

WAKE COUNTY, NORTH CAROLINA
STATE OF THE COUNTY'S HEALTH REPORT
2012



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OUR 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.

OUR MISSION

Wake County Human Services, in partnership with the community, will anticipate and respond to the public health, behavioral health and the economic and social needs of Wake County residents. We will coordinate and sustain efforts that assure safety, equity, access and well-being for all.

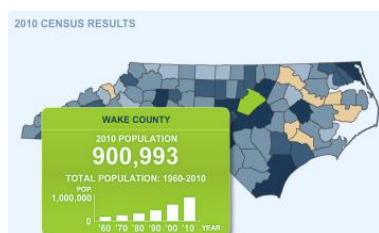
INTRODUCTION

Wake County Human Services is pleased to present the 2012 State of the County's Health (SOTCH) Report. The purpose of this report is to convey current information on the health status of the county during the three interim years between Community Health Assessments. The Community Health Assessment is undertaken at least every four years and was completed for Wake County in 2010. The 2010 Community Health Assessment is available for viewing at <http://www.wakegov.com/humanservices/data/Pages/default.aspx>

This report reviews local demographics, health indicators including morbidity and mortality data, and priority issues affecting our community. Significant and emerging issues are highlighted along with new initiatives that address important public health concerns. It concludes with the distribution plan for dissemination of this plan to Wake County consumers, leaders and community partners.

OVERVIEW

Wake County Population and Trends



The U. S. Census Bureau released its official Census 2010 population count. The County's population rose to 900,993 as of April 1, 2010, 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 (Figure 1). In 2011, according to the US Census Bureau, the population estimate was 929,780 of which 48.60% were male and 51.40% were female. The median age was 34.8; the median household income was \$62,141 and 6.7% of families and people had income in the past 12 months below the poverty level. Raleigh ranked as the 43rd most populous city in the

United States with a population of 416,468 in 2011 (Table 1). The unemployment rate slowly decreased from a high of 10.8% in 2009, to 7.0% in September 2012 (Figure 2). Wake County continues to diversify as the percentage of the white population decreases while minorities increase (Figure 3) and the number of foreign born almost doubled from 2000 to 2010 (Figure 4).

Figure 1

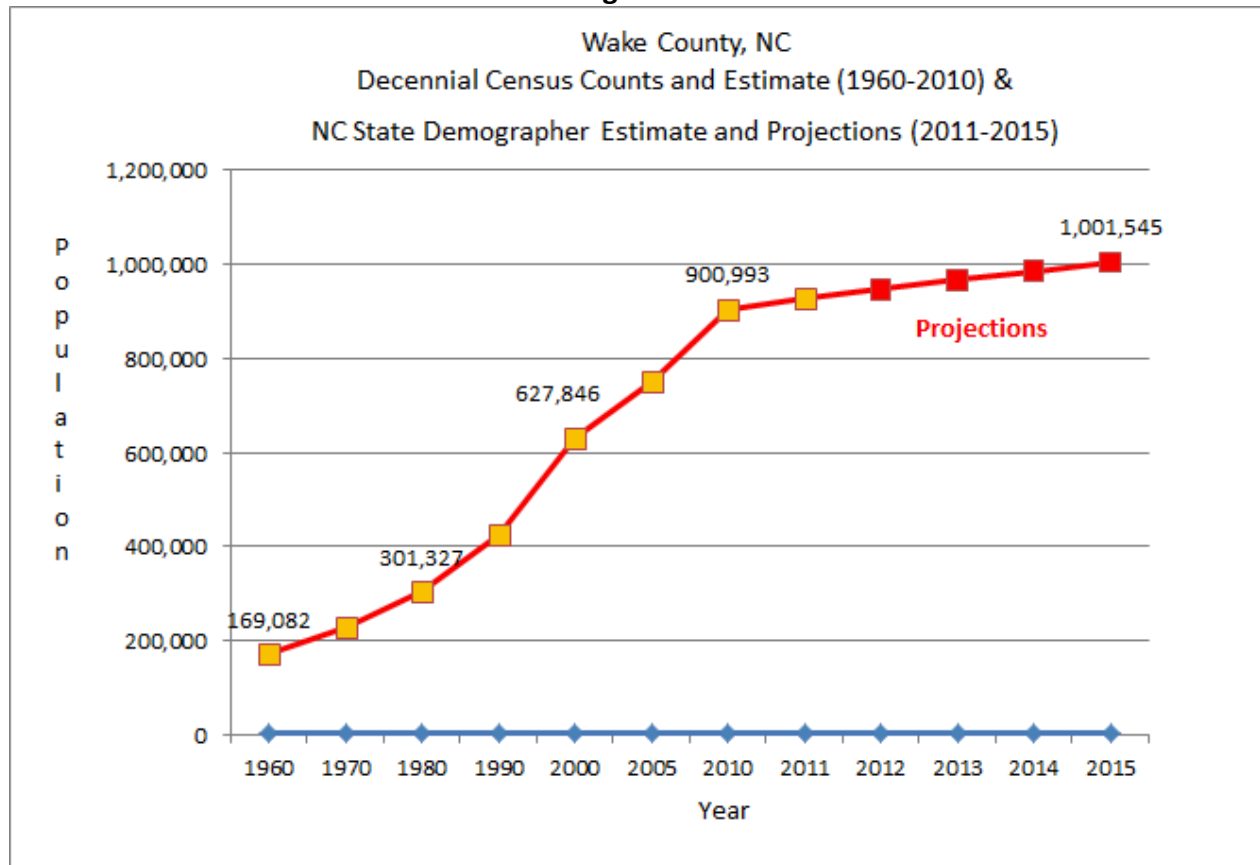


Table 1
2011 Total Population Estimates

Raleigh	416,468
Wake County	929,780
Mecklenburg County	944,373
North Carolina	9,656,401
Source: U.S. Census Bureau	

