



# 2014 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) (<http://www.wakegov.com/humanservices/data/Pages/default.aspx>) 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. The "Healthiest Capital County Initiative" and numerous community groups involved in intervention activities, demonstrate how community partners are involved with ongoing efforts to address CHNA priorities.

## Overview of Major Morbidity and Mortality

In 2013, the five leading causes of death in Wake County were cancer, heart disease, cerebrovascular diseases, chronic lower respiratory diseases and all other unintentional injuries. They account for 58% of all deaths (Table 1). Up to 40% of annual deaths from each of five leading causes are preventable.<sup>1</sup>

Cancer, cardiovascular disease and sexually transmitted infections are major causes of morbidity in Wake County. The North Carolina Central Cancer Registry projected new cases of lung/bronchus cancer (4,624), prostate cancer (825), breast cancer (655), and colon/rectum cancer (649) during 2014.<sup>2</sup>

In the 2012 Behavioral Risk Factor Surveillance System (BRFSS), 51 or 6.2% of 1692 Wake County residents surveyed reported a history of any cardiovascular diseases (heart attack or coronary heart disease or stroke).<sup>3</sup> Of the reportable sexually transmitted diseases (STDs), chlamydia continues to be the disease with the highest morbidity in Wake County. There were 4,538 chlamydia cases, 1,262 gonorrhea, 543 non-gonococcal urethritis (NGU) and 262 pelvic inflammatory disease (PID) cases diagnosed in Wake County in 2014 (as of 1/13/15).

**TABLE 1: 2013 LEADING CAUSES OF DEATH, NUMBER AND RATE PER 100,000**

Ranking	Leading Cause of Death 2013	Number of Deaths 2013	Death Rate 2013	Number of Deaths 2009-2013	Death Rate 2009-2013	Age-Adjusted Death Rate 2009-2013
	Total Deaths - All Causes	4833	496.1	22378	482.3	638.1
1	Cancer - All Sites	1201	123.3	5621	121.1	154.3
2	Heart Disease	933	95.8	4439	95.7	129.7
3	Cerebrovascular Disease	263	27.0	1329	28.6	40.7
4	Chronic Lower Respiratory Diseases	220	22.6	1011	21.8	31.5
5	All Other Unintentional Injuries	177	18.2	733	15.8	18.6

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/2013/>

# Community Health Needs Assessment Priorities Update

## 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.

### 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.

**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.

**Community Partners Lead Agency:** Raleigh College Center

**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

**Update 1.1A** During two academic years, 2011-12 and 2012-13, the Raleigh Fellows Program targeted Pell Grant recipients at six post-secondary institutions. A staff liaison was identified on each campus, where they engaged 74 of the students in leadership teams. These teams developed strategies that engaged 3,698 Raleigh Fellows in activities on their own campus and gave them the opportunity to visit the other campuses and access the resources there.

**1.1B** 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.

### INDIVIDUAL CHANGE INTERVENTIONS

**Intervention 1.2** Coaching and Mentoring: Capacity Building

**Strategy 1.2** Provide training and technical assistance to community organizations implementing coaching strategies with at-risk youth.

**Community Partners Lead Agency:** Wake County Cooperative Extension  
**Partner:** Youth Thrive

**Update 1.2** In 2014, training was provided to 83 individuals from 14 organizations on the evidence-based coaching model adopted by the Raleigh College and Community Collaborative (RCCC). (2 year total of trained coaches = 270 individuals representing 67 organizations)

# Community Health Needs Assessment Priorities Update

## 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.

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

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

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

**Update** 1.3 During 2014, group coaching was implemented with 141 youth at four locations. Self-anchoring scales indicate that 95% of participants report that this summer experience helped them avoid risky behavior (alcohol, tobacco and other drugs).

## POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

**Intervention** 1.4 Career Development and Work-Based Learning

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

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

**Update** By August 30, 2013 the North Carolina State University Career Development Center:

- **1.4.1** Convened a career summit. This event pulled together anyone in the area with an investment in career and work-based learning. The Career Summit resulted in a growing relationship between higher education career centers in Raleigh, the Wake County Public School System and the broader community.
- **1.4.2** Collaborated with the Fellows Program to support and create a Campus to Career Passport program and the Career Scene Investigation conference to guide students through the career development process.
- **1.4.3** Developed a career development series at Chavis College Center.
- **1.4.4** Expanded the Career Exploration Tours. These tours took students from all universities out to industry to tour facilities and speak with recent graduates.
- **1.4.5** Collaborated on the Summer Youth Job Fair at Wake Technical Community College. The Job Fair focuses on high school students. The RCCC provided transportation for high school students. Every person who attended the Fair walked away with information about the Collaborative.

