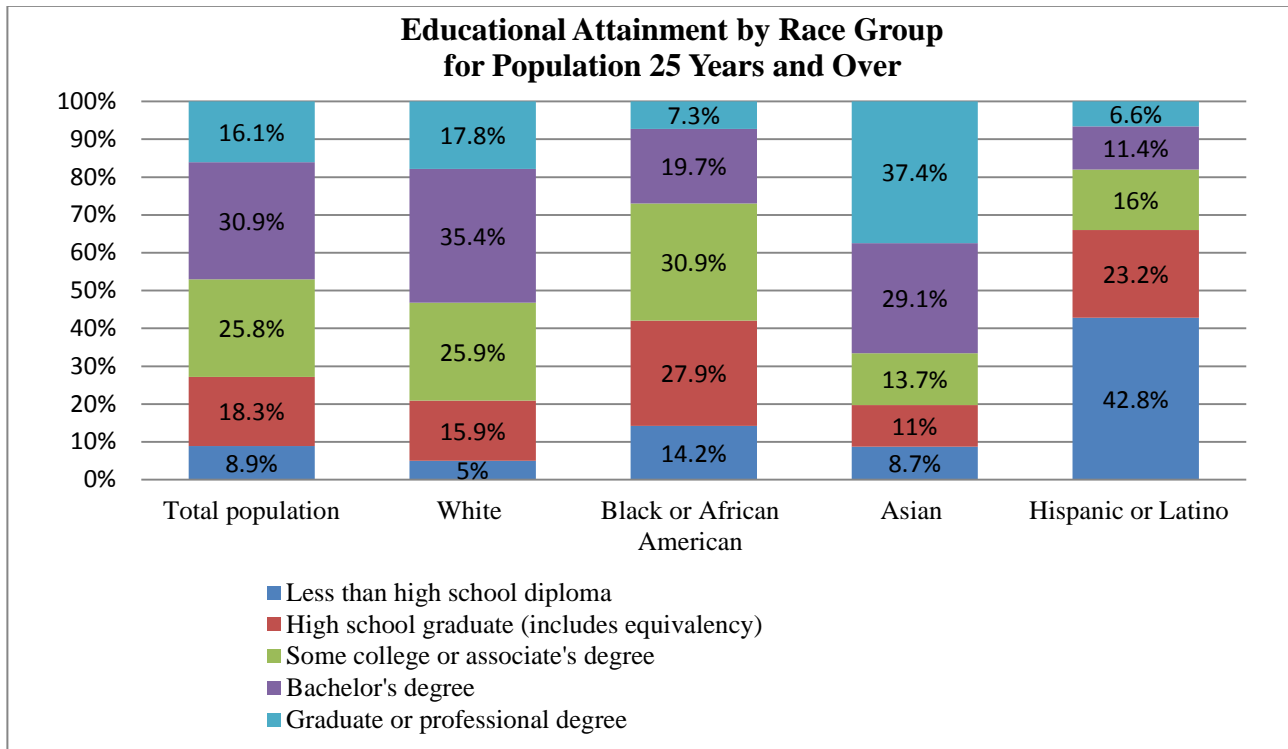
### Median Household Income

Wake County	\$61,426
North Carolina	\$43,326
United States	\$50,046

Source: 2010 American Community Survey/ [Wake County Economic Development, Population Characteristics](#)

## Educational Attainment

According the U.S. Census Bureau, for the School Year 2010–11, the enrollment in the Wake County Public School System is 143,289 students. In the Adult Population, 48% possess a B.A. degree or higher level of Education. *Source: 2006-2008 American Community Survey*



## Health Indicators

African-Americans suffer from a higher over-all death-rate, higher death rates from all causes of chronic diseases listed in above table and a higher homicide rate compared to whites and other races.

- Whites have higher a suicide rate compared with African-Americans and other races.
- Males have a higher death rates compared to females for unintentional motor vehicle injuries and all other unintentional injuries (15.3 versus 5.4 and 26.8 versus 14.8, respectively) according to the N.C. Department of Health and Human Services, State Center for Health Statistics.

**2005-2009 Wake County Age Adjusted Death Rates (per 100,000 population)**

Cause	Whites		African-Americans		Other		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
<b>All</b>	14,843	643.8	4,539	855.1	294	321.5	19,676	672.7
<b>Diseases of Heart</b>	3,193	143.2	903	184.3	54	66.0	4,150	148.5
<b>Cancer</b>	3,737	157.3	1,030	194.2	86	93.0	4,853	161.7
<b>Diabetes Mellitus</b>	358	15.6	212	44.1	12	N/A*	582	20.2
<b>Unintentional Motor Vehicle Injuries</b>	310	10.5	96	10.9	9	N/A*	415	10.2
<b>All Other Unintentional Injuries</b>	535	20.9	119	17.8	10	N/A*	664	20.0
<b>Suicide</b>	297	9.8	38	4.3	13	N/A*	348	8.6
<b>Homicides</b>	63	2.0	85	9.0	3	N/A*	151	3.5

*\*Rates based on fewer than 20 cases (indicated by 'N/A') are unstable and have been suppressed*

*Source: 2011 - County Health Data Book, N.C. Department of Health and Human Services, State Center for Health Statistics.*

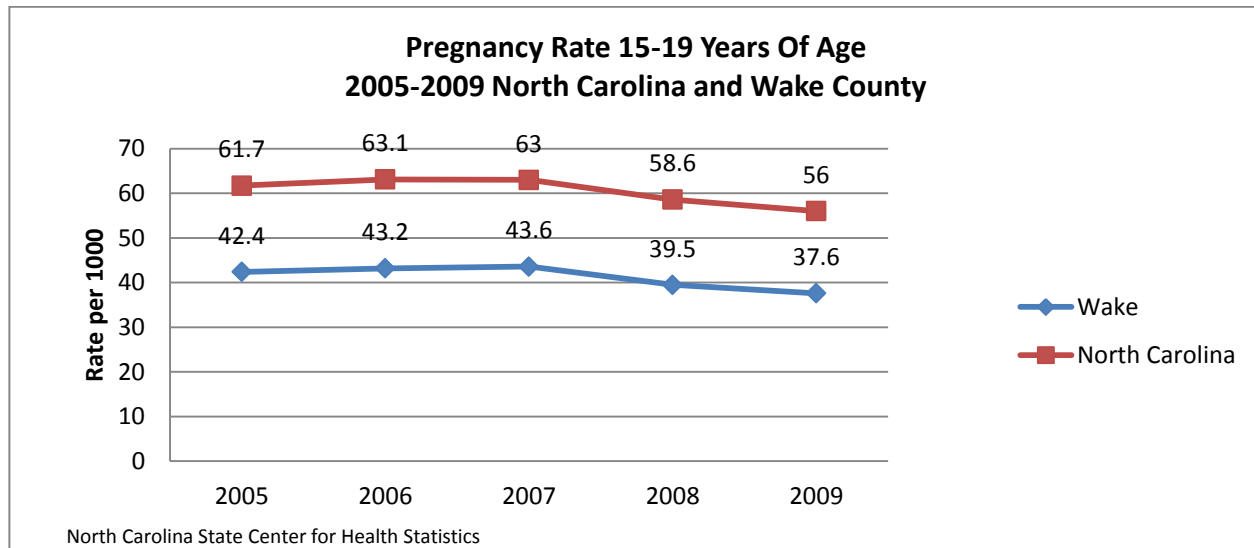
## Major Morbidity and Mortality Data

### Infant Deaths, Births, Death Rates- NC and Wake County, 2010

Infant deaths (under 1 year)	North Carolina	Wake County
White Non-Hispanic	362	30
African American Non-Hispanic	367	27
Other Non-Hispanic	32	3
Hispanic	93	10
Total Infant	854	70
Live births	North Carolina	Wake County
White Non-Hispanic	68,496	6,786
African American Non-Hispanic	28,926	2,838
Other Non-Hispanic	6,150	1,018
Hispanic	18,730	2,063
Total births	122,302	12,705
Infant mortality rates (per 1000 live births)	North Carolina	Wake County
White Non-Hispanic	5.3 (5.5)*	4.4 (4.4)*
African American Non-Hispanic	12.7 (15.8)*	9.5 (19.3)*
Other Non-Hispanic	5.2 (4.7)*	2.9 (0)*
Hispanic	5.0 (5.7)*	4.8 (6.2)*
Total rate	7.0 (7.9)*	5.5 (7.6)*

\* 2009 rates

Source: NC DHHS State Center for Health Statistics



The number of pregnancies and rate for 15-19 years of age continue to decline in Wake County and North Carolina.

