



2015 STATE OF THE COUNTY HEALTH REPORT WAKE COUNTY, NC



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Public Health Division**
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Purpose

The State of the County's Health (SOTCH) report provides information on health concerns identified in the 2013 Community Health Needs Assessment (CHNA)* and updates actions taken to address them. The three top priority areas are:

- Poverty and unemployment
- Health care access and utilization
- Mental health and substance abuse

Major causes of morbidity and mortality, changes affecting health concerns, emerging

disease issues and new health initiatives are also presented in this report. Numerous community groups are involved in ongoing efforts to address CHNA priorities through interventions, strategies and new initiatives (See "Community Partners" listed for each of the following interventions as well as "New Initiatives").

*<http://www.wakegov.com/humanservices/data/Pages/default.aspx>)

Overview of Major Morbidity and Mortality

In 2014, the five leading causes of death in Wake County were cancer, heart disease, cerebrovascular disease, chronic lower respiratory diseases and all other unintentional injuries. They account for 57.9% of all deaths (Table 1).

Cancer, cardiovascular disease and sexually transmitted diseases (STDs) are major causes of morbidity in Wake County. For 2015, the North Carolina Central Cancer Registry projected the number of new cases in Wake County for the following types: 4,746 lung/bronchus cancer, 854 breast cancer, 633 prostate cancer, and 375 colon/rectum cancer. (Source: "Projected New Cancer Cases and Deaths by County, 2015" link at <http://www.schs.state.nc.us/data/databook>, accessed 1/15/2016.)

In the 2014 Behavioral Risk Factor Surveillance System (BRFSS) Survey, 114 (7.8%) of 1,074 respondents in the Wake Area Health Education Center (AHEC) Region** reported a history of any cardiovascular diseases (heart attack or coronary heart disease or stroke).

Of the reportable STDs, chlamydia continues to be the disease with the highest morbidity in Wake County. There were 4,773 chlamydia cases, 1,377 gonorrhea cases, 531 non-gonococcal urethritis (NGU) cases, 165 syphilis (primary, secondary and tertiary) cases and 131 pelvic inflammatory disease (PID) cases in 2015. (Source: NCEDSS, accessed 1/15/2016.)

**Person, Granville, Vance, Warren, Franklin, Durham, Wake, Lee and Johnston counties.

TABLE 1: 2014 LEADING CAUSES OF DEATH, NUMBER AND RATE PER 100,000 WAKE COUNTY

Ranking	Leading Cause of Death 2014	Number of Deaths 2014	Death Rate 2014	Number of Deaths 2010-2014	Death Rate 2010-2014	Age-Adjusted Death Rate 2010-2014
	Total Deaths - All Causes	5,078	508.5	23,306	490	635.3
1	Cancer - All Sites	1,249	125.1	5,866	123.3	153.4
2	Heart Disease	969	97	4,472	96.1	127.5
3	Cerebrovascular Disease	302	30.2	1,362	28.6	39.7
4	Chronic Lower Respiratory Diseases	216	21.6	1,072	22.5	31.7
5	All Other Unintentional Injuries	203	20.3	799	16.8	19.4

Source: North Carolina State Center for Health Statistics, Volume 2 - Leading Causes of Death, Vital Statistics, <http://www.schs.state.nc.us/data/vital/lcd/2014/>. Accessed 1/15/2016

Community Health Needs Assessment Priorities Update

NOTE: A ✓ INDICATES ACTIVITIES RELATED TO THAT STRATEGY HAVE BEEN COMPLETED.

Priority Area # 1: Poverty and Unemployment

Objective: By 2025, the number of low-income youth (ages 16 – 26) in the Raleigh Colleges and Community Collaborative who annually achieve a post-secondary credential and living-wage employment will double from 672 to 1344 college graduates per year.

Interventions and strategies are ongoing to meet this objective by 2025.