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

**Strategy** 1.5 Create two College Centers.

**Community Partners** **Lead Agency:** William Peace University  
**Partner:** City of Raleigh Parks and Recreation.

**Update** 1.5 .1 Raleigh College Center at the Chavis Community Center was established in January 2012.

- A VISTA grant employee was added to the community staff to coordinate and implement college access and success programming at the Center.
- Raleigh Promise programs at the Center have reached 250 youth and parents through monthly workshops on topics including financial aid, college applications, and professional etiquette. Sessions were facilitated by current college students.
- During academic year 2013-2014, the Center provided 42 sessions covering 15 different topics.

# Community Health Needs Assessment Priorities Update

## 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.

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

**Update 1.5.2** Two additional partners, Neighbor to Neighbor and the Wade Edwards Learning Lab, function as satellite college centers that host similar workshops organized by the Raleigh College Center.

## 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%.

### 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.

**Strategy 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.  
**2.1B** Recruit maternal-fetal medicine specialist to care for high-risk mothers to replace vacant positions at WakeMed Health & Hospitals by July, 2016.

**Community Partners Lead Agencies:** Wake County Human Services and WakeMed Health & Hospitals

**Update 2.1A** Discussion is underway with WakeMed Health & Hospitals.  
**2.1B** WakeMed recruited maternal fetal medicine specialists Avick Goran Mitra, MD in 2013 and Karen Lynn Wilson, MD in 2014.

**Intervention 2.2** Provide a minimum of two targeted events on health concerns for low income and minority populations including pregnant women.

**Strategy 2.2A** Offer diabetes classes to non-English speaking persons during 2014.  
**2.2B** Participate in health fairs during 2014.  
**2.2C** Collaborate with the Minority Women's Health Project on ongoing community stroke education and awareness during 2014.

**Community Partners Lead Agency:** Duke Raleigh Hospital  
**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

**Update 2.2A** In 2014, Duke Raleigh Hospital offered monthly diabetes classes in both English and Spanish at Alliance Medical Ministries.  
**2.2B** In 2014, Duke Raleigh Hospital participated in the Delta Sigma Theta Sorority, Main Street Baptist Church, State Employees Wellness & Safety Expo; and the St. Matthew AME church health fairs.  
**2.2C** During 2014, Duke Raleigh Hospitals provide ongoing collaboration with the Minority Women's Health Project on stroke education and awareness and in May 2014, participated in the UNC/Rex Hospital Community Stroke Awareness Fair.

# Community Health Needs Assessment Priorities Update

## Priority Area # 2: Health Care Access and Utilization

**Objective:** The percentage of pregnant women in Wake County receiving prenatal care during the first trimester will increase by 5% annually.

### INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

<b>Intervention</b>	<b>2.3</b> Increase access to medical supplies or prescriptions to deal with health issues for under-insured people including pregnant women.
<b>Strategy</b>	<b>2.3</b> By December 2013, provide 10,434 under-insured people with medical supplies or prescriptions to deal with their health issues.
<b>Community Partners</b>	<b>Lead Agency:</b> United Way of the Greater Triangle
<b>Update</b>	<b>2.3</b> In 2013, 10,991 under-insured people were supplied with medical supplies or prescriptions to deal with their health issues.

### INDIVIDUAL CHANGE INTERVENTIONS

<b>Intervention</b>	<b>2.4</b> Ensure WCHS pre-natal clients receive care within one week from appointment request.
<b>Strategy</b>	<b>2.4</b> By July 1, 2015, recruit necessary clinical professionals to expand clinic hours and provide timely care.
<b>Community Partners</b>	<b>Lead Agency:</b> WakeMed Health & Hospitals
<b>Update</b>	<b>2.4</b> An expansion request was submitted January 2015 to request 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

<b>Intervention</b>	<b>2.5</b> Expand the availability of prenatal services to WCHS clients.
<b>Strategy</b>	<b>2.5A</b> By August 2016, expand WCHS prenatal clinic operations on evenings and weekends at Sunnybrook location. <b>2.5B</b> By January, 2016 establish maternal care services at the Millbrook Human Services location.
<b>Community Partners</b>	<b>Lead Agency:</b> Wake County Human Services
<b>Update</b>	<b>2.5</b> An expansion request submitted to Wake County Human Services January, 2015 is awaiting approval.