## **Priority Issues**

This report includes a review of Current Issues and the Health concerns selected from the 2010 Community Assessment. Wake County identified two (2) major health concerns as priorities.

They are:

1. Overweight and Obesity
2. Access to Health Care

### **Priority Issue #1: Overweight and Obesity**

***Objective: Reduce the rate of obesity through nutrition and physical activity by 2% by 2014.***

The issue of obesity is one that continues to loom over our county and state. Overall, there are a variety of factors that contribute to this chronic condition (i.e. lifestyle, environment, economics, culture, etc.). There is as much a concern for our children's health as adults. CDC reports this generation of youth is not likely to outlive the lifespan of their parents. With this and other such reports, Wake County has committed itself to addressing this public health threat and therefore has identified obesity as one of its priority areas.

Earlier this year, WCHS along with 125 other local stakeholders convened for a health and wellness summit to identify evidence-based and promising practices as it relates to improving health outcomes associated with obesity. The interventions included in the action plan are a result of those discussions.

**Priority Area #1: Overweight and Obesity**

**Objective: Reduce the rate of obesity in adults and children through nutrition and physical activity interventions by 2% by 2014.**

<b>Interventions/Actions</b>	<b>Strategies</b>	<b>Progress To-date (Jan – Dec 2011)</b>
1.1 - Establish community protocols to assess the impact of community policy changes and design on health and well-being	1.1 A - Assure adequate staff training for the Health Impact Assessment (HIA) process	1.1 A - Three Wake County Human Services (WCHS) staff were trained (i.e. Public Health Director, Health Promotion Chronic Disease Prevention [HPCDP] Program Manager & Supervisor) – Phase 1 (completed 2011) Additional WCHS staff will complete training – Phase 2 (2012) <i>Contact: Steve Bevington, NCDPH</i>
	1.1 B – Identify & utilize scoping and screening tools for the HIA assessment	1.1 B – WCHS’ Health Promotion Staff along with representatives from the New Bern Ave. Stakeholder Advisory Group met August 2011 and reviewed the scoping and screening tools. Plans to implement the tools are in process and expected for implementation early 2012. <i>Contact: Steve Bevington, NCDPH</i>
	1.1 C - Utilize technology tools to assess needs, demands, and community assets	1.1 C - GIS mapping devices were utilized by 4-H and AHA to evaluate access to healthy food and physical activity for everyone living in Wake County (includes all parks, greenways, sidewalks, grocery stores, community gardens, emergency food shelters, farmer’s markets, etc). Local decision makers (i.e. City of Raleigh Pedestrian Committee, Town of Cary Master Plan Committee, etc.) can now locate food deserts in Wake County. <i>Contact: Laura Aiken, AHA</i> <i>Thomas Ray, Wake Cooperative Extension</i>
	1.1 D - Encourage schools to adopt health and wellness policies	1.1 D – WCHS, Wake’s Cooperative Extension and Wake County Public School System’s School Health Advisory Council (SHAC) partnered to advocate for improved healthful food choices and physical activities in schools and childcare centers. <i>Contact: Katherine Williams, Wake County Wake Cooperative Extension</i>
1.2 - Develop a plan to increase the usage of greenway systems in Wake County	1.2 A - Provide upkeep (maintenance) of greenways	1.2 A – City of Raleigh Parks and Recreation staff maintain approximately 68 miles of paved and unpaved trails. <i>Contact: Scott Payne City of Raleigh Parks and Recreation</i>

	1.2 B - Distribute materials to promote the use of the greenways	1.2 B – WCHS’ HPCDP distributed greenway directories to 25 community-based organizations (including faith partners) during HPCDP outreach events; Wake County Council on Fitness and Health distributed to City of Raleigh & Wake Co. Park Sites & local libraries. <i>Contact: Sarah Plentl, WCHS Beth Collins, WCHS</i>
	1.2 C – Incorporate technology and social media venues	1.2 C – Created a Quick Response Code (QR) to be used by Smart Phone users. <i>Contact: Scott Payne, City of Raleigh Parks and Recreation</i>
1.3 - Promote worksite wellness to improve the health and wellbeing of Wake County’s workforce.	1.3 A - Work with partners at the local & state level for the creation of wellness committees	1.3 A – WCHS’ HPCDP partnered with Sigma Electronics (Garner, NC) to establish a wellness committee. <i>Contact: Kristen McHugh, WCHS</i>
	1.3 B - Provide wellness programs & activities for worksites	1.3 B1 – WCHS’ HPCDP partnered with Sigma Electronics (Garner, NC) - as a result of the partnership, HPCDP staff provide quarterly Lunch-N-Learn sessions, and mapped out a walking route on the property. Additionally the Sigma wellness coordinator has begun an employee newsletter and prepares an annual employee wellness fair, etc. <i>Contact: Kristen McHugh, WCHS</i>  1.3 B2 – Wake County Wellness Coordinator offers monthly employee wellness activities (i.e. seminars, wellness challenges, healthy vending options, etc.) <i>Contact: Marie Edwards, Wake County Government</i>
1.4 - Increase access to and consumption of fresh fruits and vegetables & other healthy food choices	1.4 A - Promote EBT card holder acceptance at approved local farmers’ markets	1.4 A – WCHS’ HPCDP partnered with Western Wake Farmers’ Market to provide quarterly educational displays and taste testing at the Food & Nutrition Services (FNS) registration site. The Market Match sponsored by Rex Endowment continues for EBT recipients. <i>Contact: Kristen McHugh, WCHS Sharon Gardei, WCHS</i>
	1.4 B - Provide technical assistance to local farmers’ markets in order to become 21 <sup>st</sup> Century Farmers’ Market sites	1.4 B1 - WCHS’ HPCDP provided technical assistance to two Wake County farmers’ markets who applied for the 21 <sup>st</sup> Century Farmers’ Market Program in order to accept EBT funds (approval pending). <i>Contact: Kristen McHugh, WCHS</i>

		<p>1.4 B2 – Wake’s Cooperative Extension developed a comprehensive web resource for healthy, local food in Wake County to include interactive “Wake Local Food Finder.”</p> <p><i>Contact: Katherine Williams, Wake County Wake Cooperative Extension</i></p>
	1.4 C - Promote and support the development and maintenance of community & teaching gardens	<p>1.4 C1 – 350 Wake County residents participated with the annual “Dig In” event designed to educate about building, maintaining, and sustaining a community garden and strengthening the local food economy.</p> <p><i>Contact: Laura Aiken, AHA</i></p> <p>1.4 C2 – Community gardens have grown from 10 to 33 via the efforts of AHA’s network of partners who provide technical assistance and advocate for fresh, affordable produce. Extra produce is commonly donated to organizations such as the Inter-Faith Food Shuttle. Additionally, AHA provided technical support to Smart Start and helped secure donations to start learning gardens at 16 Wake County daycare centers.</p> <p><i>Contact: Laura Aiken, AHA</i></p> <p>1.4 C3 – A garden tool donation network has been established which collects and distributes new and gently used gardening equipment to needy community gardens. To date, AHA partners has provided approximately \$1500 in tools to local community gardens.</p> <p><i>Contact: Laura Aiken, AHA</i></p>
	1.4 D – Provide nutrition education and trainings in community settings	<p>1.4 D1 - Cooperative Extension’s Expanded Food and Nutrition Education Program (EFNEP) reached 653 WIC clients served impacting 2820 people in households; 60% of Cooperative Extension’s Expanded Food and Nutrition Education Program (EFNEP) clients have increased consumption of fruits as a result of program; 52% of Cooperative Extension’s Expanded Food and Nutrition Education Program (EFNEP) clients have increased consumption of vegetables as a result of program.</p>