INTERVENTION TARGETING HEALTH DISPARITIES

Intervention	1.1 Increase the post-secondary completion rate for low-income Raleigh area students enrolling in educational and vocational programs conducted at six area colleges and universities.
Community Partners	Lead Agency: Raleigh Fellows Other Agencies: North Carolina Council on Economic Education, City of Raleigh, Meredith College, United Way of the Greater Triangle, NC State University, Greater Raleigh Chamber of Commerce, Raleigh College Center, Wake County Public School System, Chavis Community Center, Shaw University, Wake Technical Community College, William Peace University, St. Augustine's University, Wake County Human Services/Wake County, City of Raleigh/Raleigh Parks and Recreation, Youth Thrive, Wade Edwards Learning Laboratory, Wake County Center North Carolina Cooperative Extension, Neighbor to Neighbor, Habitat for Humanity.
Strategy	✓ 1.1A Increase in the use of existing programs and services that are branded as Pell Grant Fellow's activities. ✓ 1.1B Identify a student development model to be shared across campuses.
Update	1.1A Each campus has created their own model for supporting students that addresses the unique strengths and challenges on their campus. Liaisons from each campus meet to share information, what's working and resources. 1.1B North Carolina State University has continued the Raleigh Fellows Program at NC State. All newly admitted Pell grant students are invited to participate. Participants form a positive social network, participate in five personal and career development workshops, two individual coaching meetings, campus and/or community engagement experiences to develop real-life experiences and an end-of-year recognition program.

INDIVIDUAL CHANGE INTERVENTIONS

Intervention	1.2 Coaching and Mentoring: Capacity Building
Community Partners	Lead Agency: Wake County Cooperative Extension Partner: Youth Thrive
Strategy	✓ 1.2 Provide training and technical assistance to community organizations implementing coaching strategies with at-risk youth.
Update	1.2 In 2015, training was provided to 62 individuals from 17 organizations on the evidence-based coaching model adopted by the Raleigh College and Community Collaborative (RCCC). The 2 year total of trained coaches consisted of 292 individuals representing 84 organizations.

Community Health Needs Assessment Priorities Update

Intervention 1.3 Coaching and Mentoring (In place of Life and Action Plan Development)

Community Partners **Lead Agency:** Wake County Cooperative Extension

Strategy ✓1.3 Provide coaching and mentoring to students enrolled in the Raleigh Scholars Program or identified as “at-risk”.

Update 1.3 During 2015, group coaching was implemented with 169 youth at eight locations. Self-anchoring scales indicate that 87% of participants report that this program helped them get better at setting goals and planning ahead.

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

Intervention 1.4 Career Development and Work-Based Learning

Community Partners **Lead Agency:** North Carolina State University Career Development Center
Partners: Raleigh Colleges and Community Collaborative

Strategy ✓1.4 Develop work-based learning opportunities for college students.

Update 1.4 In addition to the continuation of the outreach and engagement of first-year and new transfer students, returning Fellows who have completed the workshops are invited to participate in the following activities :

- Campus and Community Engagement and Reflection Journal (Alternative Service Break, COM 466 Nonprofit Leadership and Development to include 30 hours of community service, CLSEPS Leadership Development Series combined with 30 hours of community service)
- Career Readiness Activities (shadowing or site visits in a company related to career field, obtaining a faculty mentor on or off campus, visiting speakers from community businesses)
- Peer Support and Sense of Community (participating in a student leadership team)
- Undergraduate Research Opportunity

Intervention 1.5 Create new Raleigh College Centers through the Raleigh Colleges and Community Collaborative.

Community Partners **Lead Agency:** William Peace University
Partners: City of Raleigh Parks and Recreation, NC State University TRIO Program, AmeriCorps VISTA and the Wade Edwards Learning Lab

Strategy ✓1.5 Create two College Centers.

Update 1.5 The Wade Edwards Learning Laboratory (WELL) is the community based organization that has functioned as an additional Raleigh College Center. A partnership with the Counselor Education Program in the College of Education, North Carolina State University provided college and career counseling services at this site. In addition, community partners facilitated 18 youth and family workshops for this population.