Figure 2

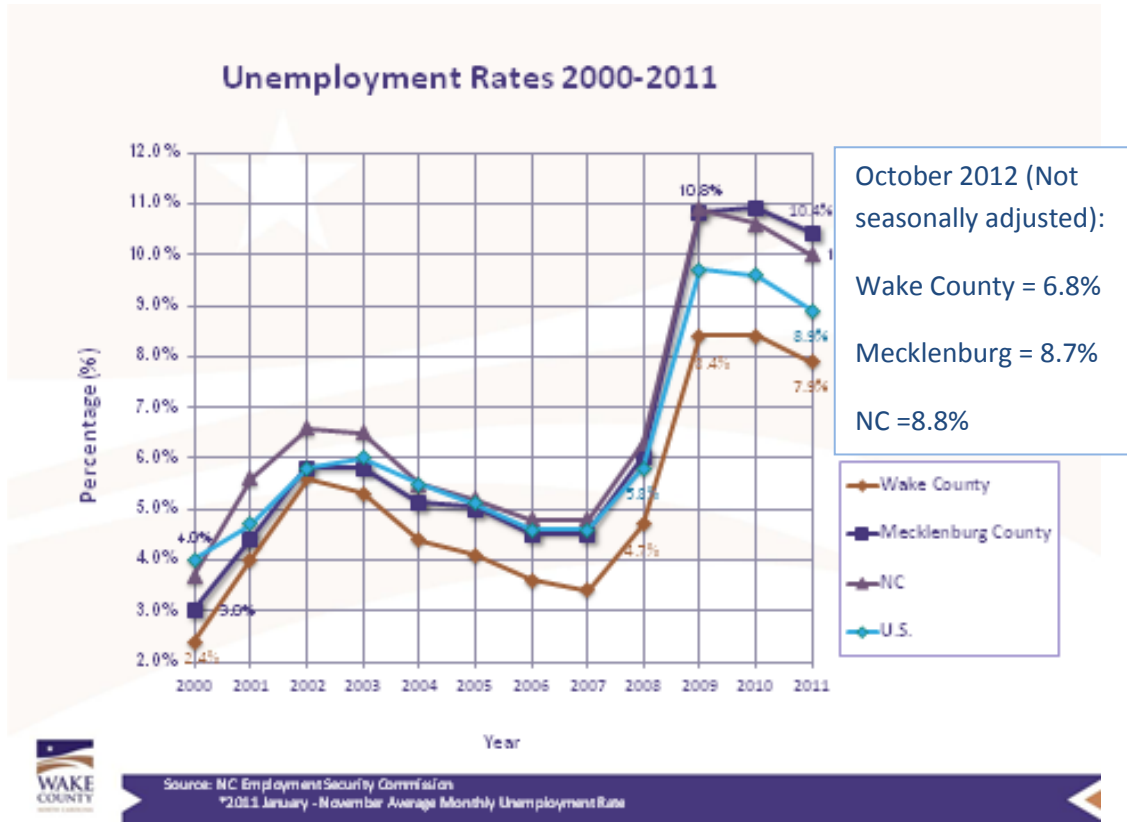


Figure 3

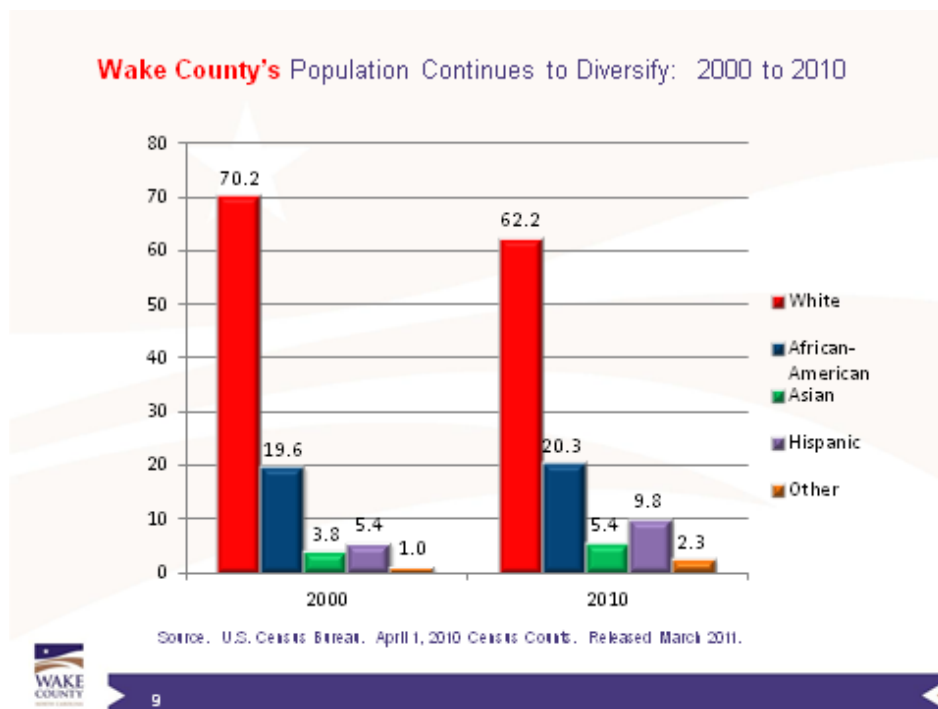
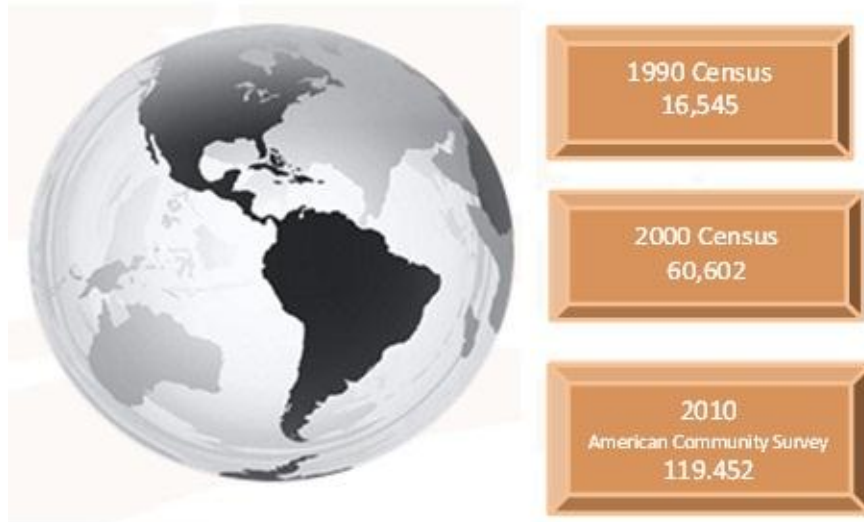


Figure 4

Wake County Foreign Born



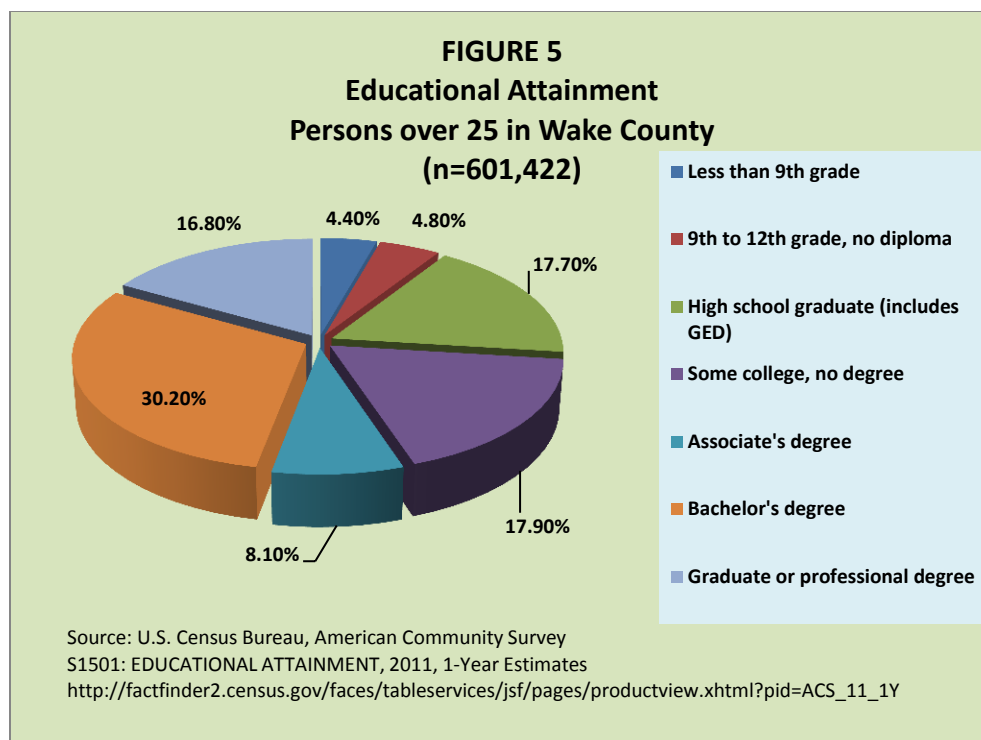
U.S. Census Bureau, 2010 American Community Survey 1- Year Estimate

EDUCATIONAL ATTAINMENT

Wake County public school enrollment for the 2011-2012 school year was 146,687. Eighty-one percent of students entering the 9th grade in 2008-09 graduated in 2011-12 or earlier.

<http://accrpt.ncpublicschools.org/app/2012/cgr/>

In 2011, according the U.S. Census Bureau, 47% of the Wake County adult population (25 and older) had at least a bachelor's degree (Figure 5) compared to approximately 30 percent of U.S. adults (data not shown).



Source: 2010 Census S1501: EDUCATIONAL ATTAINMENT, 2010 American Community Survey 1-Year Estimates

MAJOR MORBIDITY AND MORTALITY

Age-Adjusted Death Rates

Cancer is the leading cause of age-adjusted death rates in Wake County at a rate of 159.1 per 100,000 followed by diseases of the heart with a rate of 142.1 per 100,000 populations. Prostate cancer is the leading cause of cancer death followed by breast cancer (Table 2).

African-Americans suffer from higher overall death-rates as well as for most of the diseases (Figure 6 and Table 2).

Men have a higher over-all death rate for all causes of death compared to women except for Alzheimer's disease (Table 2).

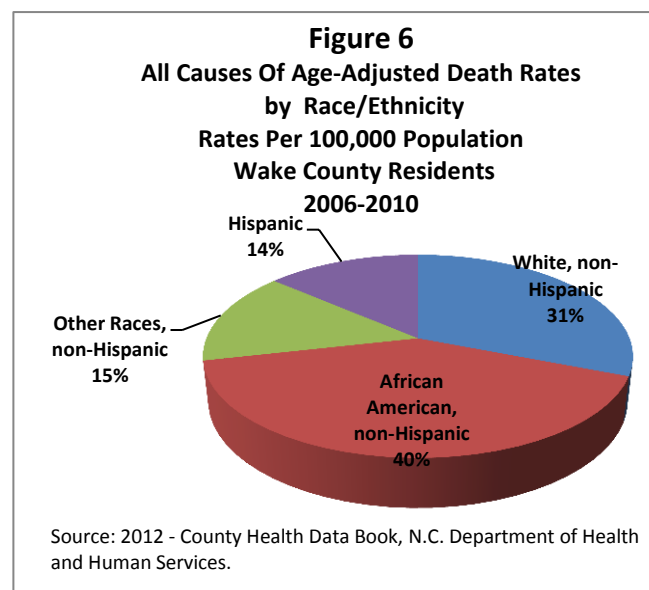


Table 2

**2006-2010 Wake County Age-Adjusted Death Rates (per 100,000 population) by
Race/Ethnicity and Sex- Standard = Year 2000 U.S. Population**