		<p><i>Contact Katherine Williams, Wake County Wake Cooperative Extension</i></p> <p>1.4 D2 - Cooperative Extension's 4-H EFNEP program reached 1176 youth in grades K-12 through 50 community-based sites.  <i>Contact: Katherine Williams, Wake County Wake Cooperative Extension</i></p> <p>1.4 D3 - Poe Center provided two weeks of Healthy Habits Camp to over 50 children receiving Supplemental Nutrition Assistance Program (SNAP) benefits that focused on nutrition and included gardening education.  <i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i></p> <p>1.4 D4 – A partnership between the Alice Aycock Poe Center and WCHS' FNS Program yielded monthly sessions for over 100 SNAP participants. Additional session, in English and Spanish, held at Millbrook Regional Center for more than 50 participants.  <i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i></p> <p>1.4 D5 – Poe Center Staff provided technical assistance in August 2011 to the Wake County Public School Healthful Living teachers on the new USDA <b>My PLATE Initiative</b>.  <i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i></p> <p>1.4 D6 - The Sport Snack Game Plan has now been implemented with the Capital Area Soccer League (CASL) and more than 80 area physicians have signed in support of the Game Plan. Through partnership with CASL over 10,000 children were impacted with healthy snacks.  <i>Contact: Laura Aiken, AHA Betsy Tilson, MD, CCWJC</i></p>
	1.4 E - Connect families and businesses to local farmers	<p>1.4 E1 – The <i>Farm it Forward</i> Pilot Initiative provided 5 Wake County families with free shares of local produce for 8 weeks and families received six free</p>

		<p><i>Cooking Matters</i> classes from the Inter-Faith Food Shuttle (IFFS). 100% of families reported an increase in food produce consumption at the end of the series and farmers sold extra shares of their produce through the program.  <i>Contact: Laura Aiken, AHA</i>  <i>Jill Bullard, IFFS</i></p> <p>1.4 E2 – Convened Wake County stakeholders to begin the process of developing a sustainable local food system. 150 participants representing businesses, farmers, health &amp; wellness professionals, retail and healthcare representatives, land owners and environmentalists, etc. attended the October 2011 event.  <i>Contact: Laura Aiken, AHA</i></p>
	1.4 F - Continue involvement in the Women's Infant Children (WIC) Farmers' Market Nutrition Program for which WIC participants receive coupons to obtain fresh fruits and vegetables at local farmers' markets.	<p>1.4 F - 11,850 Farmers' Market Nutrition Program vouchers were issued to Wake County WIC participants during 2010 equating to a monetary value of \$47,400 worth of fruits and vegetables.  <i>Contact: Sharon Dawkins, WCHS</i></p>
1.5 - Promote healthy eating and increased physical activity policies and practices in child care facilities.	1.5 A - Provide the Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC) Curriculum	<p>1.5 A – Ten child care facilities, serving approximately 700 children will implement the curriculum  <i>Contact: Krista Barbour, WCHS</i></p>
	1.5 B - Introduce the “Color Me Healthy” curriculum for providers to educate children on healthy foods and fun physical activity ideas.	<p>1.5 B – Ten child care facilities, serving approximately 700 children will implement the curriculum  <i>Contact: Krista Barbour, WCHS</i></p>
1.6 - Promote breastfeeding support policies in child care facilities	1.6 A - Offer the Breastfeeding Friendly Child Care curriculum to educate providers on the health benefits of breastfeeding and the importance of supporting the breastfeeding family.	<p>1.6 A - Five child-care facilities, serving approximately 350 children have been identified to implement the curriculum.  <i>Contact: Krista Barbour, WCHS</i></p>
	1.6 B – Serve as technical support to the UNC Breastfeeding Project	<p>1.6 B – Project underway led by UNC Breastfeeding Project Director (data forthcoming)  <i>Contact: Sharon Dawkins, WCHS</i></p>
1.7 Establish appropriate and accurate obesity baseline measures	1.7 A - Collect baseline data on obesity in three categories: Preschool, school-age and adult populations	<p>1.7 A - Agreement from partners as a priority need and to work with PH Epidemiologist appropriate and accurate baseline measures  <i>Contact: Sue Lynn Ledford, WCHS</i></p>

	1.7 B – Public Health Epidemiologist and HPCDP staff will work with partners to establish program outcome measures	1.7 B – Convened stakeholders meeting on December 1, 2011 to identify gaps in data and establish baseline measures <i>Contact: Edie Alfano-Sobsey, WCHS Sonya Reid, WCHS</i>
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### **Overweight and Obesity Abbreviations:**

AHA – Advocates for Health in Action

CASL - Capital Area Soccer League

CCWJC – Capital Collaborative of Wake County and Johnston County

CBO – Community Base Organization

EBT – Electronic Benefits Transfer

EFNEP – Expanded Food and Nutrition Education Program

FBO – Faith Base Organization

FNS – Food and Nutrition Services

HIA – Health Impact Assessment

HPCDP – Health Promotion Chronic Disease Prevention Program

NAP SACC - Nutrition and Physical Activity Self-Assessment in Child Care

NCDPH – North Carolina Department of Public Health

QRC – Quick Response Code

SHAC - School Health Advisory Council

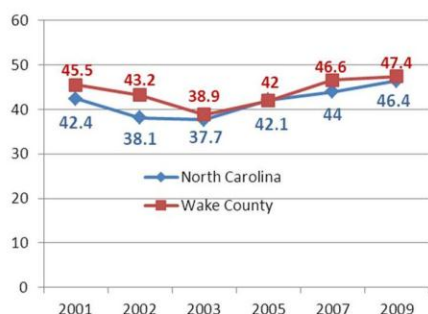
SNAP – Supplemental Nutrition Assistance Program

WCHS – Wake County Human Services

WIC - Women’s Infant Children Program

## Physical Activity and Nutrition

**Physical Activity - NC / Wake County**  
% Behavioral Risk Factor Surveillance System (BRFSS) Respondents Meeting Physical Activity Recommendations\*



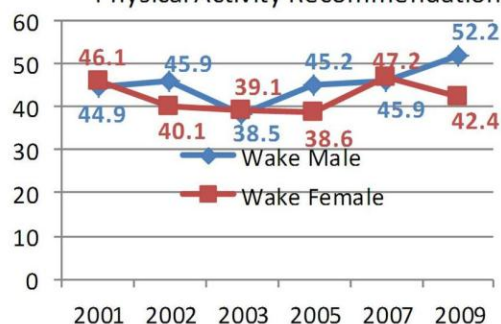
Source: NC Center for Health Statistics

\*Health experts recommend that Americans get either

- moderate physical activity for 30 or more minutes a day, five or more days a week or
- vigorous physical activity for 20 or more minutes per day, three or more days a week.

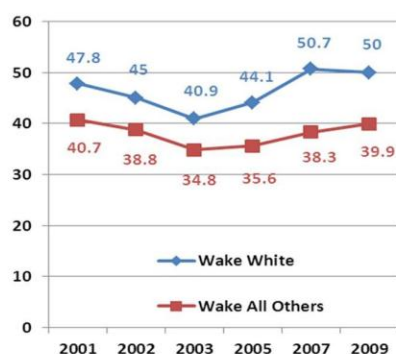
Only 47% of Wake County respondents met the physical activity recommendation. Wake County respondents reported getting the recommended amount of physical activity only slightly more than respondents across the state. Many adults in North Carolina and Wake County need to get more exercise.