Community Health Needs Assessment Priorities Update

Priority Area # 2: Health Care Access and Utilization

Objective: By 2016, the percentage of pregnant women in Wake County receiving prenatal care during the first trimester will increase by 5%.

The data are not available to determine if this objective is met because the interventions and strategies to expand access to prenatal services are not in place as of this report (see updates).

INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

Intervention	2.1 Increase access to earlier prenatal care at WakeMed Health & Hospitals for high risk women presenting at WCHS clinics.
Community Partners	Lead Agencies: Wake County Human Services and WakeMed Health & Hospitals
Strategy	<p>✓2.1A Formalize affiliation agreement with WakeMed obstetrical practice to coordinate and ensure earlier interventions (not available at WCHS) for high-risk women by July, 2016.</p> <p>✓2.1B Recruit maternal-fetal medicine specialist to care for high-risk mothers to replace vacant positions at WakeMed Health & Hospitals by July, 2016.</p>
Update	<p>2.1A A memorandum of understanding was completed in October of 2015. This MOU outlines the respective roles and responsibilities between the pre-natal clinics operated by Wake County and the high-risk pregnancy clinic operated by WakeMed.</p> <p>2.1B During the 2015 year, WakeMed built up a fully staffed Maternal Fetal Medicine (MFM) department serving the system. WakeMed now employs 4 MFM Specialists (3 physicians and one certified genetic counselor).</p>
Intervention	2.2 Provide a minimum of two targeted events on health concerns for low income and minority populations including pregnant women.
Community Partners	<p>Lead Agency: Duke Raleigh Hospital</p> <p>Partners: Alliance Medical Ministries, State of NC Employee Health, St. Matthew AME Church, Minority Women's Health Project, UNC Rex Hospital, Delta Sigma Theta Sorority and Main Street Baptist Church</p>
Strategy	<p>✓2.2A Offer diabetes classes to non-English speaking persons during 2015.</p> <p>✓2.2B Participate in health fairs during 2015.</p> <p>✓2.2C Collaborate with the Minority Women's Health Project on ongoing community stroke education and awareness during 2015.</p>
Update	<p>2.2A In 2015, Duke Raleigh Hospital offered monthly diabetes education classes in English at Alliance Medical Ministries. (Note: Upon the retirement of the Spanish speaking certified diabetes educator, Duke Raleigh Diabetes team assisted with recruiting a qualified, trained Spanish speaking certified diabetes educator.) Duke Raleigh staff and members of the leadership team serve in a volunteer capacity at Urban Ministries, Open Door Clinic, and Alliance Medical Ministry.</p> <p>2.2B In 2015, Duke Raleigh hospital participated in several health fairs including the St. Matthew AME church health fair, <i>Stronger Together 2015: Midlife Matters</i>, women's health event. In addition, the hospital offered health focused events throughout the year. As a sponsor of the Midtown (Farmer's) Market, Duke Raleigh provided education, screenings, and "ask the expert" events at that weekly market.</p> <p>2.2C During 2015, Duke Raleigh Hospital collaborated with the Minority Women's Health Project on stroke education and awareness. Several health fairs were offered during the month of May focusing on stroke education and awareness.</p>

Community Health Needs Assessment Priorities Update

INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

Intervention	2.3 Increase access to medical supplies or prescriptions to deal with health issues for under-insured people including pregnant women.
Community Partners	Lead Agency: United Way of the Greater Triangle
Strategy	✓ 2.3 By January 2015, 10,991 uninsured or under-insured people will be supplied with medical supplies or prescriptions to deal with their health issues.
Update	2.3 In 2014, 11,941 uninsured or under-insured people were supplied with medical supplies or prescriptions to deal with their health issues.

INDIVIDUAL CHANGE INTERVENTIONS

Intervention	2.4 Ensure WCHS pre-natal clients receive care within one week from appointment request.
Community Partners	Lead Agency: Wake County Human Services
Strategy	2.4 By July 1, 2015, recruit necessary clinical professionals to expand clinic hours and provide timely care.
Update	2.4 An expansion request was approved in FY 16 to fund 1.75 FTE Physician Extender, 1.75 FTE Nurse, 1.75 FTE Nurse Aide, and 1.75 FTE Customer Service Representative.

