



Wake County

Opportunities & Challenges



February 26, 2007

Citizens of Wake County:

Wake County is an evolving community. The diversity of the population, the continued growth toward a more urban environment, and the amazing growth in the number of individuals who live here make Wake County an exciting, vibrant place to live, work and learn. These same factors challenge our system of services that attempts to meet the needs of this community's burgeoning populace. This Wake County Community Assessment process provides accurate, up-to-date information that allows the citizens, leaders and service providers to plan together to meet those needs.

The development of this document was a collaborative effort that involved direction from a Community Steering Committee, facilitation by Wake County Human Services, and input from a broad group of citizens of Wake County. Work groups reviewed data and results from community surveys and focus groups. The final report offers an overview of Wake County including demographics, geography and history. The majority of the document is divided into six key areas: behavioral and social health, economic health, environmental health, lifelong learning, physical health and safety. Each area addresses multiple issues related to the topic including contributing factors, disparities and unmet needs.

This Executive Summary presents the specific findings from each of the key areas. These findings are being used by leaders and community members from Wake County to develop an Action Plan for the community. A prioritization process will allow our community to identify the most urgent and encompassing issues for the next four years.

This Action Plan will ask us to come together around a common vision of a healthier, safer, supportive community for all Wake County residents and move us forward while focusing our resources over the next four years.

A recent Blue Ribbon Committee focused on the infrastructure needs of Wake County. However, the Committee began its report by stating that "a true community is much more than bricks and mortar. It is defined not simply by how it looks, but also by how it governs, by the richness of its social fabric, and by the spirit of its people." To assure that our community is the best it can be, we must first have the knowledge of what needs to be done and, secondly, the will for positive change. This document is the knowledge of what we need to do; the citizens of Wake County create the will. Please join us as we move forward in this process of change.



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Board of Commissioners



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Raleigh, N.C., topped our list this year ... low unemployment, strong income and job growth, and high incomes—yet it still maintains a relatively low cost of living.”

— 2007 Forbes.com Annual Ranking of “Best Cities for Jobs”

Wake County: A Great Place to Live

Wake County is consistently ranked as one of the best places in the United States in which to live, work and raise a family. Over the past four years the area has been recognized as:

#1 Best City for Jobs (Raleigh-Cary, NC: Forbes.com February 2007)

#1 Highest Growth County in NC (Wake County, NC: US Census Bureau March 2006)

#1 Hottest Job Market (Raleigh-Durham-Chapel Hill, NC: Business 2.0, March 2004)

#2 Best Place for Business and Careers (Raleigh-Durham, NC: Forbes, May 2005)

#2 Best Public Education System (Raleigh-Cary, NC: Expansion Management, April 2005)

#10 Best Walking City (Raleigh, NC: Prevention, March 2006)

#2 Best Value Public Colleges (North Carolina State University: Princeton Review, March 2006)

For many residents, this area offers a combination of business and industry, education, historic preservation, arts, culture, recreation and leisure services that provide a high-quality lifestyle. While life is good for the majority of our residents, it is our responsibility to address the areas where others are struggling. These are areas where our combined efforts as individuals, organizations, businesses and communities can make a difference. It is our goal to continue to maintain and improve the quality of life for all residents of our County. In this document you will see that in some of our Wake County communities, our families and neighbors are facing numerous challenges, including homelessness, a shortage of affordable child care, obesity in adults and children, changes in the mental health care system, and rapid growth. These are areas where our combined efforts can make a difference. As you read this Executive Summary, please be thinking of how you can be part of the solution. [•]



Wake County is Growing!

Between April 2000 and July 2005, 20% of all new population growth in North Carolina occurred in Wake County. According to the Wake County Planning Department, the 2006 population projection was 785,990. This compares with a 2002 population projection of 678,651.

The county has added 66 newcomers, on average, each day since July 1, 2000, according to the North Carolina State Demographer's population estimates.

- Wake County has seen its population per square mile increase from 754.72 in 2000 to 907.60 in 2005, making it the second densest county in North Carolina.

With this population growth in the past five years has come an increase in diversity:

- Hispanics/Latinos living in the county increased by 63%.
- Asians living in the county increased by 51%.
- Blacks/African-Americans living in the county increased by 23%.
- Non-Hispanic/Whites living in the county increased by 13%.

Over the past five years, all ethnic/racial groups in Wake County have experienced a growth in total births. The largest increase has been in Hispanic births, doubling in 5 years from 1,146 births in 2000 to 2,216 births in 2005.