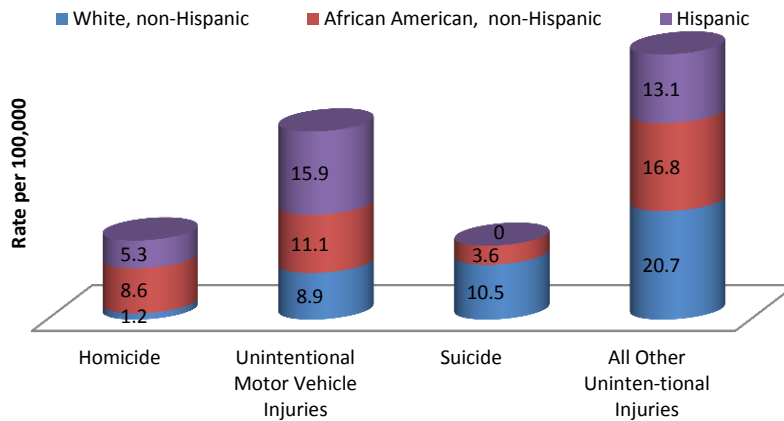
	White, non- Hispanic	African American, non-Hispanic	Other Races, non- Hispanic	Hispanic	Male	Female	Overall
Cause of Death:	Rate	Rate	Rate	Rate	Rate	Rate	Rate
All Causes	640.2	841.5	306.3	284.2	759.6	580.5	658.4
Diseases of the Heart	138.9	181.5	69.4	45.2	171.9	118.3	142.1
Cancer (all reported)	157.6	195.2	86.1	65.7	192.3	138.6	159.1
Breast Cancer	22.3	30.3	N/A	N/A	N/A	22.8	22.9
Prostate Cancer	19.6	55.9	N/A	N/A	24	N/A	24
Diabetes Mellitus	14.2	43.8	N/A	N/A	23.3	15.5	18.7
Chronic Lower Respiratory Diseases	34.6	21	N/A	N/A	31	31.4	31
Chronic Liver Disease and Cirrhosis	5.9	5.1	N/A	N/A	7.6	4	5.6
Unintentional Motor Vehicle Injuries	8.9	11.1	N/A	15.9	15	5.2	9.9
All Other Unintentional Injuries	20.7	16.8	N/A	13.1	25.2	14.8	19.5
Suicide	10.5	3.6	N/A	N/A	13.5	4.2	8.6
Homicide	1.2	8.6	N/A	5.3	4.6	1.7	3.2
Alzheimer's Disease	21.1	16.8	N/A	N/A	16.2	21.8	19.9

Technical Note: Rates based on fewer than 20 cases (indicated by 'N/A') are not reliable and therefore not reported.

Rates for Breast and Prostate Cancers have sex-specific denominators (female and male, respectively).

Source: 2012 County Health Data Book, North Carolina Department of Health and Human Services State Center for Health Statistics and the Office of Healthy Carolinians/Health Education, February 2012
(2006-2010 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County)

Figure 7
Injury by Race/Ethnicity
Age-Adjusted Death Rates Per 100,000 Population
Wake County Residents
2006-2010



Source: 2012 County Health Data Book, N.C. Department of Health and Human Services.
<http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

Violence is a serious public health problem. According to the DHHS State Center for Health Statistics in Wake County, 142 people died as a result of homicide and 361 people took their own life in 2010. More males die from homicide, suicide, motor vehicle crashes and other unintentional injuries. These numbers do not take into account persons with permanent emotional and physical scars from experiencing violence.

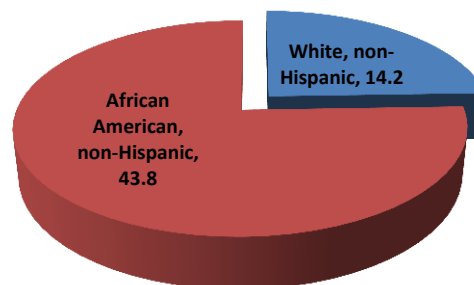
- African American, non-Hispanics are more likely to die from homicide
- White, non-Hispanics are more likely to die from suicide.
- Hispanics are more likely to die from motor vehicle crashes.
- White, non-Hispanics are more likely to die from all other unintentional injuries.

Diabetes is a major cause of heart disease and stroke and the leading cause of:

- Kidney failure,
- Non-traumatic lower limb amputations
- New cases of blindness among adults in the United States.

In Wake County, the death rate from diabetes among African American, non-Hispanics is more than three times higher as compared to white, non-Hispanics (Figure 8). In other populations in Wake County (Hispanics and Other races, non-Hispanic), cases are not reported because the numbers are too low to be

Figure 8
Diabetes Mellitus Age-Adjusted Death
Rates by Race/Ethnicity Rates Per
100,000 Population
Wake County Residents
2006-2010



Source: 2012 County Health Data Book, N.C. Department of Health and Human Services.
<http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

considered reliable; therefore numbers of cases in these populations are likely underreported.

Infant Mortality

The 2011 overall infant mortality rate in Wake County of 7.3/1,000 is similar to NC's rate of 7.2/1,000. However, African-Americans suffer from a disproportionately higher infant mortality rate (14.8/1000) compared to all the other groups both in Wake County and in NC (Table 3).

Table 3 2011 Infant Deaths, Births, & Death Rates in Wake County compared to NC						
	Number of Deaths		Number of Births		Death rate (per 1,000 live births)	
	Wake	NC	Wake	NC	Wake	NC
White Non-Hispanic	32	369	6,672	67,542	4.8	5.5
African American Non-Hispanic	42	367	2,846	28,509	14.8	12.9
Other Non-Hispanic	8	32	987	6,135	8.1	5.2
Hispanic	9	98	1,953	18,217	4.6	5.4
Total	91	866	12,458	120,403	7.3	7.2
Source: NC DHHS State Center for Health Statistics						

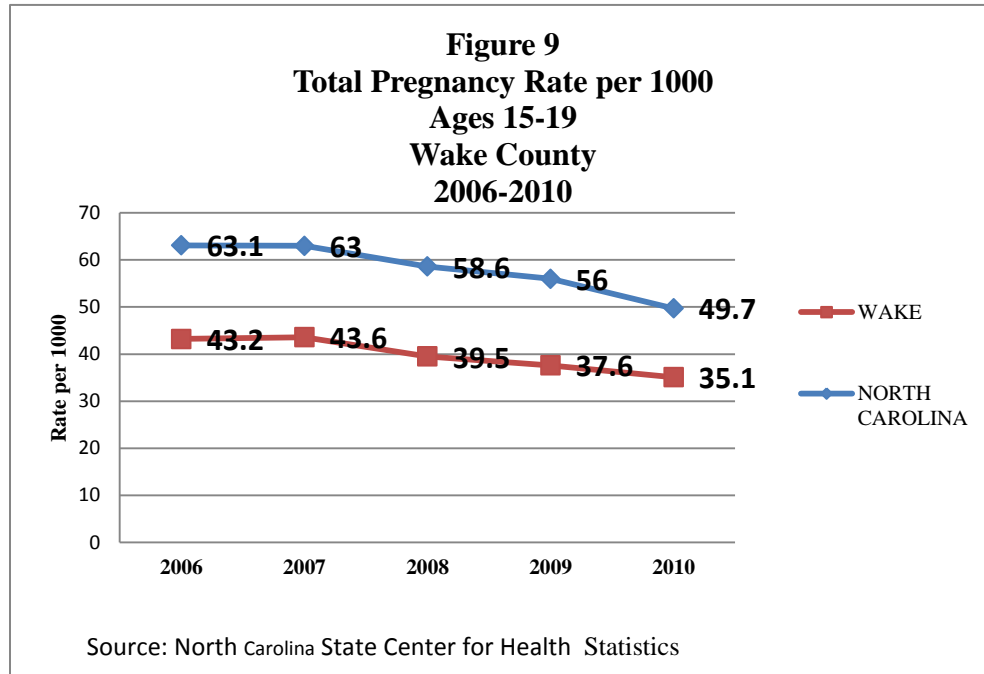
Teen Pregnancy

The number of pregnancies and pregnancy rate for women, 15-19 years of age, continues to decline in Wake County and North Carolina (Figure 9). Minorities are disproportionately represented in the pregnancy rate from 2006 to 2009.

Data for 2010 breaks down race and ethnicity, showing the Hispanic pregnancy rate as the highest.

- Hispanic rate– 78.6 per 1000
- White non-Hispanic- 14.9 per 1000
- African American Non-Hispanic– 62.6 per 1000
- Other Non-Hispanic – 16.3 per 1000

Source: (<http://www.schs.state.nc.us/SCHS/data/pregnancies/2010/>)



Comparing Pregnant Teens, Ages 15-17 to 18-19:

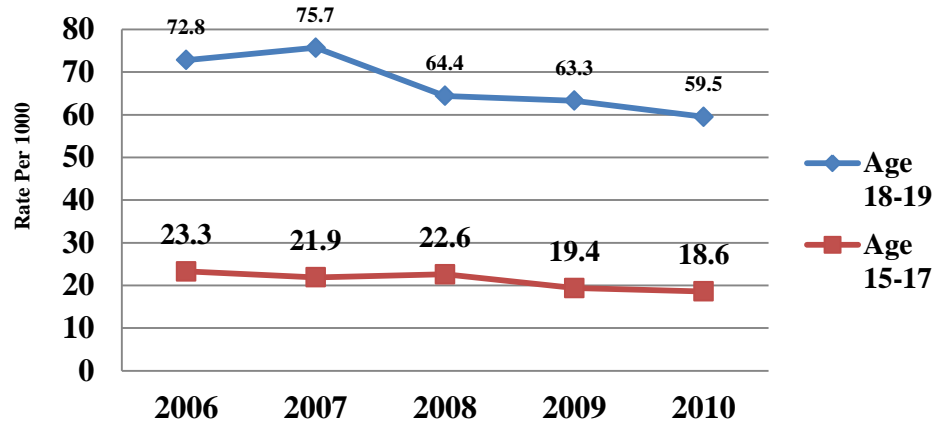
- Since 2008, there has been a declining pregnancy rate in both age groups (Figure 10).
- The pregnancy rate for 18-19 year olds is declining at a faster rate than 15-17 year olds.
 - Students in the 15-17 age group have completed less high school and are less likely to have graduated putting them at higher risk for delayed or lower educational attainment and less future income.
- Minorities are disproportionately represented in both age groups.