<b>Intervention</b>	<b>2.6</b> Enhance tracking of pregnant women presenting at Wake Health Services clinics from confirmation of pregnancy through delivery.
<b>Strategy</b>	<b>2.6A</b> Implement a new process for tracking women from confirmation of pregnancy through delivery in a perinatal case management module in the WHS electronic health record. <b>2.6B</b> Follow the pregnant women through delivery and then re-contact them at the time of delivery. <b>2.6C</b> Compile and analyze statistical data on pregnant women referred out to determine if prenatal care was sought and where and pregnancy outcome.

# Community Health Needs Assessment Priorities Update

## Priority Area # 2: Health Care Access and Utilization

**Objective:** The percentage of pregnant women in Wake County receiving prenatal care during the first trimester will increase by 5% annually.

### POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

**Intervention (continued)** 2.6 Enhance tracking of pregnant women presenting at Wake Health Services Clinics from confirmation of pregnancy through delivery.

**Community Partners** **Lead Agency:** Wake Health Services

**Update** 2.6A During 2014, perinatal case management module in the WHS electronic health record in place.  
2.6B During 2014, began following women through delivery and then re-contacting them at the time of delivery.  
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.

## Area # 3: Mental Health and Substance Abuse

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

### INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

**Intervention** 3.1 Identify and address specific needs of Medicaid or indigent mental health patients presenting to Rex Hospitals.

**Strategy** 3.1A During 2014, engage in monthly coordination meetings with Alliance Behavioral Health.  
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.  
3.1C **During 2014**, provide Rex Emergency Department (ED) coordination with WakeBrook for inpatient psychiatric beds.

**Community Partners** **Lead Agency:** Rex Healthcare  
**Role:** Coordinate and provide mental health services to patients presenting at Rex Hospitals.  
**Partners:** Wake County leadership, Alliance Behavioral Health and UNC Health Care System, Rex  
**Role:** Assist in providing mental health services to patients presenting at Rex Hospital.

**Update** 3.1A Members of the Rex Emergency Services team meet regularly with Alliance Behavioral Health to ensure coordination of services during 2014  
3.1B Since early 2014, a behavioral health case worker has been on site at Rex on a regular basis. Rex worked with Alliance Behavioral Health to develop a collaborative model to help the growing number of behavioral health patients in the ED needing wrap-around services. The collaboration has benefited both patients and the organizations.  
3.1C Throughout 2014, leadership from Rex, UNC, WakeBrook, WakeMed, Duke Health Raleigh, Wake EMS and local law enforcement meet 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 ED and accepts referrals from Rex for all programs.

# Community Health Needs Assessment Priorities Update

## Area # 3: Mental Health and Substance Abuse

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

### INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES

<b>Intervention</b>	<b>3.2</b> Increase access to mental health services and substance abuse services to under-insured individuals.
<b>Strategy</b>	<b>3.2A</b> By 1/2014, ensure 4,907 under-insured individuals receive mental health treatment to improve their well-being. <b>3.2B</b> By 1/2014, offer substance abuse treatment with 4,329 under-insured individuals receiving treatment to reduce their dependencies.
<b>Community Partners</b>	<b>Lead Agency:</b> Triangle United Way <b>Role:</b> Provide funding to under-insured individuals for mental health and substance abuse services. <b>3.2A Partners:</b> Catholic Charities of the Diocese of Raleigh, Inc., Chapel Hill Training Outreach Project, KidSCOpe, 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. <b>3.2B Partners providing services:</b> Freedom House Recovery Center, Inc. and SouthLight Healthcare <b>Role:</b> Assist in providing mental health and substance abuse services.
<b>Update</b>	<b>3.2A</b> During 2013, 5,546 under-insured individuals received mental health treatment to improve their well-being. <b>3.2B</b> During 2013, 4,202 people received substance abuse treatment and reduced their dependencies.