With a projected annual growth rate of 4%, Wake County is projected to have 919,496 residents in 2010. [•]



Behavioral and Social Health



Dorothea Dix, the state psychiatric hospital, opened in 1856.

The continual growth of Wake County's population will impact the ability to provide behavioral and social health services. Major concerns in this area are the closing of Dorothea Dix, the state psychiatric hospital, in 2008; the increasing needs of children for mental health and substance abuse treatment; and the challenges of a growing aging population.

Dorothea Dix Hospital Closing to Impact Community

Dorothea Dix, the state psychiatric hospital that opened in 1856, is scheduled to close in 2008. The closing is expected to increase the homeless population (see Economic Health summary) and eliminate acute psychiatric beds often used by Wake County residents.

Wake County will work through a contract with Holly Hill Hospital to address the need for local inpatient

care of the mentally ill. Approximately 25% of Dix patients are homeless and routinely seek admission upon encountering such problems as lack of money, bad weather and a need for psychiatric or medical attention.

Access to affordable mental health and substance abuse services are major concerns with the closing of Dix. The number of people who lack health insurance coverage for mental illness or have no health insurance of any type continues to increase. The cost of medications also is a major problem. Most uninsured residents rely on Medicaid and Medicare, but even with these resources, disparities in access continue.

A secure detoxification unit is needed for those individuals who are served at Dix. Many providers and residents view access to early crisis intervention and de-escalation services as being important tools to avert psychiatric re-hospitalization. Assuring adequate

“step down” services, or places for people to go after inpatient stays for both mental health and substance abuse admissions, also will be important local services.

More Children Needing Mental Health Services

With the population growth in Wake County comes an increase in the number of children who need mental health and/or substance abuse services. The number of children served in the public mental health system for some type of mental illness, disorder or substance abuse problem increased from 2,500 in 2001 to 4,526 in fiscal year 2006.

There are other indicators of deeper social and behavioral issues:

- Increases in school suspensions from 16,499 short-term suspensions in fiscal year 2002 to 20,430 in fiscal year 2006

Prescription drugs are a challenge to seniors. The greatest segment of the population who could benefit from prescriptions doesn't seek them. Seniors are confused and don't know where to go for information.”

– from Community Assessment surveys and focus groups



Health in the Aging Population Challenges Services

North Carolina is reaching a milestone this decade as the state's 2.3 million baby boomers, those born between 1946 and 1964, will enter retirement age. This year, the oldest baby boomers become eligible to receive services under the Older Americans Act, which defines senior adults as age 60+. The impact on services for the larger numbers of aging baby boomers will be significant, given the projected growth of older adults between 2000-2030.

Age is a risk factor for numerous chronic conditions. Some of these conditions are especially applicable to seniors' mental health as they age.

The North Carolina Division of Aging and Adult Services estimated there were about 2,774 people living in Wake County in 2000 with mild, moderate or severe cases of Alzheimer's disease. That number is predicted to jump to 4,129 people by 2010, an increase of over 100%. Depression and substance abuse are also concerns for the county's senior adults. [•]



- Long-term suspensions or expulsions increased from 560 to 1,054 during the same period
- Juvenile crime complaints increased from 2,416 to 3,109 during the same period. Statewide, there has been an increase in juvenile crime from 39,416 complaints in 2002 to 40,633 complaints in 2005.

In 2005, 232 Wake County children were admitted to a state psychiatric hospital for inpatient treatment. Approximately 500 were admitted for inpatient psychiatric treatment in community hospitals. Approximately 800 of the 4,526 children served in the public mental health system were diagnosed as severely emotionally disturbed and at risk of out-of-home placement or already placed out of their home in a residential treatment facility.

Projected Growth of Wake County Adults Age 65+ (2000–2030)

	2000	2020	2030
Population Age 65+	46,766	116,674	163,700
% Increase from 2000		130%	>250%

Source: 2003-07 NC Aging Services Plan

Economic Health



For many Wake County residents, the increase in their wages is not keeping pace with the increase in the prices of food, clothing and shelter. Due to this continual challenge, it is often difficult to find housing for the county's low-income families. With the rising costs of shelter, homelessness also is a major problem throughout the community.



Housing – Hard to Find for Wake's Low-Income Families

Households in Wake County need to earn \$16.35 per hour to afford the fair market rent of \$850 for a two-bedroom apartment. Service

workers in Wake County earning minimum wage would need to work 98 hours per week, 52 weeks per year to afford the rent for a two-bedroom apartment. Data suggest that Wake County needs to add 25,000 units of housing to provide an ample supply for the population earning less than \$30,000 per year.