The total abortion rate for ages 15-19 has declined from a high of 14.7 in 2006 to 12.4 in 2010 (Table 4).

Table 4		
	Total Abortions	Rate
2006	407	14.7
2007	414	14.1
2008	389	12.5
2009	359	11.7
2010	372	12.4

Source: North Carolina Center for State Statistics
(<http://www.schs.state.nc.us/SCHS/data/pregnancies/2010/>)

Figure 10
Pregnancy Rate per 1000
Comparison of Ages 15-17 to Ages 18-19
Wake County



Source: North Carolina State Center for Health Statistics

PRIORITY ISSUES

Priority Area #1 Overweight and Obesity

2011 SOTCH Objective: Reduce the rate of obesity through nutrition and physical activity by 2% by 2014.

New Obesity Objective in 2014 WCHS Strategic Plan: By 2014, the percent of adults, youth and children (specific Wake County populations defined in the Public Health Divisional Objectives) who are classified as overweight or obese will be reduced by 0.5%.

Table 5 addresses and updates the strategies implemented to meet the priority area of reducing overweight and obesity in Wake County.

Table 5 Strategies for Priority Area #1 Overweight and Obesity		
Intervention /Actions	Strategies	2012 Updates (Jan – Nov)
1.1 - Establish community protocols to assess the impact of community	1.1 A - Assure adequate staff training for the Health Impact Assessment (HIA) process	1.1 A – Four (4) Wake County staff attended the November 26- 27, 2012 Health Impact Assessment (HIA) Training in Chapel Hill, NC. <ul style="list-style-type: none"> • Andre Pierce (Department of Environmental Health Dir.) • Kristen McHugh (WCHS-Public Health Educator)

policy changes and design on health and well-being		<ul style="list-style-type: none"> • Edie Alfano-Sobsey (WCHS-Public Health Epidemiologist) <p><i>Contact Sonya Reid, WCHS – Health Promotion</i></p>
	1.1 B – Identify & utilize Health Impact Assessment (HIA) scoping and screening tools for HIA assessment	<p>1.1 B – WCHS’ Health Promotion Chronic Disease Prevention (HPCDP) Staff assisted with the completion of the New Bern Ave. Corridor Rapid Assessment (research) on safe crosswalks, sidewalks, disability accessibility designs, walkability to schools, and access to healthy foods.</p> <p><i>Contact: Sarah Plentl & Kristen McHugh, WCHS – Health Promotion</i></p>
	1.1 C - Utilize technology to assess needs, demands, and community assets	<p>1.1 C - Wake County "Farm to Family" Food Finder markets the availability and access points of local foods in Wake County through an online, interactive Google map that was created in July 2011 through the collaborative efforts of Wake County Cooperative Extension and the community health-focused collaborative, Advocates for Health in Action (AHA). To date, there have been over 45,000 views since inception.</p> <p><i>Contact Katherine Williams, Wake County Wake Cooperative Extension</i></p>
	1.1 D - Encourage schools to adopt health and wellness policies	<p>1.1 D – The Wake County School Health Advisory Council (SHAC) recommended that Child Nutrition Services (CNS) increase/expand the Farm-to-School initiative and policies as a way for schools to purchase local food and increase consumption of fruits and vegetables among students.</p> <p><i>Contact: Ann Rollins, SHAC Member</i></p>
1.2 - Develop a plan to increase the	1.2 A - Provide upkeep (maintenance) of greenways	.2 A - City of Raleigh Parks and Recreation staff maintain 78 miles of paved and unpaved trails. On September 24, 2012 an

usage of greenway systems in Wake County		additional trail, "The House Creek Greenway Trail was dedicated connecting completed bicycle/pedestrian routes in the county.
	1.2 B - Distribute materials to promote the use of the greenways	<p>1.2 B Over 6000 copies of <i>Trails & Greenways of Wake County</i> pocket guides have been distributed via the following venues:</p> <p>Parks & Recreation Departments Medical Clinics Pediatrician Offices Faith & Community Groups Schools & Libraries Community Coalitions Businesses (non & for-profit)</p> <p><i>Contact: Beth Collins, Wake County Council on Fitness and Health</i></p>
	1.2 C – Incorporate technology and social media venues	<p>1.2 C – Greenway, an iPhone application that integrates the City of Raleigh's GIS data to make Raleigh's Greenway system more user-friendly, has made its debut. The "app" was the winner of the top prize at CityCamp Raleigh in June. The three-day CityCamp Raleigh is a brainstorming session that looks to implement technology to increase the transparency of local government.</p> <p>Users can download the application to their iPhone from the Apple iTunes store. A direct link to the application can be found at http://rgreenway.com. A version of the application for Android users is being developed.</p> <p><i>Contact: Traci Tillis, City of Raleigh, 919-247-8442</i></p>
1.3 - Promote worksite wellness to	1.3 A - Work with partners at the local & state level for the creation of wellness committees	1.3 A - WCHS' Health Promotion Chronic Disease Prevention (HPCDP) Staff initiated discussion with the Department of Revenue (DOR) to establish a worksite wellness

improve the health and wellbeing of Wake County's workforce.		<p>committee and programming for employees. A formal partnership is planned for December 2012.</p> <p><i>Contact: Yolanda McMillan, WCHS – Health Promotion</i></p>
	1.3 B - Provide wellness programs & activities for worksites	<p>1.3 B1 – Wake County WakeWise Employee Wellness Committee organized the following activities:</p> <ol style="list-style-type: none"> 1) Eat Smart Move More Weigh Less 15 Week Program (in partnership with HPCDP) – 18 employees enrolled 2) Brown Bag Lunch Campaign (in partnership with HPCDP) - 172 employees participated 3) 5K Run - 178 participants 4) 30 Min. Activity Challenge- 300 participants 5) Plycore Class- 18 attended first session & starting another session soon 6) Yoga Class - 27 employees attended classes held at WCOB or Swinburne buildings. 7) Pilates class- 6 Pilate classes (first 4 were general and have grown to a beginners and intermediate). The first 4 classes were full at 25 participants. The beginner's class has 6 participants and the intermediate class has 6 participants. 8) Staff Wellness Survey - 842 completed 9) Know Your Numbers Campaign – 3734 (90.2 %) employees, retirees, and spouses completed biometric screening. 10) EAP Seminars - 0 employees (seminars were offered through the website but no employees have participated). 11) Women and Heart Disease Campaign (in partnership with HPCDP), 100 employees participated. 12) TDAP –Special initiative through one time funding from NCIP: 594 employees were given TDAP shots April 2012-June 2012. 13) Employee Mammograms - 19 employees

		<p>were screened at the Swinburne site & 11 screened at the NRC site.</p> <p>14) Living Well at Work Diabetes Class- 48 - employees in new program, 37 employees in maintenance program (received a NACCO Award)</p> <p>15) Rex Mobile Mammography employee site visit, 16 screened</p> <p>16) Wellness Events at the Employee Benefits Fair, 124 screened for BMI & Blood Pressure.</p> <p><i>Contact: Marie Edwards, Wake County Government Benefits Director</i></p>
		<p>1.3 B2 - WCHS' Health Promotion Chronic Disease Prevention (HPCDP) Staff implemented a regional center employee Fruit and Veggie Challenge in observance of September's National Fruit and Veggie Month. One winner was selected per regional center with the top winner reporting consuming 219 fruit and veggie servings for the month. Fuquay Varina and Wake Forest Farmers' Markets provided fruit and vegetable baskets for the winners.</p> <p><i>Contact: Yolanda McMillan, WCHS – Health Promotion</i></p>
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	<p>1.4A – Of the 14 known farmers' markets in Wake County, four provide Electronic Benefits Transfer (EBT) for Supplemental Nutrition Assistance Program (SNAP) participants. Health Promotion Staff created bi-lingual signage promoting EBT acceptance at the Western Wake, Raleigh Downtown, Wendell and Fuquay-Varina Farmers' Markets; posted signage at the Sunnybrook, Swinburne, Eastern and Southern Regional Center Buildings.</p> <p><i>Contact: Kristen McHugh, WCHS – Health Promotion</i></p>