**Physical Activity by Gender in Wake County**  
% Wake BRFSS Respondents Meeting Physical Activity Recommendations\*



Source: NC Center for Health Statistics

**Physical Activity by Race in Wake County**  
% Wake BRFSS Respondents Meeting Physical Activity Recommendations\*



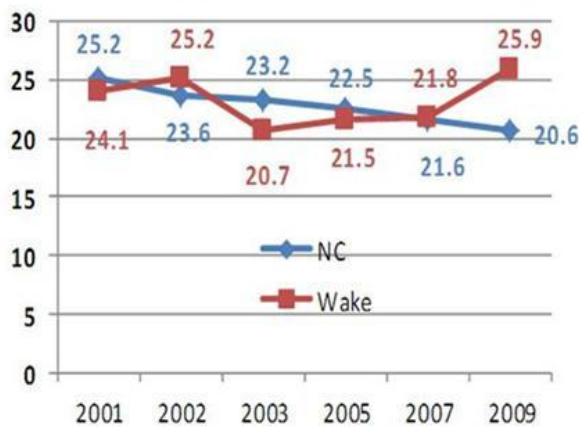
Source: NC State Center for Health Statistics

In Wake County, female and minority BRFSS respondents report meeting physical activity recommendations less than men and whites. Minority populations and females also fall short of the 47% of all Wake County respondents who reported meeting the recommendation. Getting enough exercise helps maintain a healthy weight and reduces the risk of heart disease, high blood pressure, high cholesterol, stroke and some cancers.

- The Health Promotion Chronic Disease Prevention Section (HPCDP) works with community based organizations, including faith partners to promote good health and prevent chronic disease. During Fiscal Year 2011 (FY '11), staff helped 19 faith and community organizations adopt nutrition and physical activity policies which can positively affect the health of their 10,648 members.
- During FY'11, staff involved 1,943 individuals (including church members, factory workers, senior adults, child care providers, Latino groups, pre-teens and teens, those with diabetes and others) in interactive wellness activities. Evaluations showed that 86% of participants who filled out evaluations planned to eat healthier; 75% planned to get more exercise.

### Fruit & Vegetable Intake - NC & Wake County

% BRFSS Respondents Consuming Fruit and Vegetables 5 or More Times Per Day



Source: NC State Center for Health Statistics

Only 25% of Wake County respondents met the recommendation to eat five or more servings of fruits and vegetables each day. More county than state respondents said that they ate five or more servings of fruits and vegetables each day. Adults should increase their efforts to eat fruits and vegetables each day. A diet packed with lots of colorful fruits and vegetables leads to healthier weight.

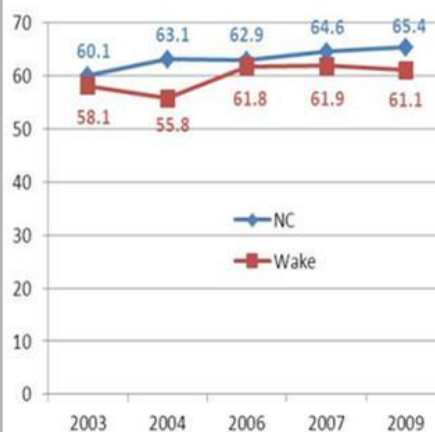
A measure of body mass index (BMI) is often used to identify possible weight problems. Adults with a BMI of 25 to 29.9 are considered overweight and adults with a BMI of 30 or above are considered obese.

- In North Carolina, 65.4% of adult respondents are overweight or obese, compared to 61.1% of Wake County respondents.
- North Carolina ranks 14 in the nation for obesity.\*
- Since being overweight contributes to high blood pressure, the Health Promotion Chronic Disease Prevention (HPCDP) Section provides cardiovascular screenings (blood pressure and cholesterol checks, BMI and nutrition counseling) to community based organizations and tries to identify those at highest risk for high blood pressure and stroke. During FY'11, staff detected (through screenings) 43 individuals with Stage 2 hypertension (potential for stroke) at a potential medical cost savings of \$4,300,000 (\$100K for every stroke event prevented multiplied by 43).

\*Trust for America's Health and The Robert Wood Johnson Foundation Report.

### Overweight or Obese

% BRFSS Respondents Who Have a Body Mass Index (BMI) > 25



Source: NC State Center for Health Statistics

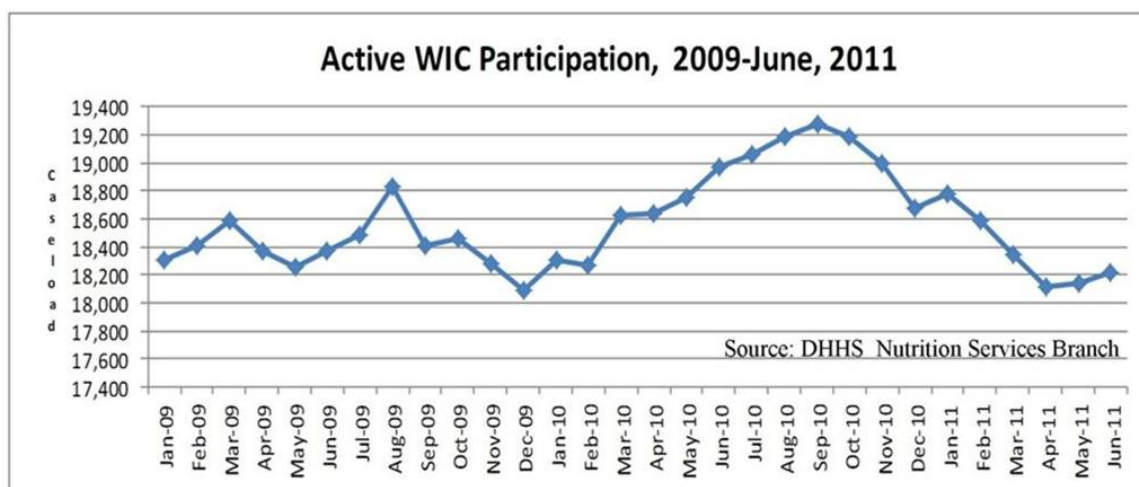
Underweight:  
BMI < 18.5  
Recommended  
Range:  
BMI 18.5 to 24.9  
Overweight:  
BMI 25.0-29.9  
Obese:  
BMI ≥ 30

## WIC Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritional assessment and support services, referrals to healthcare, and food vouchers for pregnant women, mothers of infants, and children under five years of age who have a nutrition-related health problem and income at or below 185% of poverty. WIC is a federally-funded program administered by NC Department of Health and Human Services (DHHS). Additional County funds (5% of total budget) support WIC services in Wake County.

## WIC Active Participation

The number of women, infants, and children participating as “Active WIC Participation” is determined every month by the number of WIC food vouchers redeemed from a Local WIC Agency by the NC DHHS, Nutrition Services Branch (NSB). State WIC funding is based on the Assigned Caseload (average of monthly “Active WIC Participation” numbers multiplied by the cost per participant (currently \$15.00)). As of October 2009, the current Wake County assigned caseload is 18,735.

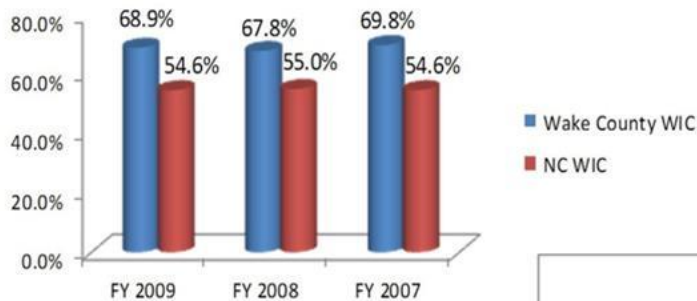


- The temporary fall in WIC participation during August to December 2009 is attributed to high staff vacancy rates causing a decreased ability to serve current and new participants during that time.
- The creation of six new direct client services positions and staff hiring for eighteen vacant positions resulted in improved client to staff ratios with program growth since January 2010.
- The caseloads continued to decline through April 2011 (also observed in the North Carolina WIC Program statewide) but participation in Wake County has shown a rebound as of May and June 2011 (most recent data available).