The county works cooperatively with both the private sector and other public agencies to develop affordable units. In rental developments, the county works with both for-profit and nonprofit developers to build affordable apartments. In these developments, several units are reserved for very low-income families.

However, the shortage of safe, decent, affordable housing in Wake County carries with it the following implications:

-] Some people live in substandard conditions.

-] More people must live outside of Wake County even though they work in the county, increasing traffic and air pollution.
-] More people need basic services from the county because they don't have money to pay for housing and other necessities.
-] More people are homeless.

Another housing issue facing Wake County is the closing of Dorothea Dix Hospital near downtown Raleigh. With the imminent closing of the psychiatric hospital, there is a great need for housing that is affordable and provides the tenant access to mental health and other services. An estimated 2,000 people in Wake County with a diagnosed mental illness are served by Wake County Human Services.

Many people with mental illness can function outside an institutional setting with housing and services that include medication management, life skills training, employment

“From an overall view, there is an imbalance of what it costs to live compared to what is earned working full time.”

– from Community Assessment surveys and focus groups

assistance and case management. There is a need for an additional 1,759 units of housing to serve this population.

Homelessness – More Options, Solutions Needed in Growing County

Over the course of a year, approximately 3,300 persons are homeless in Wake County.

In Raleigh, the South Wilmington Center (SWSC), the largest of the city’s eight homeless shelters, served 2,044 different men, with a total of 77,242 overnight stays and 141,567 meals between July 1, 2005, and June 30, 2006.

The following statistics help to better describe the homeless population:

-] Sixty percent (60%) of homeless people in Wake County at the South Wilmington Street Center are African-American, compared to 20% in the general countywide population.
-] Thirty-five percent (35%) of homeless people in Wake County have serious mental illnesses, and 66% have chronic substance use disorders. Many have both disorders.
-] Thirteen percent (13%) of Wake County’s homeless population are chronically homeless, which is higher than the national average.

-] In Wake County, 83% of homeless women experience domestic violence as one contributing factor to their homelessness.

-] More than 200 children comprise 29% of the total population of individuals experiencing homelessness.

One or more of the following are the general factors that cause people to become homeless:

-] Poor health and disabilities
-] Lack of educational and marketable skills
-] Lack of stable employment options or jobs that provide benefits
-] Lack of accessible and affordable transportation
-] History of being in jail, prison or a mental health facility
-] Lack of helpful support networks of family and non-homeless friends.

Wake County partners are taking many steps to address homelessness. In February 2005, after a year of planning involving the entire community, the Raleigh/Wake County 10-Year Action Plan to End and Prevent Homelessness was unveiled, and work on its implementation began. Led by a leadership council and oversight team, the plan is carried out by volunteers working in the areas of prevention, outreach, housing, education and employment. [•]



Environmental Health



The two areas of greatest concern that affect Wake County's environmental health are the impact of development on water quality and community design. Development builds hard surfaces, such as pavement and buildings, resulting in an increase in pollutants running off into watersheds and a decrease in groundwater recharging. Community design and development determine the availability of sidewalks and the pattern of streets, which affect residents' ability to walk and bicycle in their communities.

Growth Impacts Water Quality

The level of pollutants, the presence or absence of aquatic creatures, and the stability of stream banks measure the health of a watershed. Watersheds with little development are healthier than those that are more developed. Developed watersheds have more hard areas. Of the 81 watersheds in Wake

County, 30 are classified as "healthy," 38 are classified as "impacted," and 13 are classified as "degraded." Most of the degraded and impacted watersheds are located in the more heavily developed portions of the county, where hard surfaces exceed 10% of the land area. The healthy watersheds are principally in the outer perimeter of the county and are used primarily for agriculture and forestry. Hard surfaces in those watersheds are below 10%.

Increased runoff impacts the ability of wells to draw groundwater. In undeveloped land, most of the rainfall is absorbed by vegetation or soaks into the ground, recharging groundwater. When land is heavily developed, much of that rainfall runs off the land, and is not available for groundwater recharge. This adversely affects wells and stream flow during times of little rainfall.

Community Design Affects Active Living

Studies cited by the Robert Wood Johnson Foundation show that Americans are likely to be either inactive or participate in physical activities on an irregular basis. While the decision to be active is a personal choice, barriers to active living, such as automobile-oriented land-use patterns and a transportation system that is unfriendly to pedestrians and bicyclists, can make it difficult to be active. Removing barriers and creating more opportunities for active living through land-use design, transportation systems, and trails and greenways will increase physical activity and improve health.