	1.4 B - Provide technical assistance to local farmers' markets in order to become 21 st Century Farmers' Market sites	<p>1.4 B1 - AHA was awarded a Farmers Market Promotion Program (FMPP) Grant through the USDA to work with the Wendell and Fuquay-Varina Farmers' Markets. The grant will be used to get both markets established with a part-time market manager, promotion, and the capacity to process Electronic Benefits Transfer (EBT) for SNAP participants.</p> <p><i>Contact: Sheree Vodicka, Advocates for Health In Action (AHA) & Kristen McHugh, WCHS – Health Promotion</i></p>
	1.4 C - Promote and support the development and maintenance of community & teaching gardens	<p>1.4 C1 - 200 Wake County residents participated in the 3rd annual "Dig In" event designed to provide information about building, maintaining, and sustaining a community garden and strengthening the local food economy.</p> <p><i>Contact: Sheree Vodicka</i></p>
		<p>1.4 C2 – The Alice Aycock Poe Center for Health Education Initiated a partnership with Moe's Restaurant to implement a best practice school garden award and provide technical assistance to schools for fresh foods and healthy eating.</p> <p><i>Contact: Ann Rollins, Executive Director</i></p> <p>Community Clubs - Wake County 4-H Youth Development Community Clubs are developing community gardens. For example, the 4-H Safety Club in Raleigh has a new community garden where club members are growing produce that they use to prepare healthy meals as a club. Wake County 4-H hopes to expand this effort in the coming months.</p> <p><i>Contact: Katherine Williams, Wake County Wake Cooperative Extension</i></p>

		<p>1.4 C3 – The Alice Aycock Poe Center for Health Education implemented an evidence-based program, called Wholesome Routine, in the Willow Springs and Harris Creek Elementary Schools (3rd - 5th grade) to address childhood obesity and healthy weight maintenance. The Rex Foundation supports this effort.</p> <p><i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i></p>
	1.4 D – Provide physical activity and nutrition education & trainings in community settings	<p>1.4 D1 - Wake County Cooperative Extension's Expanded Food and Nutrition Education Program (EFNEP) provides nutrition and cooking education to Supplemental Nutrition Assistance Program (SNAP)-eligible families. From October 2011 to August 2011, Cooperative Extension's EFNEP reached 462 clients impacting 2005 people in households; 69% of clients have increased consumption of fruits as a result of program and 58% 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 747 youth in grades K-12 through 37 community-based sites.</p> <p>Contact: Katherine Williams, Wake County, Wake Cooperative Extension <i>Contact Katherine Williams, Wake County Wake Cooperative Extension</i></p>
		<p>1.4 D3 – The Alice Aycock Poe Center for Health Education provided two weeks of Healthy Habits Camp to over 60 children receiving Supplemental Nutrition Assistance Program (SNAP) benefits that focused on nutrition and included gardening education.</p>

		<i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i>
		<p>1.4 D4 – A partnership between the Alice Aycock Poe Center for Health Education and WCHS’ Food and Nutrition Services (FNS) Program yielded monthly sessions for over 300 SNAP participants (adults, 18-59 year olds) – this includes SNAP clients from Swinburne and Millbrook as well as persons from the Foster Care Kinship Care Program.</p> <p><i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education</i></p>
		<p>1.4D5 - The Alice Aycock Poe Center for Health Education partnered with the Raleigh Rescue Mission to provide a 4-week education series for adults on the importance of healthy eating, physical activity and making healthy lifestyle choices.</p> <p><i>Contact: Ann Rollins, Alice Aycock Poe Center for Health Education.</i></p>
		<p>1.4 D6 - The Sport Snack Game Plan is still being used with the Capital Area Soccer League (CASL) with the added element of Tweeting their healthy snack photo to hashtag #AHASSGP @ CASLNC.</p> <p><i>Contact: Sherée Vodicka , AHA</i></p>
		<p>1.4 D7 – 15 Wake County elementary schools were recognized by AHA for the 2012 Brains and Bodies Awards. These awards were presented to schools that incorporate wellness into every aspect of the school day, and have resulted in the adoption and implementation of many school wellness outcomes.</p> <p>http://www.advocatesforhealthinaction.org/fuel-your-school/brains-bodies-workshops/</p> <p>Brains and Bodies Awards program.</p> <p><i>Contact: Sherée Vodicka , AHA</i></p>

		<p>1.4 D8 – WCHS’ Health Promotion Program, The Chef’s Academy, Be Active NC, and Hatcher Grove Church in Morrisville, co-sponsored a community healthy cooking competition to demonstrate their healthy cooking culinary skills. The church has also implemented healthy food policies, exercise programming, and other wellness activities, on an ongoing basis. This model is being used with other faith partners and will be replicated in the Spring of 2013.</p> <p><i>Contact: Gevetta Lawrence, Hatcher Grove Church & Yolanda McMillan, WCHS – Health Promotion</i></p>
	1.4 E - Connect families and businesses to local farmers	<p>1.4 E2 (a) Wake Cooperative Extension is working with community partners to increase access to locally grown produce through Community Supported Agriculture (CSA) and provides healthy eating and food preparation instruction to pairs of overweight youth at risk of developing Type 2 diabetes and an accompanying adult family member. This initiative improves the dietary intake and life skills of the most vulnerable populations in our community who are at risk for chronic disease. In the summer of 2012 two sessions of <i>Farm It Forward</i> were conducted, each with five youth and adult pairs.</p> <p><i>Contact Katherine Williams, Wake County Wake Cooperative Extension</i></p>
	1.4 F - Continue involvement in the Women Infants and 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 - 8,946 Farmers’ Market Nutrition Program vouchers were issued to nearly 1,500 Wake County WIC participants during 2011 equating to a monetary value of over \$35,000 worth of fruits and vegetables.</p> <p><i>Contact: Sharon Dawkins, WCHS (WIC)</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	1.5 A – Staff in 10 child care facilities completed the “Nutrition and Physical Activity Self- Assessment in Child Care (NAP SACC) Curriculum”. <i>Contact: Krista Barbour, WCHS</i>
	1.5 B - Introduce the “Color Me Healthy” curriculum for providers to educate children on healthy foods and fun physical activity ideas.	1.5 B1 - 54 participants, representing approximately 30 child care facilities serving approximately 1,600 children, attended Color Me Healthy trainings. <i>Contact: Krista Barbour, WCHS</i>
		1.5 B2 - Wake County Cooperative Extension provided Color Me Healthy (healthy eating and physical activity curriculum for ages 4-5) training to 67 Wake County child care providers. <i>Contact: Krista Barbour, WCHS</i>
1.6 - Promote breast-feeding support policies in child care facilities	1.6 A - Offer the Breastfeeding Friendly Child Care curriculum to educate child care providers on the health benefits of breastfeeding and the importance of supporting the breastfeeding family.	1.6 A - 9 Child Care Facilities that serve approximately 805 children completed the program. <i>Contact: Krista Barbour, WCHS</i>
	1.6 B – Serve as technical support to the UNC Breastfeeding Project	1.6 B – No update and no scheduled meetings to date. Wake County WIC remains available for technical support. <i>Contact: Sharon Dawkins, WCHS</i>
1.7 Establish appropriate and accurate	1.7 A - Collect baseline data on obesity in three categories:	Wake County Human Services developed a two year strategic plan that includes an objective and strategies related to obesity.

obesity baseline measures	Preschool, school-age and adult populations	Baseline measures and future target measurements will be established in 2013.
	1.7 B – Public Health Epidemiologist and HPCDP staff will work with partners to establish program outcome measures	<p>1.7 B1 – In March, 2012, an obesity stakeholders group established a Data Committee. The committee's charge: (1) assess organizational baseline data collection portals; (2) request YRBSS for WCPSS - talks in progress.</p> <p><i>Contact: Edie Alfano-Sobsey, WCHS Epidemiologist, & Sonya Reid, WCHS – Health Promotion</i></p>
		<p>1.7 B2 – Established baseline data for one youth based community partner (YMCA High Hopes Summer Campers)</p> <p>July 2011- BMI measures on 722 children demonstrate that 47% of children screened were overweight or obese (BMI \geq 85thile)</p> <p>July 2012- BMI measures on 660 children demonstrated that 46% of children screened were overweight or obese (BMI \geq 85thile).</p> <p><i>Contact Sarah Plentl, WCHS – Health Promotion</i></p>

Priority Area #2: Access to Healthcare

2011 Objectives:

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

New WCHS Departmental objectives for Medicaid in 2014 Strategic Plan:

1) During fiscal year 2014, the number of Medicaid enrolled clients (of those still eligible) who enroll will increase by 5.0%

2) By July 1, 2014, 10% of newly eligible for Medicaid coverage (i.e. since January 1, 2014) will have applied and had their applications processed (approved or disapproved)

3) By July 1, 2014, the percentage of Medicaid enrollees assigned to a medical home will increase from 81% to 85%.

Table 6 addresses and updates the strategies implemented to meet the priority area of access to healthcare.