## Breastfeeding

The benefits of breastfeeding are well established and according to the CDC include a reduced risk for pediatric overweight. Breastfeeding promotion and support is an integral part of the WIC Program. WIC strives to increase the initiation, duration and exclusivity of breastfeeding among women enrolled in the Program. Shown below are breastfeeding initiation and duration rates among WIC-participating women and infants for fiscal years 2007 and 2009 (the most recent data available) and as compared with statewide rates.

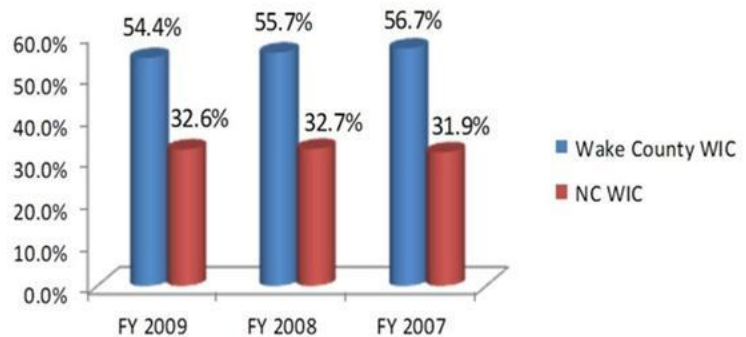
**Percentage of Women who Initiated Breastfeeding**



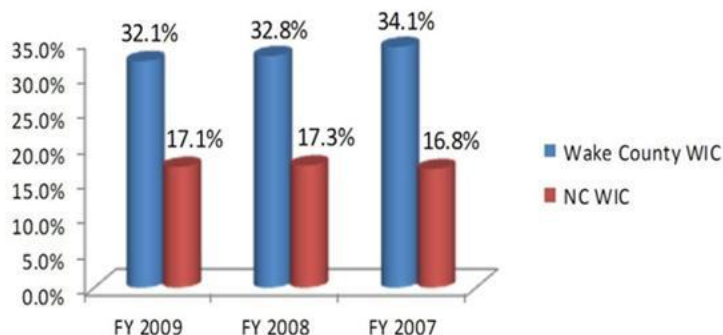
Source: DHHS Nutrition Services Branch

Source: DHHS Nutrition Services Branch

**Percentage of Infants Breastfeeding at 6 Weeks of Age**



**Percentage of Infants Breastfeeding at 6 Months of Age**



Source: DHHS Nutrition Services Branch

## **Priority Issue #2: Access to Healthcare**

***Objective: By 2014, increase access to high quality healthcare by 3% among those enrolled in Medicaid as of December 1, 2011 (11,000 enrollees).***

Access to affordable, quality healthcare is an issue that affects many Wake County residents. This was an issue identified as a priority through the 2010 Community Health Assessment. Lack of health insurance, accessibility and availability of providers, and lack of transportation are all issues that contribute to access to care.

About 18% of Wake County's adults under age 65 currently lack health insurance. Upcoming Healthcare Reform laws require that most Americans have health insurance by 2014. These laws also expand Medicaid to cover all people under 65, including childless adults, with incomes less than 133% of the Federal Poverty Level. These new laws will require that the healthcare community increase its capacity to provide quality healthcare to more people.

The interventions listed below include strategies for:

- increasing enrollment in Medicaid
- providing early and quality healthcare to first time mothers
- improving access to care for pregnant mothers at risk of poor birth outcomes
- providing quality healthcare for uninsured adults living in Wake County

## Priority Area #2: Access to Healthcare

**Objective: By 2014, increase access to high quality healthcare by 3% among those enrolled in Medicaid as of December 1, 2011 (11,000 enrollees)**

Interventions/Actions	Strategies	Progress To-date (Jan – Dec 2011)
2.1 - Assure eligible Wake County residents are enrolled in Medicaid and maintain enrollment	2.1 A - Enhance community capacity to enroll eligible Medicaid recipients through a partnership with WakeMed, Community Care of Wake & Johnston	2.1 A - Provided funding for 8 new eligibility positions. Two new case managers are now at WakeMed, one is on site at Rock Quarry Rd Family Medicine. <i>Contact: Liz Scott, WCHS</i>
	2.1 B - WCHS clinics to begin operating Presumptive Eligibility program for pregnant women	2.1B - The presumptive eligibility and billing have begun. <i>Contact: Ida Dawson, WCHS</i>
	2.1 C - Increase Carolina Access enrollment of Medicaid recipients	2.1C - A new position was created to focus on increased Carolina Access enrollment. <i>Contact: Liz Scott, WCHS</i>
	2.1 D - Implement business processes that enhance Medicaid access and utilization	2.1D - A recommendation was developed for new business practices to focus on all staff talking with clients about their Medicaid/insurance coverage. Increased focus beginning January 2012. <i>Contact: Liz Scott, WCHS</i>
	2.1 E - Increase marketing to community and WCHS about changes in Medicaid eligibility	2.1 E - Increased focus on this beginning January 2012. <i>Contact: Liz Scott, WCHS</i>
2.2 - Work together to improve birth outcomes and access to quality care for pregnant women at risk for poor birth outcomes, and enrolled in Medicaid, through coordinated, evidenced-based pregnancy care (Pregnancy Medical Home Project Community Care of North Carolina (CCNC), the Division of Medical Assistance (DMA) and the Division of Public Health (DPH))	2.2 A - Increase number of Obstetric practices who are Pregnancy Medical Homes	2.2 A - As of October 31, 2011, six providers of prenatal care in Wake County have enrolled as PMHs
	2.2 B - Complete a standardized risk screening on each pregnant Medicaid patient in the practice	2.2 B - Pregnancy Care Managers engage in care management of identified Medicaid patients from each practice that meet the risk screening criteria.
	2.2 C - Coordinate an integrated pregnancy care plan among CCNC, the Pregnancy Care Manager (PCM) and WCHS	2.2 C1 - Identified case management is provided to these patients through their six week post-partum period

	2.2 D- Participate in medical records review to assure quality improvement	<p>2.2 C2 - Coordination and support from the OB team (physician champion and nurse coordinator) from the local network is available to the provider practices and to the pregnancy care managers.</p> <p>2.2 D - All Pregnancy Care Management staff has been trained in the CMIS documentation system which is currently used by all local CCNC staff and pregnancy care managers to document all patient assessments and interventions</p> <p><i>Contact: Sheila Frye, WCHS</i></p>
2.3 - Provide early engagement of 1 <sup>st</sup> time, at-risk low-income mothers in selected Wake County zip codes. (Nurse-Family Partnership (NFP))	<p>2.3 A - Recruit 75 clients from prenatal education classes and Maternal Health Liaison at WakeMed</p> <p>2.3 B - Enroll client in the program early in her pregnancy and provide first home visit by no later than the end of the 28th week of pregnancy</p> <p>2.3 C - Connect with local college and university health services for referrals</p> <p>2.3 D - Enhance marketing of program</p>	<p>2.3 A - Referral Source - Health care provider/clinic (57%) Enrollment Health care provider/ clinic (51%)</p> <p>2.3 B - Enrolled by 16 weeks (46%), 28 weeks (98%)</p> <p>2.3 C - In progress</p> <p>2.3 D - In progress <i>Contact: Stephannie Senegal, WCHS</i></p>
2.4 - Improve access to adolescent health services.	<p>2.4 A - Participate in feasibility study with Youth Empowerment Solutions (YES) for a school-based health clinic</p> <p>2.4 B - Seek additional youth health resources</p>	<p>2.4 A - Meetings held with YES, Wake County Public School System and state and local health providers.</p> <p>2.4 B - In progress <i>Contact: Sue Lynn, WCHS</i></p>
2.5 - Provide chronic disease management and primary care services for low-income, uninsured adults living in Wake and neighboring counties.	<p>2.5 A - Provide prescription assistance to eligible patients</p> <p>2.5 B - Provide healthcare services to eligible patients</p>	<p>2.5 A - Free meds dispensed equating to \$162,911 cost savings to patients <i>Contact: Leona Doner, Shepherds Care Medical Clinic</i></p> <p>2.5 B1 - 950 total patient visits - this has doubled since June 2010</p>