Automobile-oriented land use and transportation designs discourage walking and bicycling, adversely affect air quality and safety, and discourage physical activity. A more compact and mixed land-use pattern that offers short distances to interesting destinations combined with pedestrian and bike-friendly design features encourages walking and biking. Mixed-use communities generate up to four times as many walking trips for journeys less than one mile. Walking trips tend to substitute for automobile trips in dense urban neighborhoods.

A more balanced transportation system that offers more choices and encourages walking and biking would remove barriers to activity for

“Wake County has a nice blend of urban and country settings.”

– from Community Assessment surveys and focus groups



everyone. People who report having access to sidewalks are 28% more likely to be physically active. Walking trips increase with good connectivity of the street network, a greater number of intersections and blocks, and streets with low speeds that are narrow and visually interesting.

A majority of Wake County local governments require that developers construct sidewalks in new developments. About half of Wake County local governments have adopted a pedestrian plan for their jurisdictions. But only a few local governments have adopted bike-greenways plans. Apex, Cary, Fuquay-Varina, Holly Springs, Raleigh, Wake Forest, and Wake County itself have designated pedestrian and bicycle projects.

One area of concern is the ability of schoolchildren to walk to school. Nationally, only one in eight children walk to school and less than 1% ride a bike to school. The Wake County Public School System is often required by local governments to construct sidewalks on their property. However, school sites are often located in areas where no sidewalks exist on adjacent

properties. The school system does not provide bus service to children within 1½ miles of the school. If there is not a sidewalk, parents usually drive their children to school. This results in less exercise for the children, traffic congestion around the school, and limited choices for parents to use alternative means of transportation.

Environmental Health Issues to Watch

Outside Air Quality– Outdoor air quality is improving because motor vehicles are running cleaner than older vehicles. The improvements may be overpowered by increased congestion in the future.

Inside Air Quality– Indoor concerns include radon and asthma triggers. Wake County and its partners are

working to inform residents about radon dangers and testing. The county also is working with residents with small children to identify and eliminate asthma triggers in their homes.

Open Space– Wake County is aggressively pursuing the purchase of open space, partnering with other governments and nonprofits and leveraging other funding sources.

Solid Waste– Wake County and its municipalities have joined together to manage solid waste in the county, including addressing long-term needs for municipal solid waste disposal and ways to reduce, reuse and recycle solid waste.

Zoonotic Diseases– Rabies and West Nile virus are ongoing concerns, along with Avian flu. [•]

Lifelong Learning



Two major issues associated with lifelong learning are the impact of growth in schools, and affordable and safe child care.

Continual and rapid growth in Wake County poses numerous challenges for the educational institutions throughout the area. The Wake County Public School System is facing record school enrollment growth annually, including many students with diverse backgrounds and needs. The increase in the number of children overall and low-income children challenges the county's ability to provide affordable child care services.

Public Schools Work to Meet Growing Student Enrollment

The Wake County Public School System, in 2006-2007, enrolled 128,072 students, making it the second largest school district in North Carolina and the 21st largest school

district in the country. Of these students, 55.4% are white, 26.9% are African-American, 9.2% are Hispanic/Latino, 4.7% are Asian, 3.5% are multi-racial and .3% are American Indian. Student enrollment is growing by 7,500 students a year. The county is projected to gain 32,000 students by 2010 and 94,000 students by 2020.

In November 2006, voters approved a record \$970 million school construction bond, the largest local school bond in North Carolina history. Additional bonds will be required in the near future.

The increase in students causes a need for more buses, more supplies and more teachers. With this growth comes the challenge of additional school-aged children with more risk factors. The number of elementary students with risk factors has increased from 52,988 in 2003-2004 to 59,722 in 2005-2006. In 2006-2007, about 14.4% of students receive special education services, 27.1%

of students qualify for free/reduced-price lunches, and 4.8% are identified as Limited English Proficient (LEP). The number of children receiving English as a Second Language (ESL) services has doubled as a proportion of the school district population—from 2% to 5%.

Other issues facing the county school system include:

-] Advances in curriculum, technology and educational services must be implemented while maintaining the focus on teaching and learning.
-] With more than 140 schools and five central office locations as of February 2007, ensuring financial accountability and adequate communications systems will be a growing challenge.

Affordable and Safe Child Care Needs Increase Across the County

The quality of child care has improved across Wake County as a whole. However, the number of low-income families looking for affordable child care continues to grow.

In 2005, an estimated 67,748 children, newborn to age 5, lived in the county. This is an increase of 3.3% over 2004. About 13,550 children enter kindergarten each year. Research shows that quality pre-kindergarten and child care programs improve the lives of children from disadvantaged families.