Table 6 Strategies for Priority Area #2: Access to Healthcare		
Interventions/Actions	Strategies	Progress To-date
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	Six case manager positions were funded by WakeMed. Four have been hired and two are in recruitment now. This expansion will add Medicaid staff to other WakeMed locations and to a physician practice
	2.1 B - WCHS clinics to begin operating Presumptive Eligibility program for pregnant women	Presumptive Medicaid eligibility and billing is done in all prenatal clinics including Sunnybrook and the Eastern, Northern and Southern Regional Centers. <i>Contact: Ida Dawson, WCHS</i>
	2.1 C - Increase Carolina Access enrollment of Medicaid recipients	The addition of another full time Carolina Access staff person has decreased the number of clients exempted.
	2.1 D - Implement business processes that enhance Medicaid access and utilization	"Medicaid is Everyone's Business" training is ongoing and required for all HS staff.
	2.1 E - Increase marketing to community and WCHS about changes in Medicaid eligibility	Focus groups were held in June 2012 and the development of a public education campaign is underway.
2.2 - Work together to Improve birth outcomes and access to quality care for pregnant women at risk for poor birth outcomes, and	2.2 A - Increase number of Obstetric practices who are Pregnancy Medical Homes (PMH)	As of July 1, 2012, eight providers of prenatal care in Wake County have enrolled as PMHs

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 B - Complete a standardized risk screening on pregnant patients with Medicaid enrolled in a Pregnancy Medical Home (PMH)	2.2 B1 - As of June 30, 2012, 2,244 pregnant women with Medicaid enrolled in a PMH have been screened.
	2.2 C - Coordinate a plan of care with the Pregnancy Care Manager (PCM) and a Pregnancy Medical Home (PMH).	2.2 C1 - As of June 30, 2012, 14,531 contacts engaged pregnant women following the plan of care.
		2.2 C2 - Monthly meetings/ 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.
	2.2 D- Participate in medical records review to assure quality improvement	2.2 D For fiscal year 2011-2012, North Carolina Department of Health and Human Services completed a review of Wake County Human Services maternal and women's health programs (including medical records) finding conscientious staff providing quality care. Recommendations for improvements have been implemented.
2.3 - Provide early engagement of 1 st time,	2.3 A - Recruit clients from various referral	2.3 A - 76 clients are enrolled in the Nurse Family Partnership program

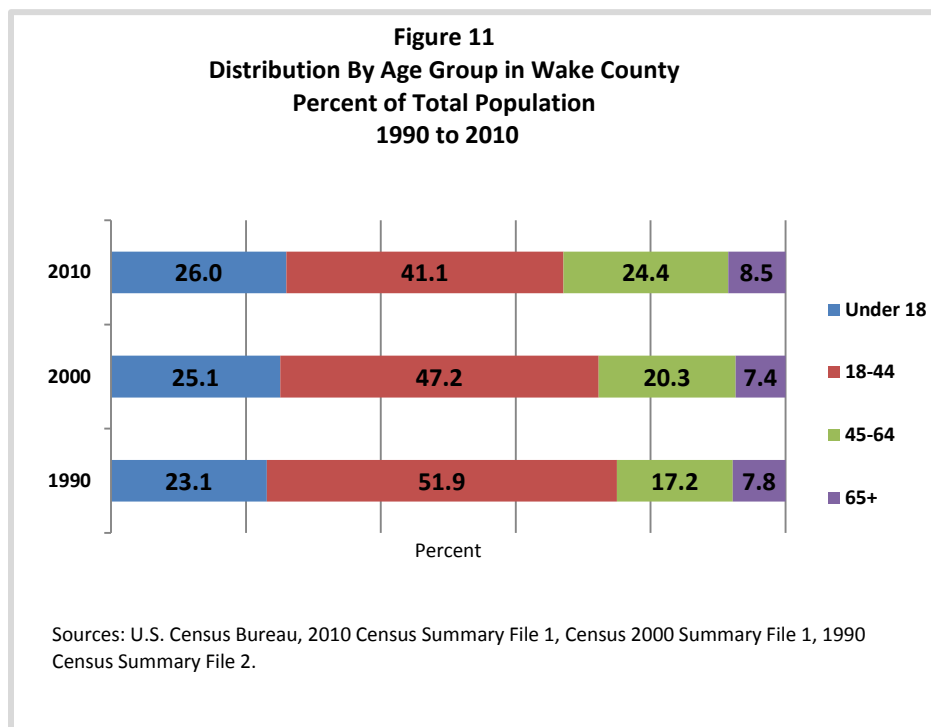
at-risk low-income mothers in selected Wake County zip codes. (Nurse-Family Partnership (NFP))	sources.	providing case management services to pregnant women.
	2.3 B - Enhance marketing of program	2.3 B - Marketing enhanced via internal and external marketing. Presented to Choices for Children, Christian Life Home, Enloe, Broughton and Southeast, and local providers
2.4 - Improve access to adolescent health services.	2.4 A - Participate in feasibility study with Youth Empowerment Solutions (YES) for a school-based health clinic	<p>YES's access to health care program creates community change by advocating for school-based health centers (SBHCs). It utilizes the Youth Empowerment Model to spearhead grassroots advocacy campaigns to engage the community in supporting the development of SBHCs within Wake County Public Schools.</p> <p>The Access to Health Care Team critically analyzed the 32 Recommendations put forth by the North Carolina Institute of Medicine Task Force and concluded that establishing a school-based health center would have the largest impact on young people in our community (Recommendation 4.3).</p> <p>Work towards getting a school-based health center in Wake County has seen some great successes: the establishment of the Wake School-Based Health Center Task Force, the work of the Wake School Health Advisory Committee officially recommending the establishment of an SBHC, the establishment of partnerships between Wake County Human Services, Wake Health Services, Rex Hospital and UNC</p>

		<p>Health Care. Ideas have been generated such as a 5-Year Projected Budget, and School-Board Proposal and Justification, and a White Paper. Community support has been strong through parent surveys, petition signatures and advocacy post cards being mailed to the school board.</p> <p>Unfortunately due to turnover in the Wake County Superintendent position, the project is being delayed. There are plans to continue to maintain a relationship with Wake County Public School Staff and Board Members to be able to take advantage of this opportunity once a new Superintendent is hired.</p>
	2.4 B - Seek additional youth health resources	<p>Wake County has multiple groups that partner to increase youth health resources through partnership and collaboration.</p> <ul style="list-style-type: none"> • Human Services Public Health • School Health Advisory Council (SHAC) • Wake County Public Schools and Wake County Human Service School Based Nursing Program • Wake County Collaborative - an advocacy group for child health. • Youth Empowered Solutions (YES) • Youth Thrive - a collaborative for standards/best practices/ core elements for positive youth development empowered teens, train youth providers and identify outcome.
2.5 - Provide chronic disease management and primary care services for low-income, uninsured adults living	2.5 A - Provide prescription assistance to eligible patients	2.5 A- Free medication dispensed through the Prescription Assistance Program equating to \$140,320 (calendar year to date) savings to patients. <i>Contact: Leona Doner,</i>

in Wake and neighboring counties.		<i>Shepherds Care Medical Clinic</i>
	2.5 B - Provide healthcare services to eligible patients	2.5 B1 – 548 total patient visits year to date for the calendar year. <i>Contact: Leona Doner, Shepherds Care Medical Clinic</i>

EMERGING ISSUES

Aging Population



From 1990 to 2010, a shift in the Wake County adult population finds the proportion of the 45+ age group increasing as compared to the 18-44 age group.). 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 (Figure 11).

These changes will result in dramatic consequences for public health related to:

- Chronic disease and degenerative illness
- Disability
- Increased health-care costs

- Health-care financing and delivery systems
- Demands associated with long-term care and informal caregiving,

Public Health can no longer focus solely on infectious diseases and maternal/child health. Many chronic disease and disabilities can be prevented and/or maintained. Just as public health has worked to decrease infant mortality, there is a need to impact the health issues of older adults through public health surveillance of their needs as well as health education and behavioral interventions.

Electronic Health Records are in the future for WCHS.

Wake County Government has entered into a multi-year agreement for the purchase, implementation and five year maintenance of an integrated Practice Management and Electronic Health Record System for the Public Health Clinics. This system replaces the current 21 year old Patient Care Management System (PCMS) utilized by Wake County's Public Health Clinics and includes an Electronic Health Record System that meets Federal requirements for the use of electronic medical records (referred to as Meaningful Use criteria), new billing code requirements and is fully integrated with the new Practice Management System. The new system will provide Wake County's Public Health Clinics with a modern, robust system that will meet current needs and can be expanded and enhanced to meet future needs for the foreseeable future. Wake County Public Health provides clinical services for approximately 90,000 patients per year in the following areas: HIV/STD, Sick and well children from 0 – 18 years, Family Planning, Pre-Natal, Communicable Diseases, and Dental.

Electronic health records (EHRs) will:

- Allow for the systematic collection and management of patient health information in a form that can be shared across multiple health care settings.
- Help improve healthcare quality, efficiency and safety.
- Promote use of preventive services,
- Improve public health surveillance,

(Public Health Grand Rounds, Center for Disease Control,
<http://www.cdc.gov/about/grand-rounds/archives/2011/july2011.htm>)

Unemployment in Wake County

The unemployment rate dropped, but at a slow rate, from 8.4% in September 2011 to 7.0% in September 2012. Unemployment in Wake County is affected by many factors, including slow economic improvement, guarded consumer spending, decreased value of housing, and the mismatch of types of jobs available to the skills of those in the workforce. There continues to be a gap between the number of people looking for work, and available jobs that provide a living wage.