		<p>2.5 B2 - Within first three months of 2011, clinic moved from 6-8 clients/week to 16 clients/week</p> <p>2.5 B3 - One new medical provider (PA) added in March 2011, therefore morning clinic hours were made possible, thus allowing two opportunities for clinic hours</p> <p>2.5 B4 - Donations received: * Wake Heart and Vascular in Clayton donated a EKG machine</p> <p>2.5 B5 - Donations received * Henry Schein donated an A1c Analyzer <i>Contact: Leona Doner, Shepherds Care Medical Clinic</i></p>
2.6 - Establish appropriate and accurate baseline measures for improving health care access	2.6 A - Collect baseline data on healthcare access	<p>2.6 A - In progress <i>Contact: Sue Lynn Ledford, WCHS</i> <i>Edie Alfano-Sobsey, WCHS</i></p>

#### **Access to Healthcare Abbreviations:**

CCWJC – Community Collaborative of Wake and Johnston County

CCNC - Community Care of North Carolina

DMA - Division of Medical Assistance

DPH – Division of Public Health

NFP - Nurse-Family Partnership

PA – Physician Assistant

PCM – Pregnancy Care Manager

YES - Youth Empowerment Solutions

## **Significant Public Health Issues**

### **Disaster Preparedness**

Wake County had multiple incidents in 2011 that required leadership from our Disaster Preparedness Team; storms, hurricane support services, bio-hazard events and communicable disease outbreaks to name only a few.

However, on April 16, 2011, tornadoes crossed central and eastern North Carolina and one of the tornados crossed Wake County from the southwest portion of the county, to the northeast portion. Several areas along the path of the tornado received major damage.

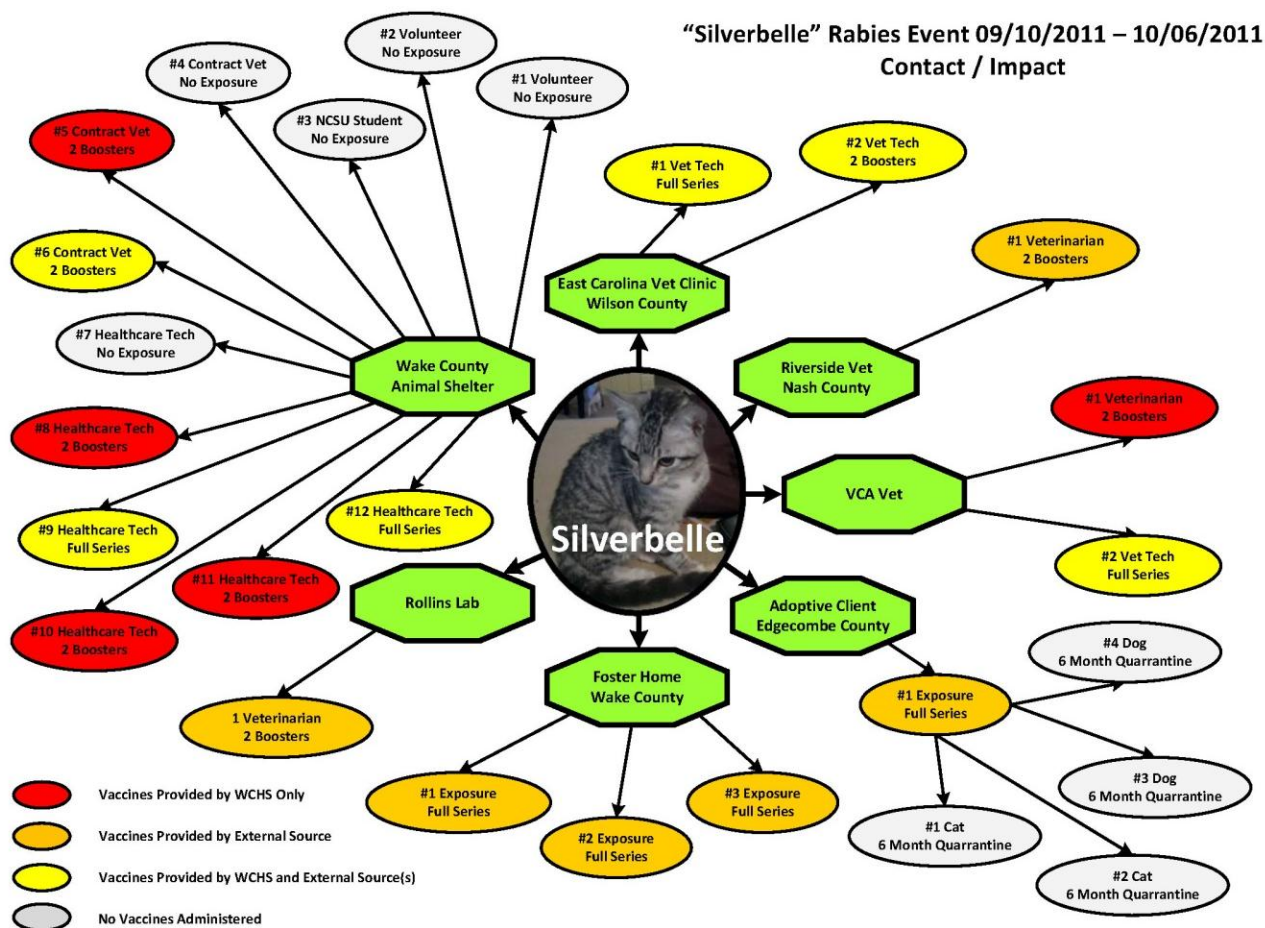
Three (3) congregate care facilities were opened in conjunction with the Triangle Chapter of the American Red Cross, to attend to the victims. Over 600 persons were sheltered the first evening of the event. In the following days, these shelters were consolidated into a single shelter housing approximately 200 residences. For the next two weeks, these persons were cared for and provided basic living essentials by the staff of Wake County Human Services. Through excellent team work with many partners which included NC Baptist Men, American Red Cross, Salvation Army, NC Emergency Management, FEMA and many others Wake County was able to assist every person in relocating to either permanent or temporary housing by May 6, 2011.

The *Tornado Disaster After-Action Report* generated several new strategies to improve delivery of services for Wake County EM Services and PH Preparedness. New plans for a more robust Shelter and Volunteer Coordination team are in process and pre-established Partner Memoranda of Understanding were drafted. These strategies will assure provision of a more robust and trained WCHS and EM staff prepared to respond in time of need.

Challenges for Disaster Preparedness include the current economy. Local government budgets been reduced and thus expansion funds are not available to address emergency needs in a comprehensive manner. Also, it is evident that a location for a “long term” sheltering is very limited. An agreement with the Wake County Public School System allows for the opening of any school facility as an emergency shelter. However, there is a need for schools to return to normal function in a brief time. In addition, an alternative location for long term sheltering (1 – 4 weeks) still needs to be identified.

### **Rabies Exposure Investigation**

During September 2011, a kitten “Silverbelle” that was adopted from the Wake County Animal Shelter tested positive for rabies. This began an extensive investigation to trace human and animal exposure to the kitten involving multiple partners in several counties (refer to “Silverbelle” Rabies Event 09/10/2011 – 10/06/2011 Contact / Impact Chart). Twenty-two people were evaluated for rabies exposure. Of these, seven were referred for full post-exposure prophylaxis against rabies and 10 with pre-exposure vaccinations were given two rabies boosters. No other human exposures to Silverbelle were identified after media messages to the public about the incident. The total cost of this investigation including Wake County Human Services staff time, Wake County Animal Control staff time and quarantine fees, treatment for post-exposure prophylaxis is estimated at \$96,111.