The best one thing about Wake County is access to educational opportunities.”

— from Community Assessment surveys and focus groups



A number of issues highlight the child care situation across the county:

- The quality of child care in the community has improved substantially with approximately 62% of children in care in a top-ranked four- or five-star program. As of March 2006, the average monthly cost in a five-star center for an infant was \$1,049 and \$800 for an older child. These costs put high-quality care out of reach for many families. Child care also is expensive in one-star centers. The cost

for an infant is \$877 each month and \$668 for an older child.

- Of the 15,900 children in regulated child care in Wake County, 4,885 receive a child care subsidy.
- The percentage of children on child care subsidy and attending four- and five-star facilities was four times greater in 2004-2005 than in 2000-2001.
- 3,890 children are on the wait list for subsidized child care services.



- The percentage of children ages 3 to 5 receiving early intervention services was twice as great in 2004-2005 as in 2000-2001.
- Hundreds of at-risk children are on the “More at Four” wait list due to the lack of local matching funds.
- Approximately 75% of children under age 5 are not enrolled in regulated care, and many will arrive at public school unprepared for learning.



A recent study by the Thomas Rivera Policy Institute indicates that 90% of Hispanics felt that it was important for children to attend pre-kindergarten programs. The factors contributing to this belief include capacity to assist with reading and comprehension skills, acquisition of social skills, and improved English-language skills to be prepared for kindergarten. [•]

Physical Health



The physical health of Wake County residents is an important part of the overall well-being of the community. There are numerous trends and large disparities involving age, gender, race and ethnicity. Some of the most disturbing trends are in the areas of obesity and sexually transmitted diseases because of their potential lifelong impact on Wake County's citizens.

Obesity and Overweight in Wake County – A Growing Threat

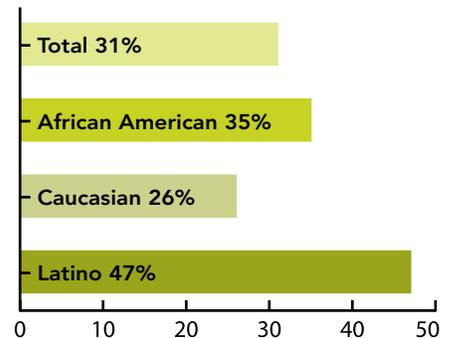
The 2003 North Carolina Healthy Weight Initiative reported that 60% of overweight children, ages 5-10 years, had at least one of the following cardiovascular risk factors: high cholesterol, elevated blood pressure and increased insulin levels, a symptom of type II diabetes. The Centers for Disease Control and Prevention (CDC) estimates that one-third of U.S. children born in 2000 will develop diabetes, mostly attributable to being overweight.

Of children seen in North Carolina WIC and Child Health Clinics in 2005,

unhealthy weight levels occurred in 29.9% of ages 2-4, 40.71% of ages 5-11, and 45.4% of ages 12-18. Disturbing rates also were seen in a 2004 study of Wake County kindergartners (see chart).

In adults, unhealthy weight is also a problem. In 2005, the Behavioral Risk Factor Surveillance System (BRFSS) determined that 62.7% of Wake residents reported being either overweight or obese – an increase of 8.1% since 2002. Declining physical activity and inadequate consumption of fruits and vegetables are major contributors to this disturbing change. These and other risk factors seem to be even worse in minority populations. Only 35.6% of minority respondents achieved the recommended amount of physical activity, compared to 44.1% of whites. Additionally, only 16.4% of minority respondents ate the recommended amount of daily fruits and vegetables, compared to 23.5% of whites. Comparing levels of overweight/obesity, 68.1% of minorities and 60.2% of whites reported themselves to be either overweight or obese.

Kindergarten BMI Study BMIs ≥ 85 Percentile, By Ethnicity — WCHS 2004

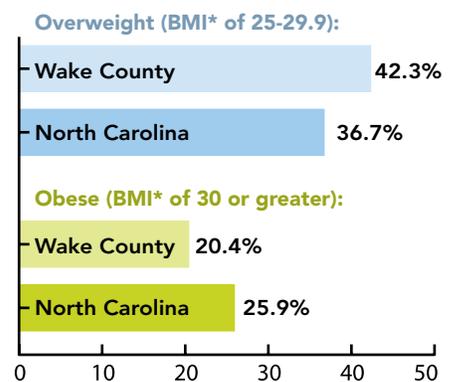


This randomized survey represents 8,702 WCPSS kindergartners

BMI - Body Mass Index = weight (in kilograms)/height (in meters)²
WCPSS - Wake County Public School System
WCHS - Wake County Human Services
BRFSS - Behavioral Risk Factor Surveillance System

Source: Wake County Human Services Data

Percentage of Adults Overweight or Obese - 2005



Data is based on self-reported weight and height in the 2005 BRFSS survey.