Wake County has a variety of resources within the municipalities and the County to address unemployment. In a 2011 report prepared by WCHS, preliminary recommendations were made to the County Manager to strengthen the network of unemployment resources, and to increase strategic planning and alignment of efforts among the many entities addressing unemployment in Wake County.

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 up to 138% 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.

Groundwater Contamination in Northern Wake County, NC

The United States Environmental Protection Agency (US EPA) is responding to health concerns in northern Wake County related to groundwater contamination. The chemical TCE (trichloroethylene) has been detected in approximately 34 wells tested by the EPA and NC Department of Environmental and Natural Resources (DENR.) An additional 149 wells in this area have been tested and found to have no contaminants. The EPA is responding with federally funded waterline extensions, well filters, and bottled water to mitigate the concerns. The State Division of Public Health is the lead health responder and is working with residents to advise them on health related issues. DENR is working with EPA in the ongoing testing of water sources. Wake County is playing a supportive role in coordination of activities, seeking ongoing federal and state resources, and collaborating with federal and state authorities.

SIGNIFICANT HEALTH ISSUES

Sexually Transmitted Infections

The number of cases reported from Wake County to the NC Division of Public Health for calendar year 2010 to 2011:

- Decreased for syphilis (9.5%) and HIV/AIDS (12.6%)
- Increased for gonorrhea (8.5%) and chlamydia (5%).

New cases reported from January to March 2012 were syphilis (18), HIV/AIDS (59), gonorrhea (326) and chlamydia (1062).

In the United States, according to the Center for Disease Control:

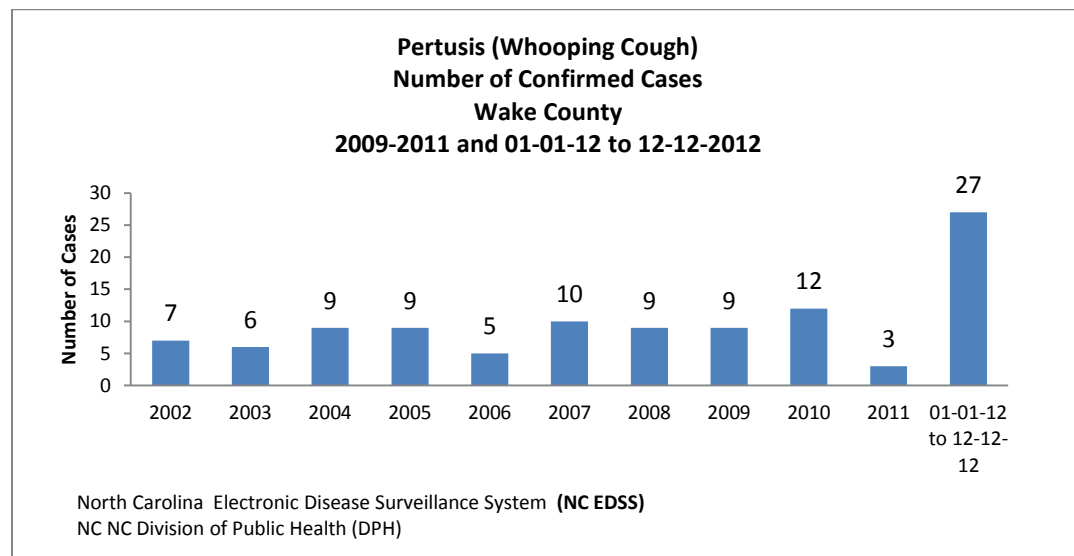
- Approximately 1.1 million persons were living with HIV infection at the end of 2006. As many as 21% of infected persons are unaware of their infection.
- In 2009, among persons with tuberculosis (TB) who had a documented HIV test result, more than 10% (690 of 6,743) were co-infected with HIV.
- In 2006, nearly 20% of patients with TB and HIV died. Persons with HIV and TB accounted for 32% of those who died during TB treatment and 51% of those who received a TB diagnosis after death

For prevention, early identification and treatment, testing services for HIV, syphilis, chlamydia, gonorrhea, hepatitis C and TB are integrated by offering them simultaneously to clients at community as well as clinical testing sites. Integrated testing of high risk populations increases detection and treatment of sexually transmitted infections and TB. This enhanced testing is made possible through the Center for Disease Control (CDC) Program Collaboration and Service Integration (PCSI) and other grant funding.

Pertussis

Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It starts like the common cold, but after 1-2 weeks progresses to severe uncontrollable coughing that makes it hard to breathe. A “whooping” sound is sometimes heard when trying to catch a breath during intense coughing. Infants and young children are likely to have severe illness that may require hospitalization. Whooping cough can be fatal, especially in babies less than 1 year of age, who are not fully immunized.

The number of confirmed cases reported during January through December 12, 2012 increased more than 3 times the average number reported over the last ten years. As of 12/12/12, an additional number of suspect and probable cases are currently under investigation .



Immunization is the best way to protect against pertussis and is required for entrance to public school in North Carolina. Because protection decreases over time, a booster shot is required for children entering the 6th grade, and is strongly recommended for previously vaccinated children and adults, especially those in close contact with infants, including grandparents, siblings, and caregivers.

To improve immunization rates, the NC Immunization Program (NCIP) provided Tdap vaccine at no cost to local health departments and private provider practices beginning in the spring 2012. The Wake County Human Services Immunization Tracking Team partnered with Wake County EMS and their Advanced Practice Paramedics to improve Tdap immunizations rates with special emphasis on Wake County residents, employees and first responder personnel. During the period from May through September 2012, over 5,400 doses of Tdap were administered by WCHS and EMS, including nearly 2,200 Wake County staff and first responder personnel immunized through this partnership in targeted clinics throughout the county. First responder personnel, including local Police and Fire department staff, were visited by EMS personnel at their work sites to receive their Tdap vaccination, and additional clinics were offered at a variety of locations that served State of NC and Wake County government staff.

Wake County Public Health had prior experience working with EMS during the 2009 ARRA 'Stimulus' Seasonal Flu campaign in Wake County, and suggested using the Public Health/EMS partnership model for this event-which was well received. This successful partnership has continued beyond the Tdap response, and is currently providing seasonal flu immunizations to Wake County citizens and employees at locations throughout Wake County.

NEW INITIATIVES

Partnerships

Wake County is a large county, with a diverse set of needs and resources. In order to effectively meet the needs of Wake County residents, establishing effective partnerships is essential. With changes to the healthcare and behavioral health systems, IRS requirements for hospitals to complete a community assessment every three years and increases in communicable diseases, partnering with hospitals, healthcare organizations, non-profits, and other non-traditional partners is a must. A few examples of recent partnerships to address emerging needs are as follows:

- Wake County established a partnership with the three local hospitals (WakeMed Health and Hospitals, Duke Health Raleigh and Rex Healthcare), the local Federally Qualified Health Center (Wake Health Services), United Way of the Greater Triangle and the Community Care Collaborative of Wake and Johnston Counties, to complete its first joint community health assessment (due June 2013);
- Partnerships are being established with healthcare providers and businesses to prepare for changes to the healthcare system due to the Affordable Care Act;

- Child Welfare partners with over 60 faith communities to support foster families and birth families. The faith communities help recruit foster parents, and provide food, clothing, school supplies, and host activities for the families;
- WCHS' Millbrook Center partners with a prominent faith community to host Club Choice, a Human Capital Development Initiative to help families move from use of multiple human services to self-sufficiency. Activities include health promotion and education as part of the program, as well as an emphasis on education, work, weight loss and financial planning. The faith partner provides space for activities, refreshments at activities, and teen and adult volunteers for events
- WCHS is part of the Capital Care Collaborative, which includes the 3 major hospitals, and providers of care to the working poor and indigent in Wake County. The Collaborative focuses on data sharing to assure better access and outcomes for clients, and planning for a more seamless health care delivery system in Wake County;
- A partnership network was established to address the issues of overweight and obesity facing the community.
- WCHS Epi Team provides ongoing partnership to look at communicable disease issues facing Wake County.

In January 2012, Wake County completed an inventory of all Human Services providers within a one mile radius of the Human Services campus. Identifying those in the area doing similar work as Human Services, offers many opportunities for establishing or maintaining partnerships. As Wake County continues to grow and diversify, Wake County Human Services will continue to seek partnerships and find creative ways to address the growing needs of the County.

Advanced Practice Paramedic Program

In January 2009, Wake County EMS began a new Advanced Practice Paramedic (APP) program designed to add a new and efficient enhancement to the existing EMS delivery model. This evidence-based approach aims to reduce the occurrence of, or minimize, medical crises for persons with specific medical conditions known to benefit from close medical monitoring. Studies show that diabetics, high blood pressure patients with congestive heart failure, those with increased risk of falls (such as people over 65 years of age), some substance abusers, and children with asthma may all significantly benefit by home visits from medical care providers such as APP. Wake County's approach utilizes APPs to provide a supplemental paramedic with a high frequency of critical patient care encounters to augment the care being provided by first responders.