PH Division - S.L.Ledford Filed at S:\Public Health\Administration Operations\Visio Projects

### ***E. coli* O157:H7 Outbreak**

On October 25, 2011, Wake County Human Services and Environmental Services staff, partnering with the NC Division of Public Health, began an investigation of an enteric illness outbreak caused by infection with *E. coli* O157:H7 bacteria. Wake County Communicable Disease Section staff received more than 50 calls about the outbreak. A total 27 cases were identified in residents from Wake (13), Sampson (6), Cleveland (1), Durham (1), Johnston (1), Lenoir (1), Orange (2) and Wilson (2) counties; five (4 children and 1 adult) of these cases were hospitalized with a severe complication of the disease, hemolytic uremic syndrome. The NC Division of Public Health conducted a case-control study interviewing all 27 cases and another 87 individuals who attended the fair, but did not get sick. The results of the study determined that these infections were most likely transmitted in the Kelley Building at the North Carolina State Fair, a structure where sheep, goats, and pigs were housed and competed in livestock shows during the fair.

## **Emerging Issues**

### **Current Economic Climate Challenges for Public Health**

Economy often shapes the complex interface of budget limitations and escalating health needs. Unemployment, reduced income, or losing insurance coverage in economic downturns often result in reduced access to health services. According to studies by the Robert Wood Johnson Foundation current economic uncertainty affects people's behavior. They avoid spending money on health care and on other commodities or activities that can affect their health and health outcomes. Various reports indicate that the current recession is leading some to forego not just elective surgery and preventive screenings, but also basic care for acute and chronic conditions. This increases the challenge to public health to move the metrics in a positive direction for health outcomes.

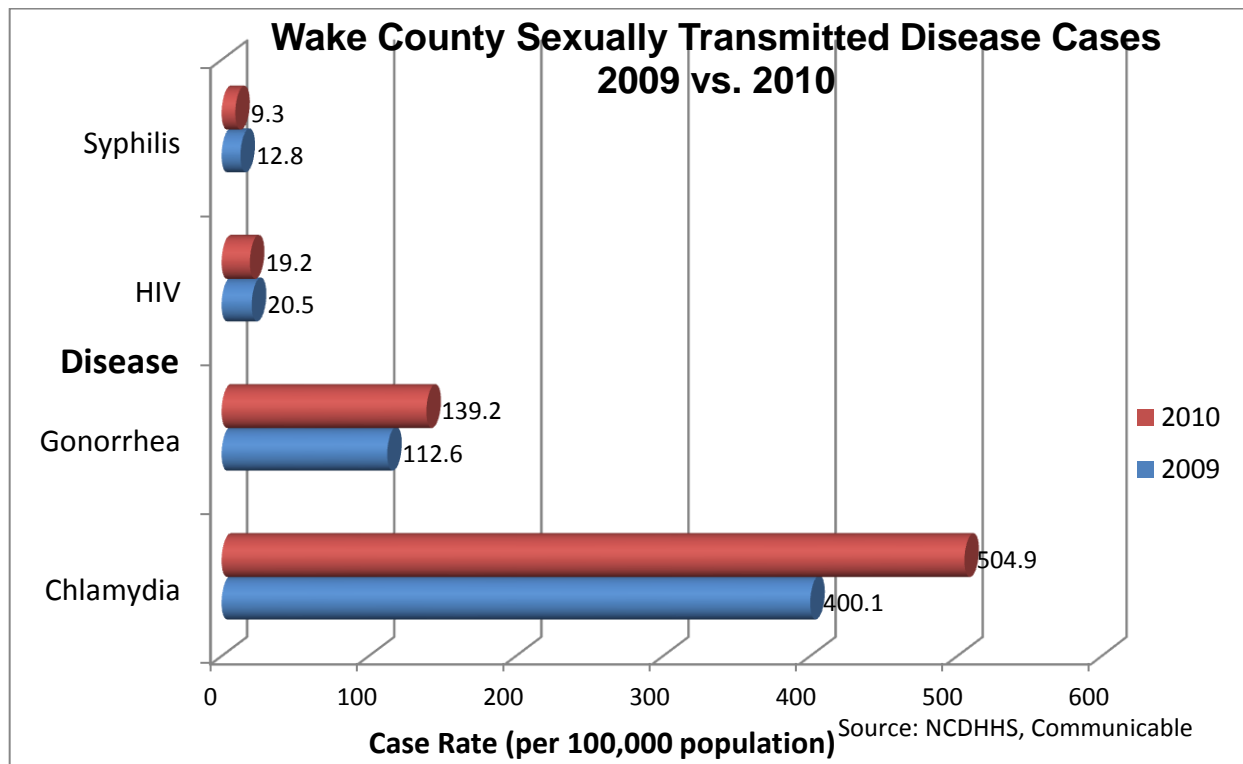
Rising needs due to unemployment, population growth, and lack of health care coverage, preventive services and a leaner staffing allocation in budgets at the local, state and federal level will continue to have a significant impact on provision of Public Health Essential Services.

These issues drive Public Health to be more strategic, do more cross-training and be more collaborative with partners to provide necessary services. In the short-term, these measures may be able to maintain services at a minimal delivery level. However, in the long-term there is reason to be concerned especially as prevention dollars are often the low hanging fruit. Loss of prevention service funds often leads to increased cost for emergent and chronic disease problems.

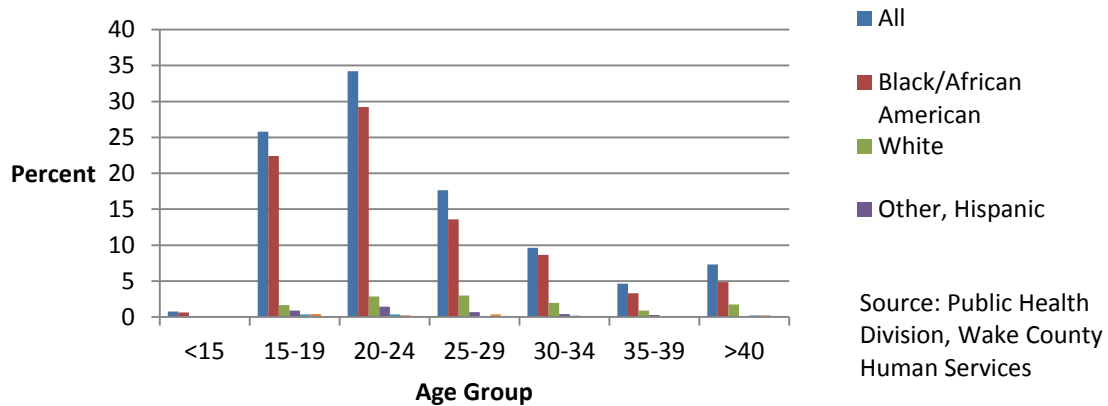
### **Sexually Transmitted Infection Reduction Efforts**

- Chlamydia and gonorrhea are the most commonly reported sexually transmitted diseases in Wake County and the chlamydia case rate per 100,000 population has increased 21% from 2009 to 2010 (WCHS Gonorrhea Culture and Community Health master files for 2009 and 2010).
- Eighty-one percent of all cases of gonorrhea and 64% of all cases of chlamydia occur among African-Americans.
- Most cases of chlamydia (85%) and gonorrhea (78%) occur among young adults ages 15-29.
- From 2006 to 2010, Wake County HIV/Syphilis comorbidity rates (preliminary data) have remained high (over 50% of all syphilis cases are also infected with HIV) and are higher than NC statewide rates.
- Wake County Human Services (WCHS) strategies to improve the health of these populations include:
  - Expedited Partner Therapy (EPT) is offered to treat partners of those diagnosed with chlamydia or gonorrhea without first being seen by health care providers to expedite treatment of these diseases.
  - Through the Program Collaboration and Service Integration (PCSI) grant funding, testing services for HIV, Syphilis, Hepatitis C and TB are integrated by offering them at the same time to clients at testing sites.
  - Field Delivered Therapy (FDT), a method similar to Directly Observed Therapy (DOT), will be implemented by disease intervention specialists and nursing staff so that treatment is expedited for those infected with gonorrhea and chlamydia that become lost to follow up.
  - Through FDT protocols, staff from the Communicable Disease and TB programs will work together to investigate, treat and provide prevention educational services to reduce the spread of these communicable diseases.