Costs for hospital and outpatient care were 36% higher for an obese individual than someone of healthy weight. Medication expenses were also a staggering 77% higher for those who are obese.

Obesity has worsened – it gets to a young population now. Everything is ‘biggie’-sized. You get more for less at fast food and other family restaurants.”

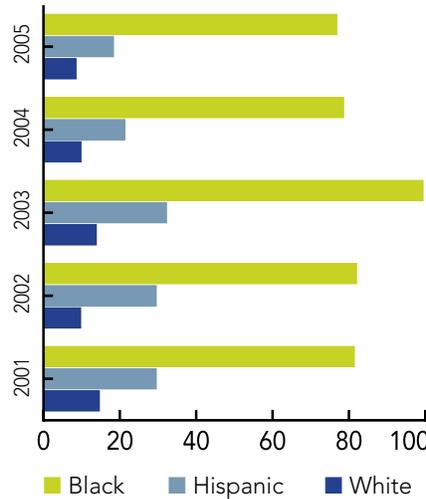
– from Community Assessment surveys and focus groups

HIV/STDs in Wake County – The Silent Epidemic

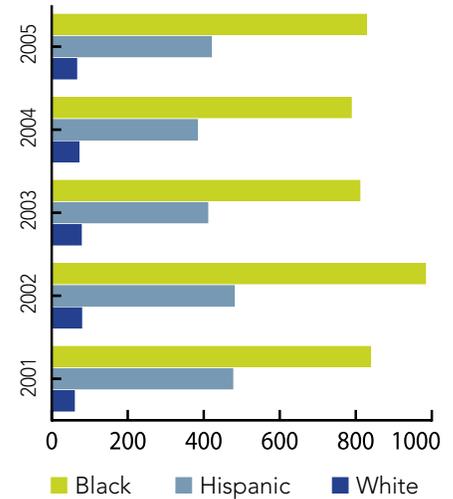
One of the greatest public health challenges around the world, HIV/AIDS has been reported in the United States for more than 25 years. Unfortunately, the other three most commonly reported sexually transmitted diseases (STDs), gonorrhea, chlamydia, and syphilis, also show no signs of abatement and remain serious issues.

In 2005, 208 new individuals were reported with HIV disease in Wake County. The rate of HIV infection among African-Americans (81.4 per 100,000) is 5.5 times greater than whites (14.6 per 100,000) and almost three times greater than Hispanics (29.5 per 100,000). African-Americans and Hispanics represent only 27.6% of Wake County’s general population, but comprise 74.3% of reported HIV-positive individuals. More specifically, the African-American population represents 20.5% of the total population, but 58% of the total HIV cases. At least 45% of the 2005 HIV cases were likely transmitted by men having sex with other men. Wake County has the second highest number of HIV cases of any county in North Carolina.

HIV by Race, Rates per 100,000 in Wake County, 2001-2005



Chlamydia by Race, Rates per 100,000 in Wake County, 2001-2005



Source: the North Carolina HIV/STD Prevention and Care Branch, Division of Public Health.

From 2001-2005, the Wake County rates of chlamydia were highest among females age 13-29. African-Americans and Hispanics are 14 and 8 times, respectively, more likely to get chlamydia than whites. Syphilis cases also continue to rise, from 27 cases in 2003 to 56 cases in 2005.

In 2005, Wake County Human Services (WCHS) tested 10,312 persons for HIV in the community and in clinics. Through June 2006, there were a total number of 655 HIV-positive clients receiving primary health care and case management through the Wake County Human Services HIV clinic. Of the new clients in the HIV clinic, 47% have advanced AIDS upon entrance, the same pattern common in the beginning of the AIDS epidemic 25 years ago. [•]



Safety



Wake County residents worry about their safety. According to the 2006 Community Assessment surveys, the primary safety-related concerns from the English online surveys were illegal drug activity, crime, alcohol, drug use, gang activity and drinking and driving.

In the Hispanic/Latino population, safety concerns were also at the forefront. The main concerns of Latinos were crime, alcohol, drug use, gang activity, violence, illegal drug activity, domestic violence, youth access to weapons, unsafe drivers, and driving or riding in a car without seatbelts.