The Wake County EMS System currently uses 17 specially trained APPs to operate up to five response units at the busiest times of the day, with at least two of those units remaining in service overnight. They operate out of single-responder vehicles with paramedic and personal

protective equipment designed to allow them to operate independently until an ambulance arrives or to provide additional medications or equipment to ambulances if needed.

In June 2012, staff from the Health Promotion Chronic Disease Prevention Section began a new partnership with Wake's EMS Advanced Practice Paramedics (APP) Program. Staff accompanies APPs on site (home) visits to implement a health coaching model. Jointly, they complete environmental and physical assessments; provide navigational support and assist with securing medical care through multiple providers; and develop a personalized care plan for the patients with high frequency encounters. To-date, numerous patients have benefitted from the partnership resulting in fewer emergency admissions, improved medication compliance and positive behavior modifications - all which have an impact on reducing direct medical costs.

Public Health Preparedness Capabilities Assessment

Today, in addition to responding to emergencies that affect the health and safety of citizens, public health systems and their respective preparedness programs face many challenges. Federal funds for preparedness have been declining, causing state and local planners to express concern over their ability to sustain the real and measurable advances made in public health preparedness. State and local planners likely will need to make difficult choices about how to prioritize and ensure that resources which are available are directed to priority areas within their jurisdiction.

CDC implemented a systematic process for defining a set of public health preparedness capabilities to assist state and local health departments with their strategic planning. The first step in the strategic planning process was to conduct a "Public Health Capabilities Assessment" utilizing the CDC defined review process. Wake County completed and submitted a Public Health Capability Assessment on February 28, 2012 addressing the following 15 categories and related functions for each category. Additionally under each "function", there are several assessment areas for priorities, skills, training and equipment required by the CDC Assessment tool. The categories are as follows.

1. Community Preparedness (4 functions)
2. Community Recovery (3 functions)
3. Emergency Operations Coordination (5 functions)
4. Emergency Public Information and Warning (5 functions)
5. Fatality Management (5 functions)
6. Information Sharing (3 functions)
7. Mass Care (4 functions)
8. Medical Countermeasure Dispensing (5 functions)
9. Medical Material Management and Distribution (6 functions)

10. Medical Surge (4 functions)
11. Non-Pharmaceutical Interventions (4 functions)
12. Public Health Laboratory Testing (5 functions)
13. Public Health Surveillance and Epidemiological Investigation (4 functions)
14. Responder Safety and Health (4 functions)
15. Volunteer Management (4 functions)

Wake County Emergency Management Gap Analysis

In August 2010, Wake County Emergency Management conducted an Assessment and Gap Analysis to improve emergency preparedness and response in Wake County. The final report was issued in February of 2011 which identified many comments, suggestions and gaps in numerous subject areas across Wake County. By September 2011, Wake County Emergency Management had re-organized the report and grouped items by departmental function. WCHS had 30 "gaps" identified in the analysis. Of these, WCHS determined that the top five priorities for addressing needs and gaps involve:

- Emergency Triage and Pre-hospital Treatment
- Medical Surge
- Fatality Management
- Responder Safety and Health
- Animal Disease Emergency Support

New Environmental Services Director

Mr. Joseph Threadcraft, MBA, P.E., began work in March, 2012 as the Director of Wake County Environmental Services. Threadcraft is a registered Professional Engineer in both Alabama and Georgia. Most recently, he has been a private consultant with TEI in Alabama, where he worked on civil engineering contracts with the City of Albany, Albany State University and Ft. Valley State University.

Threadcraft's experience also includes engineering design and construction management on large tunnel projects in Atlanta, working with the EPA and serving as the vice president of technical services for the Alabama State Port Authority. During his time with the Authority, he was responsible for water resources, engineering, and environmental health and safety. He also represented the Authority's technical and environmental interests (working with federal, state and local government) for the development and construction of the Choctaw Point Terminal Project. As the County's Environmental Services Director, Threadcraft oversees Animal Control, Solid Waste Management, Water Quality, and Environmental Health and Safety Divisions.

NC adopts FDA's Food Code

The state of North Carolina adopted new retail food rules on September 1, 2012 that affect more than 3100 retail food establishments throughout Wake County. In 2010, Wake County staff conducted a risk factor survey of over 450 randomly selected food establishments, and identified gaps in the regulatory foundation to adequately address those food safety risks. The new code more fully addresses risk factors associated with food borne outbreaks. Significant changes in the code include: employee health policy, no bare hand contact of ready to eat foods, date marking, consumer advisory for undercooked foods, and educational requirement for food managers.

WCHS Strategic Plan 2012-2014

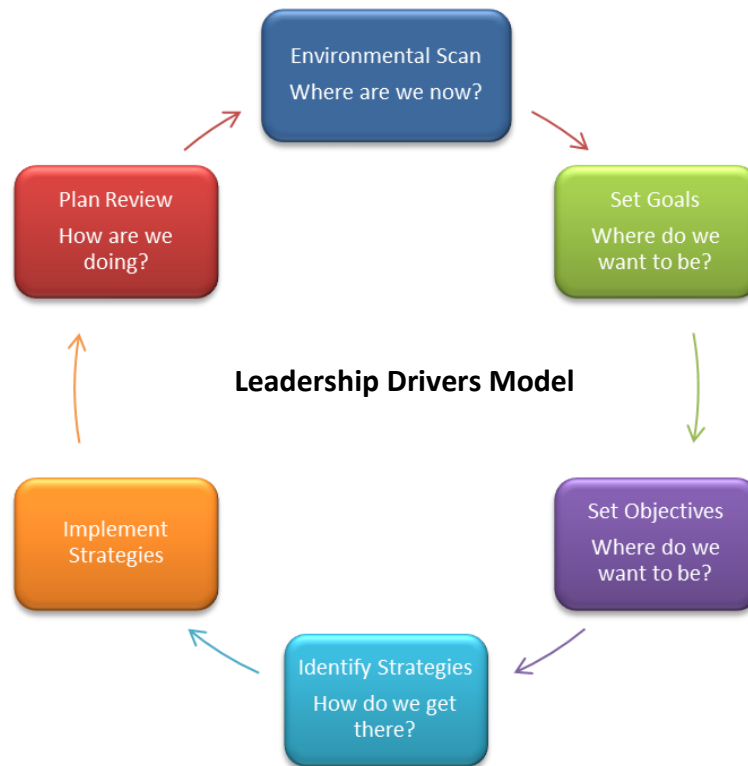
In March 2012, Ramon Rojano, Wake County Human Services (WCHS) Director, appointed a Strategic Planning Team to develop a comprehensive planning process for creating, implementing and sustaining a strategic plan within the department. WCHS staff and consumers, other County department staff and community partners were engaged throughout the various phases of the following planning process that included:

Adoption of a Strategic Planning Model

The Leadership Driver's Model provided the framework for initiating and developing the planning process. This model's methodology is guided by the questions: Where are we now? Where do we want to be? How do we plan to get there? How are we doing? The activities outlined in Figure 13 were conducted to answer these questions

Figure 13

Strategic Planning Process



II Where are we now? The Environmental Scan

To determine the current conditions under which the Department operates, a wide-range approach was undertaken that included several activities to gather information. An environmental scan identified and analyzed the department's strengths, weaknesses, opportunities and threats. The planning team reviewed existing guiding documents, along with the WCHS Mission and Vision statements, to understand the Agency's past planning history and direction. In addition, staff analyzed current Wake County planning trends that impact human service delivery. All of this information together describes the current picture of "Where we are now".

III Where do we want to be? The Plan's Goals and Objectives

In alignment with the Mission and Vision statements, seven goal statements were developed and adopted by the WCHS Senior Management Team. These were subsequently shared with all WCHS staff. The goals are:

- Maximize the well-being, health and safety of individuals and families

- Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- Enhance the consumer experience with accessible, timely and holistic services
- Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- Promote integrated and collaborative solutions for human service needs
- Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Outcome objectives, with measurable target indicators, were developed to attain these broad goals. These included thirteen departmental objectives, shared by all divisions and programs, and approximately 80 other objectives specific to particular programs, units and divisions. The critical success factors and barriers for these objectives were identified and assessed. With these in mind, specific strategies were then designed to achieve the objective outcomes. Individual work plans, for all members of the Human Services Council, are tied to the strategies in this plan.

IV How will we monitor progress? The Review Plan

A critical component of strategic planning includes ongoing review of the plan. A review plan is in place that will encourage staff to perform ongoing assessment toward implementing the strategies and to consider changes in the environment that may necessitate adjustments of the strategy activities. This plan also provides for periodic review and reports of the overall progress toward achieving the Plan's objective targets.

CONCLUSION

During 2012, WCHS Public Health's primary focus was on the two priority issues of obesity reduction and improved healthcare access. This decision was 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.

Additionally, WCHS has conducted a department-wide strategic planning process that developed goals and objectives with measurable outcomes to be accomplished by fiscal year

2014. The strategic plan identifies strategies that further address the two priority areas of obesity reduction and improved healthcare access, as well as other significant and emerging public health and human services issues.

DISTRIBUTION PLAN

This SOTCH report shall be distributed to the public within sixty (60) days of NC DHHS approval. The report 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 this report 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.)
- Other methods identified by staff and community partners

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