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

Intervention	2.5 Expand the availability of prenatal services to WCHS clients.
Community Partners	Lead Agency: Wake County Human Services
Strategy	<p>2.5A By August 2016, expand WCHS prenatal clinic operations on evenings and weekends at Sunnybrook location.</p> <p>2.5B By January, 2016 establish maternal care services at the Millbrook Human Services location.</p>
Update	<p>2.5A WCHS is in the process of hiring additional staff (one 0.75 FTE certified nursing assistant, one 0.75 FTE nurse, one 0.75 FTE nurse practitioner or physician's assistant) so that the clinic hours can be expanded to evenings Monday through Thursday.</p> <p>2.5B Additionally, WCHS is in the process of hiring 1.0 FTE laboratory technician, 0.75 FTE administrative assistant, 1.0 FTE nurse, 1.0 FTE certified nursing assistant and 1.0 FTE nurse practitioner. Prenatal services at Millbrook are expected to be offered in the Spring of 2016.</p>
Intervention	2.6 Enhance tracking of pregnant women presenting at Advance Community Health clinics from confirmation of pregnancy through delivery.
Community Partners	Lead Agency: Advance Community Health
Strategy	<p>2.6A Implement a new process for tracking women from confirmation of pregnancy through delivery in a perinatal case management module in the Advance Community Health electronic health record.</p> <p>2.6B Follow the pregnant women through delivery and then re-contact them at the time of delivery.</p> <p>2.6C Compile and analyze statistical data on pregnant women referred out to determine if prenatal care was sought and where and pregnancy outcome.</p>

Community Health Needs Assessment Priorities Update

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

Intervention (continued)	2.6 Enhance tracking of pregnant women presenting at Advance Community Health clinics from confirmation of pregnancy through delivery.
Update	<p>2.6A During 2014, perinatal case management module in the WHS electronic health record in place. <i>Data unavailable at the time of this report.</i></p> <p>2.6B During 2014, began following women through delivery and then re-contacting them at the time of delivery. <i>Data unavailable at the time of this report.</i></p> <p>2.6C During 2014, began compiling statistical data on pregnant women referred out to determine if prenatal care was sought and where and the pregnancy outcome. <i>Data unavailable at the time of this report.</i></p>

Area # 3: Mental Health and Substance Abuse

Objective: By 2016, reduce the portion of driving deaths with alcohol involvement in Wake County to 33%.

According to the 2015 County Health Rankings, the portion of driving deaths with alcohol involvement in Wake County is still at 36%. However, this indicator is based on 2009-2013 data. When available, the 2016 County Health Ranking data for this indicator will be reviewed and current interventions and strategies assessed with the lead agency and partners.

INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

Intervention	3.1 Identify and address specific needs of Medicaid or indigent mental health patients presenting to Rex Hospitals.
Community Partners	<p>Lead Agency: UNC Rex Healthcare</p> <p>Role: Coordinate and provide mental health services to patients presenting at UNC Rex Hospital.</p> <p>Partners: Wake County leadership, Alliance Behavioral Health and UNC Health Care System, UNC Rex</p> <p>Role: Assist in providing mental health services to patients presenting at UNC Rex Hospital.</p>
Strategy	<p>✓3.1A During 2014, engage in monthly coordination meetings with Alliance Behavioral Health.</p> <p>✓3.1B By 12/14 provide a behavioral health case worker on-site weekly at Rex to assist social workers and staff in coordinating access to behavioral health services.</p> <p>✓3.1C During 2014, provide UNC Rex Emergency Department (ED) coordination with WakeBrook for inpatient psychiatric beds.</p>
Update	<p>3.1A Members of the UNC Rex Emergency Services team communicate regularly with Alliance Behavioral Health, the UNC WakeBrook team, Wake EMS and others to ensure coordination of behavioral health services.</p> <p>3.1B UNC REX worked with Alliance Behavioral Health to develop a collaborative model to help the growing number of behavioral health patients in the Emergency Department needing wrap-around services. The Alliance Crisis Collaborative, which meets monthly, includes representatives from area EDs/Crisis Centers along with a host of mental health providers to discuss services for those patients/clients in crisis that have follow-up needs. The collaboration has benefited both patients and the organizations.</p> <p>UNC Rex has a behavioral health social worker in the Emergency Department with plans to add another social worker with a background in behavioral health.</p> <p>3.1C Throughout 2015, leadership from UNC REX, UNC Health Care, UNC WakeBrook, WakeMed, Duke Health Raleigh, Wake EMS and local law enforcement met bi-monthly to review the data related to management of behavioral health admissions at WakeBrook and all the surrounding hospitals. WakeBrook sends a daily management capacity report to the Emergency Department and accepts referrals from UNC REX for all programs. WakeBrook also opened an on-site primary care and dental clinic in 2015, which has helped provide behavioral health patients with basic medical care and preventative care, and reduced the need for some patients to visit hospital EDs.</p>

Community Health Needs Assessment Priorities Update

INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

Intervention	3.2 Increase access to mental health services and substance abuse services to under-insured individuals.
Community Partners	<p>Lead Agency: Triangle United Way</p> <p>Role: Provide funding to under-insured individuals for mental health and substance abuse services.</p> <p>3.2A Partners: Catholic Charities of the Diocese of Raleigh, Inc., Chapel Hill Training Outreach Project, Club Nova, El Futuro, Haven House Inc., Transitions Life Care (Hospice of Wake County, Inc.), Learning Together, Inc., Lucy Daniels Center, Triangle Family Services, Inc.</p> <p>3.2B Partners providing services: Freedom House Recovery Center, Inc. and SouthLight Healthcare</p> <p>Role: Assist in providing mental health and substance abuse services.</p>
Strategy	<p>✓ 3.2A By 1/2015, 5,546 under-insured or uninsured individuals will receive mental health treatment to improve their well-being.</p> <p>✓ 3.2B By 1/2015, 4,202 people will receive substance abuse treatment and reduce their dependencies.</p>
Update	<p>3.2A In 2014, 6,300 under-insured or uninsured individuals received mental health treatment to improve their well-being.</p> <p>3.2B In 2014, 6,948 people received substance abuse treatment and reduced their dependencies.</p>

INDIVIDUAL CHANGE INTERVENTIONS

Intervention	3.3 Increase awareness about the dangers and consequences of driving while impaired.
Community Partners	<p>Lead Agency: Raleigh Police Department DWI Enforcement Unit</p> <p>Partners: Wake County Public School System's high school driver education classes, universities and businesses in Wake County.</p>
Strategy	✓ 3.3 By September 2017, present at least 8 awareness and prevention presentations to high school drivers education classes, university health fairs, and corporate training events.
Update	3.3 Since December 2015, the Raleigh Police Department has provided 11 DWI awareness and prevention presentations.

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

Intervention	3.4 Increase the number of mental health inpatient beds in Wake County and expand WakeMed's Behavioral Health Clinical Evaluation Unit.
Community Partners	<p>Lead Agency: WakeMed Health & Hospitals</p> <p>Partner: UNC Hospitals</p>
Strategy	<p>3.4A By 12/15, increase the number of mental health inpatient beds in Wake County from 16 to 28 beds.</p> <p>3.4B By 12/14, expand WakeMed's Behavioral Health Clinical Evaluation Unit from 6 to 11 beds.</p>
Update	<p>3.4A Construction delays have affected this schedule. Anticipate opening now in Spring 2016.</p> <p>3.4B WakeMed is in an evaluation process to develop a dedicated behavioral health unit at Cary Hospital (up to 5 beds).</p>