Injuries of All Types Costly to Families, Community

In 2004, there were 4,513 hospital admissions for injuries and poisonings in Wake County, according to the 2006 N.C. County Health Data Book, State Center for Health Statistics. The average charge per day for these admissions was \$4,557 and the average

charge per case was \$25,563. Hospitalization charges for the year totaled \$115,364,144. In North Carolina in 2004, there were 4,019 deaths from unintentional injuries or injuries not caused on purpose. The rate of unintentional injuries was 47 per 100,000 population.

According to the State Center for Health Statistics, in Wake County between 2000 and 2004:

- Motor vehicle injuries comprised the number one cause of death for 20- to 39-year-olds (193 deaths), and the number three cause of death for children birth to 19 years old (71 deaths). The rate of death from motor vehicle injuries was 25.9 per 100,000 for minority males (91 deaths) and 17.0 per 100,000 (212 deaths) for white males compared to rates between 5.8 and 9.3 per 100,000 for females.
- Unintentional injuries other than those in motor vehicles ranked as the

fourth leading cause of death for children birth to 19 years old, followed by suicide as the sixth leading cause and homicide as the eighth.

- For 20- to 39-year-olds, suicide was the fourth leading cause of death and homicide was the fifth.
- Minority males had an age-adjusted death rate of 15.4 (69 deaths) for homicide compared to 2.7 (37 deaths) for white males and 3.7 (135 deaths) for the county as a whole.
- White males had an age-adjusted death rate for suicide of 15.4 (177 deaths). This was over half of the 266 deaths for the county.

Number of Child Abuse Reports Increases in County

In Wake County, the number of possible child abuse reports received by Child Protective Services (CPS) increases each year. The number of new reports accepted for investigation/assessment has increased by approximately 57% since 2002. During fiscal year 2005-2006, CPS accepted 4,129 reports. Of these, 75.1% were alleging neglect, 12.1% physical abuse, 4.1% sexual abuse, and 1.5% were for concerns of drug dependency. After completion of these investigations, 12.5% of the cases were found to be in need of services and 9.9% were substantiated.

The number of cases referred for CPS Treatment/Case Planning services also

The wider the income gap gets the more violence increases. We have a group that feels like there is no other way out.”

– from Community Assessment surveys and focus groups

Largest N.C. counties with beds for domestic violence victims

City/County Served	Number of Beds	Beds per Capita (per number of people)
Charlotte/Mecklenburg	30	1 per 25,720
Raleigh/Wake	18	1 per 39,973
Greensboro/Guilford	53	1 per 8,279
Winston-Salem/Forsyth	24	1 per 13,371
Fayetteville/Cumberland	14	1 per 22,304
Durham/Durham	14	1 per 17,123
Asheville/Buncombe	13	1 per 16,590
Gastonia/Gaston	25	1 per 7,778
Wilmington/New Hanover	19	1 per 9,134
Jacksonville/Onslow	29	1 per 5,320

Source: Wake County Interact Inc., 2006 Needs Assessment Report

has increased. In fiscal year 2001-2002, there were 232 new families identified for CPS Treatment/Case Planning services. In fiscal year 2005-2006 there were 730 new families identified for these services, an increase of 200%.

Similar to other urban areas, Wake County has a growing number of African-American families involved with CPS services and African-American children in custody of the county. In 2006, 68% of the children brought into foster care in the county were African-American. Wake County’s Child Welfare Division is making efforts to address this concern by hosting an ongoing study group, participating in a national collaborative on reducing racial disproportionality and disparate outcomes, and training staff and community partners.

County Low on Shelter Beds for Domestic Violence Victims

Wake County has the lowest number of shelter beds per capita of the 10 most populous counties in North Carolina and other similar metropolitan areas in the Southeast.

Wake County provided services to over 2,200 victims of domestic violence from 2004 to 2005, according to the N.C. Council for Women/Domestic Violence Commission. This was the second highest number of any county in North Carolina. Wake County reported 4,331 calls from 2,241 domestic violence victims from 2004 to 2005. Approximately 42% (943) were White, 40% (897) were African-American, and 7% (168) were Hispanic/Latino. Ninety-four percent (2,113) were female and 6% (128) were male. By age, most clients—39% or 867— were between 45 and 54 years old.



Gangs Exist, But There’s Still Time for Early Intervention

Law enforcement officials have identified 12 primary gangs in Wake County, with the majority being predominantly male between the ages of 13 and 24. Gangs are responsible for an increase in violent crimes and the sale and distribution of illegal drugs. Currently, the majority of gangs is localized and lacks structure and organization. However, influence from outside gangs may change this dramatically. There is still the opportunity for prevention and early intervention in Wake County.