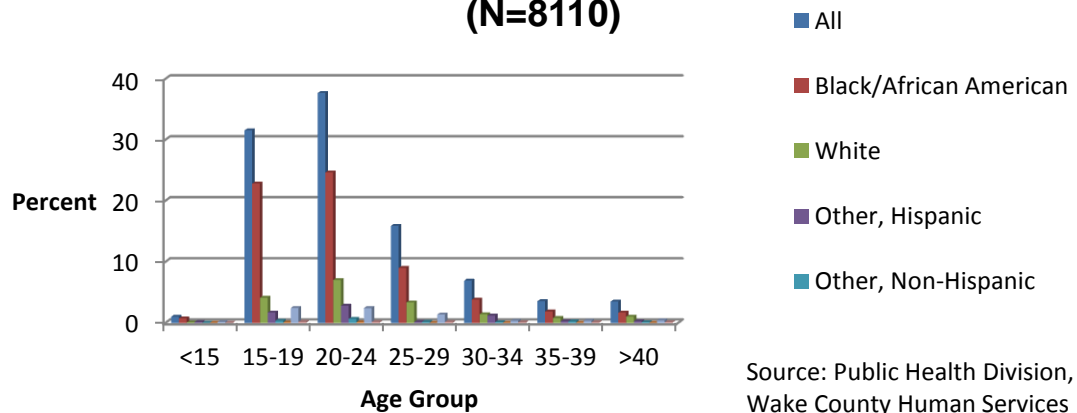
- WCHS HIV/STD Program will implement the use of social networks as a recruitment strategy for counseling, testing and referral services to target testing among highest risk Men who have sex with Men (MSM) of color (African- American and Latinos) in Wake County who are HIV positive, but unaware of their serostatus.
- Evidence- based intervention programs will be targeted toward young adults (15-29 years of age) with emphasis on African-Americans in this age



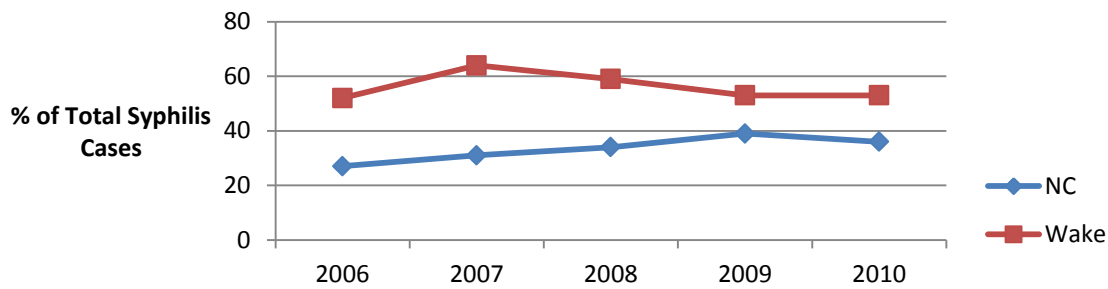
### Wake County Gonorrhea Cases (%) by Age Group and Race/Ethnicity, 2009-2010 (N= 2152)



### Wake County Chlamydia Cases (%) by Age Group and Race/Ethnicity, 2009-2010 (N=8110)



### Wake vs. NC HIV/Syphilis Comorbidity\* Cases 2003-2010



\* HIV/Syphilis comorbidity is defined as HIV diagnosis before or within 6 months of syphilis diagnosis

Source: NCDHHS, Communicable Disease Branch

#### New Strategies for STI Interventions: Test, Teach and Treat

Expedited Partner Therapy (EPT): Treating sexual partners of patients diagnosed with sexually transmitted infections (STI) without face-to-face contact and a medical evaluation.

**Field Delivered Therapy:** Treatment of individuals infected with gonorrhea and/or chlamydia is an evidence-based public health measure for controlling STI morbidity. Infected individuals with gonorrhea and/or chlamydia who do not respond to phone calls and/or letters requiring them to return to their providers (or the health department) for treatment, will be contacted by WCHS Disease Intervention Specialists (DIS) and HIV/STD Community Program staff collectively referred to as “Community Health Direct Outreach Therapy staff.” The DIS Staff will deliver prescribed medications for gonorrhea and/or chlamydia-positive clients in conjunction with prevention measures and education during field investigations.

#### Environmental Services

##### **A. Recruitment of New Director:**

As of November 2011, Wake County is in the process of recruitment and interviews for the Environmental Services Director. The previous director resigned in October 2011.

##### **B. Waste Water Management:**

During 2011 Wake County Environmental Health Division and Human Services Board has worked to modify regulations governing Wastewater Treatment and Dispersal Systems in Wake County.

The major modifications include:

- Rewording for clarification and grammar
- Removed water meters
- Removed installation of pretreatment devices for repairs
- Removed mandatory requirement of maintenance

These recommendations have been referred to the County Board of Commissioners.

### **C. Animal Shelter**

Wake County recently restructured the Animal Services Division. The Animal Services Division was formed in the Environmental Services Department on July 1, 2011 with a \$2.7 million budget. The Wake County Animal Center is the county's only open admissions shelter, where all animals from the county and other areas are brought for intake. The shelter took in 16,000 animals in FY 2011, and adopted and transferred over 6500 animals the same period. The shelter manages population health to offer healthy and adoptable animals to the public.

### **Healthcare Reform**

Healthcare Reform requires that by 2014 most people have health insurance. New Healthcare Reform laws expand Medicaid to cover all people under 65, including childless adults, with incomes less than 133% of the Federal Poverty Level. These new requirements, along with new funding for prevention, expansion of health workforce long-term care services, increasing healthcare safety net and improving quality of healthcare services, promises to have a significant impact on the public health needs of the community and services provided.

### **Conclusion**

During 2012, primary focus will be given to the two priority issues of obesity reduction and improved healthcare access. This decision is based upon the 2010 Community Health Assessment and Wake County Human Services (WCHS) Board priorities. WCHS Public Health will continue to emphasize partnerships with key stakeholders, provide technical support to community and promote utilization of established evidence based interventions. The agency will align its strategies with CDC and State Physical Activity and Nutrition branch efforts.

WCHS will also strategically aim to impact the other significant issues listed: Disaster Preparedness, STI Reduction, Communicable Disease and Environmental health issues. Additionally, focus on the health disparities outlined throughout this report will be priority for WCHS Public Health in the coming years.

## **Distribution Plan**

The CHA and SOTCH reports shall be distributed to the public within sixty (60) days of NC DHHS approval. The reports will be distributed via the following methods:

- The Public Health Committee of the Human Services and Environmental Services (HS/ES) Board shall receive copies of both reports in the month they are submitted to the State.
- The HS/ES Board shall submit a written letter to the Board of Commissioners providing an update on the SOTCH report in the month following submission to the State.
- The reports shall be posted on the Wake County website (Wakegov.com)
- Community partners linked to the Community Action Planning Process shall receive copies of both reports (i.e. Wake County Board of Education, Wake County Mayors Council, Capital Care Collaborative, etc.)
- The Community Assessment Steering Committee shall receive copies of both reports
- Other methods identified by staff and community partners

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