Community Health Needs Assessment Priorities Update

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

Intervention	3.5 Participate in Wake County Crisis Collaborative services to increase access to mental health services.
Community Partners	<p>Lead Agency: Rex Healthcare</p> <p>Role: Support work of the Wake County Crisis Collaborative</p> <p>Partners: Duke Raleigh Hospital, other Wake County hospitals, mental health and law enforcement agencies will support the work of the Wake County Crisis Collaborative.</p>
Strategy	✓ 3.5 During 2014, Rex representatives (ED Director and ED Manager) will meet monthly with community provider leaders and work collaboratively with Wake County Crisis Collaborative services.
Update	3.5 During 2014, Rex participated in Wake County Crisis Collaborative services to increase access to mental health services and meets monthly with community provider leaders and works collaboratively with this inter-organizational group.
Intervention	3.6 Establish specialized units focused on impaired driving prevention and enforcement.
Community Partners	<p>Lead Agency: NC Department of Transportation, Governor's Highway Safety Program (GHSP)</p> <p>Role: Provide grant funding to several Wake County law enforcement agencies.</p> <p>Partners: All Wake County law enforcement agencies</p>
Strategy	<p>✓3.6A By 1/14, establish a Wake county-wide DWI Task Force with units that work together to plan and conduct traffic safety projects.</p> <p>✓3.6B By 1/14, establishment of the Raleigh Police Department DWI Enforcement Unit.</p> <p>✓3.6C During 2013, Conduct DWI checking stations.</p>
Update	<p>3.6A The Wake Countywide Driving While Impaired (DWI) Task Force was established December 2013.</p> <p>3.6B The Raleigh Police Department DWI Enforcement Unit (consisting of 4 officers and 1 sergeant) was established on December 14, 2013.</p> <p>3.6C Countywide, there have been 25 DWI checking stations conducted since December of 2015.</p>

Changes Affecting Health Concerns

New Management

WCHS welcomes Regina Petteway as the new agency Director, effective March 12, 2015. Dr. Kim McDonald, WCHS Medical Director, is now the lead staff person supervising the public health related divisions. While the Public Health Division and Clinical Services Division Directors manage their divisions and staff, Dr. McDonald will help the divisions plan and work in a more integrated manner.

Human Services, under the leadership of Regina Petteway and David Ellis, our Deputy County Manager, has contracted an independent and private outside agency—Novak Consulting Group—to conduct an organizational assessment. This is an evaluation of key elements of WCHS—its work environment, management, communication, compensation, performance, professional development, as well as its mission, vision and values. The goal is to get employee input to evaluate the agency's climate, identify areas for change and create a plan to more fully integrate working units within WCHS.

Public Health Technology Advancements

The Division of Public Health and Clinical Services in conjunction with Information Technology implemented Electronic Health Record (EHR) Systems for dental and other clinical health services. The EHR provides secure access to patient information at anytime and anywhere, regardless of where the appointment is (Sunnybrook or a Regional Center). In addition, WCHS and WakeMed may provide care for the same client. Read only access to one another's EHR allows the provider to access clinical information at the point of care. This sharing of information improves quality, safety, efficiency, informs treatment decisions and enhances the continuity of care.

To improve communication, an electronic patient portal will allow the patient to view online, download, and transmit their health information. Secure messaging through the portal allows the practitioner to communicate with the patient regarding their health care. These technology advancements open the line of communication and promote the sharing of health information between the provider and patient.

New and Emerging Issues

Syphilis

The high number of syphilis cases continued to have a major impact on Wake County in 2015. There were 110 Early Syphilis (Primary, Secondary and Early Latent) cases in Wake in 2013, 177 cases in 2014 and 165 cases in 2015.* Significant risk factors among the early syphilis cases include:

- HIV+ status (52%),
- Black/African-American race and ethnicity (56%), male gender (92%) and
- ages 20-29 (36%).

Additionally, Wake County Human Services diagnosed 55% of these cases.