According to the Wake County Gang Prevention Partnership, approximately half of all known gang members have grown up locally. African-American and Hispanic/Latino youths represent a disproportionate number of gang members. [•]

A Closer Look Methodology and Acknowledgments

The Community Assessment process is the first step in the development of a community action plan that will address documented and prioritized needs in our community. Over the past year, a Steering Committee – composed of more than 60 community faith, business, hospital, nonprofit and government representatives – worked to direct the activities of the assessment process and provide input on issues of interest. This Committee was chaired by Hilda Pinnix-Ragland (Progress Energy) and Commissioner Tony Gurley (Chairman of the Wake County Board of Commissioners).

A Core Staff Team was formed to ensure that the assessment was completed, to provide staff for the collection of data, and to engage community partners. Work groups composed of experts from the community reviewed data and produced chapters of the Community Assessment report covering six areas:

- 1] Behavioral and Social Health
- 2] Economic Health
- 3] Environmental Health
- 4] Lifelong Learning
- 5] Physical Health
- 6] Safety.

Information used by the work groups came from data, community surveys and community focus groups. From July to September 2006, the Community Assessment Team completed 28 focus groups with 251 participants. In addition 3,232 online surveys were completed in English, and 117 paper surveys in Spanish. Data was collected, reviewed and interpreted from dozens of sources, including the Behavioral Risk Factor Surveillance Survey, the State Center for Health

Statistics, Wake County Human Services databases and the Centers for Disease Control and Prevention (CDC).

The Community Assessment presented by the six work groups builds the foundation for:

-] creation of the "Wake County Community Assessment Action Plan," initiated by hundreds of community partners at a Planning Forum held February 26, 2007, at WakeMed Hospital
-] ongoing discussion for planning and development of strategies to be implemented by and for community stakeholders – in collaboration or on their own – including business, government, hospital, nonprofit, education and faith-based organizations
-] prioritizing the most critical issues affecting the quality of life of all residents of Wake County and addressing them head-on
-] providing benchmark information for measuring our community's success and progress in seizing opportunities and meeting our challenges.

The many hours volunteered by the Steering Committee and the work groups, as well as the input provided by many Wake County citizens, have assured that this Assessment presents an accurate picture of issues needing attention and provides a solid basis for the Action Plan for our community for the next four years. [•]



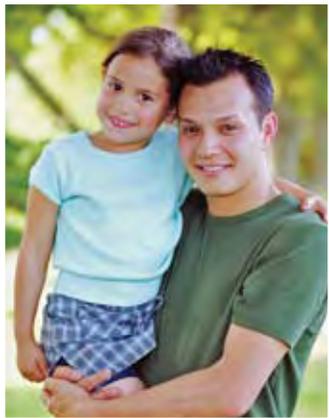
Get Involved

Each of us is the key to a vibrant community. This Community Assessment and priority-setting process represent only the first doors we have unlocked as we move toward creating a community that will make all our lives better. Now we must address the concerns and issues we have prioritized with solutions. We must continue to combine the many strengths and resources we have in Wake County and agree to focus our efforts on the identified priorities. Here is how you can help:

- 1] Pick an area or issue in the Community Assessment that is of interest to you and let us know how you want to help with this issue. You may want to volunteer your time and expertise, link us to other communities and organizations that are interested in the issue, or help us find the resources to address the issue.
- 2] Tell your family, neighbors, co-workers, faith groups, community organizations and business associates about the Community Assessment. Encourage them to read the information and get involved.
- 3] Stay involved and informed. If you would like to be kept informed about the progress we are making as a community, let us know. We need your help in keeping the dialogue alive as we move forward.

To volunteer, make suggestions or request more information, please contact us at 919-250-4516.

This can be an effective effort only if our community lives it, supports it and participates in it. Please find the areas that resonate with you, and be a partner in bringing solutions to problems and building on successes for the benefit of all of Wake County. [•]



What Happens Next?

-] The Community Health Division of Wake County Human Services has assembled a staff team to continue to present this data to the community and to government stakeholders who will use it for planning purposes. This team will also provide support and evaluation for the community efforts to address prioritized issues.
-] Our Wake County Community Assessment will be an ongoing process, including the implementation of the Community Action Plan, and further analysis and dissemination of data to the community to encourage dialogue on solutions.
-] With these efforts Wake County partners will build the capacity to generate and use data to improve the quality of life in our many, diverse communities. [•]



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Hard copies of the full Community Assessment are available for review at all County libraries or at our Web site.

For more information call 919-250-4516.