*Data source:

- For 2013 and 2014 case numbers, the 2014 North Carolina HIV/STD Surveillance Report, found at <http://epi.publichealth.nc.gov/cd/stds/figures/std14rpt.pdf>, accessed 1/19/16
- For 2015 case numbers, source is NCEDSS, with official case counts for 2015 not available from the North Carolina Communicable Disease Branch as of 1/19/2016)

Drug Overdoses and Suicides

Increasing rates of drug overdose deaths and suicide-related Emergency Department (ED) visits were also a serious concern for Wake County in 2014. The heroin death rate in 2011 was 0.6/100,000 population and more than quadrupled to 2.6/100,000 population in 2014.** The rate of ED visits due to suicide and self-inflicted injury went from 73.4/100,000 population in 2011 to 110.7/100,000 population in 2014.***

**Data source: NC Injury and Violence Prevention Branch, NC DHHS

***Data source: NC DETECT

Dental Health

To become the healthiest capital county in the USA, the Wake County Human Services (WCHS) Board has made improving dental health one of its highest priorities. Dental health touches all age groups. Poor dental health can lead to accelerated cardiovascular disease, difficulty finding and maintaining a good job, unnecessary emergency room visits and drug abuse resulting from the misuse of pain medications.

New and Emerging Issues

Dental Health (continued)

Many dental patients have no resources. Dental options are scarce for those without resources. Diagnosis and treatment is time consuming and expensive. Dental facilities (equipment and supplies) are expensive. Wake Smiles, a fully equipped dental

office and staffed by volunteer dentists, hygienists, and dental assistants is located at the Salvation Army on Capital Boulevard in Raleigh. The WCHS Board will advocate for hiring a full time dentist which will greatly expand the clinic's capacity to see many more patients who are in desperate need.

New Initiatives

Drug Overdose Prevention

In Wake County, the case rate for unintentional medication and drug overdoses has increased from 44.4 per 100,000 in 2010 to 67.8 during 2013. Of particular concern, is the alarming 188% increase in the number of deaths from heroin overdoses from 2008 to 2014. To address the problem, Wake County Human Services established a coalition of partners including, but not limited to, representatives from law enforcement (the Wake County Sheriff's Office, police departments in all 12 municipalities and universities), hospitals, emergency medical services, NC Harm Reduction Coalition, the medical examiner, behavioral health providers, Community Care of Johnston and Wake Counties, and the Wake County Board of Commissioners. The coalition agreed to address the following six areas in an effort to reduce drug overdoses:

- Syringe Exchange Programs
- Education and Outreach
- Access to Substance Abuse Treatment and Other Resources
- Medical Intelligence (Controlled Substances Reporting System (CSRS), data gaps, research)
- Naloxone (Narcan) Distribution
- Policy, Law Enforcement and Diversion Change

Summer Nutrition Program

Food insecurity, particularly in children, is an issue identified by the Wake County Board of Commissioners and the Wake County Human Services (WCHS) Board. One of the main concerns

identified is to ensure that the 36% of Wake County school children, who meet the free or reduced school lunch criteria, receive adequate nutrition during the summer months. The Public Health Committee of the WCHS Board convened a coalition of partners to address this issue. This group includes members from the WCHS Board, Public Health Committee of the WCHS Board, NC Department of Public Instruction, Wake County Public School System, Food Bank of Central and Eastern North Carolina, No Kid Hungry, and the Alice Aycock Poe Center for Health Education. Beginning in December 2014, this coalition established a process to target the two zip code areas of the county with the highest need. There was a total of 306,319 meals served in summer 2015 in Wake County.

The Coalition set the following goals for year 2016:

- Increase the number of meals served in 2016 by 36% (or by 110,000 meals) for a total of 417,000 meals
- Increase the number of sites in Wake County by 15% (or 22 additional sites) for a total of 163 sites
- Increase the number of open sites by 35 sites (5 of them are Wake County Public School System) or 57 total open sites
- Increase the number of sponsors in eastern Wake County by 2
- Retain 100% of 2015 sponsors and sites
- Implement at least one mobile meal program

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