### INDIVIDUAL CHANGE INTERVENTIONS

<b>Intervention</b>	<b>3.3</b> Increase awareness about the dangers and consequences of driving while impaired.
<b>Strategy</b>	<b>3.3</b> By September 2017, present at least 8 awareness and prevention presentations to high school drivers education classes, university health fairs, and corporate training events.
<b>Community Partners</b>	<b>Lead Agency:</b> Raleigh Police Department DWI Enforcement Unit <b>Partners:</b> Wake County Public School System's high school driver education classes, universities and businesses in Wake County.
<b>Update</b>	<b>3.3</b> Since December 2013, the Raleigh Police Department has provided 11 DWI awareness and prevention presentations.

### POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

<b>Intervention</b>	<b>3.4</b> Increase the number of mental health inpatient beds in Wake County and expand WakeMed's Behavioral Health Clinical Evaluation Unit.
<b>Strategy</b>	<b>3.4A</b> By 12/15, increase the number of mental health inpatient beds in Wake County from 16 to 28 beds. <b>3.4B</b> By 12/14, expand WakeMed's Behavioral Health Clinical Evaluation Unit from 6 to 11 beds.
<b>Community Partners</b>	<b>Lead Agency:</b> WakeMed Health & Hospitals <b>Partner:</b> UNC Hospitals

# Community Health Needs Assessment Priorities Update

## Area # 3: Mental Health and Substance Abuse

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

### POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS

<b>Intervention continued</b>	<b>3.4</b> Increase the number of mental health inpatient beds in Wake County and expand WakeMed's Behavioral Health Clinical Evaluation Unit.
<b>Update</b>	<b>3.4A1</b> Currently, the Wakebrook Alcohol and Drug Detox Unit and the Facility Based Crisis Unit each operate a 16 bed unit for a total of 32 beds in building 107 <b>3.4A2</b> The Wakebrook Acute Inpatient Unit, a 16 beds unit in building 111, plans are underway to open an additional 12 bed in early 2016. <b>3.4B</b> To date, WakeMed's Behavioral Health Clinical Evaluation Unit is completed and operational for safely caring for individuals being placed in inpatient/outpatient specialty care units (not a treatment area).
<b>Intervention</b>	<b>3.5</b> Participate in Wake County Crisis Collaborative services to increase access to mental health services.
<b>Strategy</b>	<b>3.5</b> 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.
<b>Community Partners</b>	<b>Lead Agency:</b> Rex Healthcare <b>Role:</b> Support work of The Wake County Crisis Collaborative <b>Partners:</b> Duke Raleigh Hospital, other Wake County hospitals, mental health and law enforcement agencies will support the work of the Wake County Crisis Collaborative.
<b>Update</b>	<b>3.5</b> 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.
<b>Intervention</b>	<b>3.6</b> Establish specialized units focused on impaired driving prevention and enforcement.
<b>Strategy</b>	<b>3.6A</b> By 1/14, establish a Wake county-wide DWI Task Force with units that work together to plan and conduct traffic safety projects. <b>3.6B</b> By 1/14, establishment of the Raleigh Police Department DWI Enforcement Unit. <b>3.6C</b> During 2013, Conduct DWI checking stations.
<b>Community Partners</b>	<b>Lead Agency:</b> NC Department of Transportation, Governor's Highway Safety Program (GHSP) <b>Role:</b> Provide grant funding to several Wake County law enforcement agencies. <b>Partners:</b> All Wake County law enforcement agencies
<b>Update</b>	<b>3.6A</b> The Wake Countywide Driving While Impaired (DWI ) Task Force was established December 2013. <b>3.6B</b> The Raleigh Police Department DWI Enforcement Unit (consisting of 4 officers and 1 sergeant) was established on December 14, 2013. <b>3.6C</b> Countywide, there have been 17 DWI checking stations conducted since December of 2013.

## Changes Affecting Health Concerns

### **New Management**

Wake County welcomed a new County Manager, Jim Hartmann, effective April 14, 2014. Mr. Hartmann has stated that the Wake County Board of Commissioners' (BOC) goals will serve as the blueprint for his job. The BOC's six goals for 2014 were:

- Fiscal Strength and Stewardship
- Community Health and Vitality
- Education
- Public Safety
- Community Partnerships and Economic Development
- Effective and Efficient Government Operations

A new Wake County Human Services Director will also be named this spring and it is unknown at this time what impact this change in leadership will have on the agency.

### **Wake County Human Services Goes HITECH**

The Health Information Technology for Economic and Clinical Health (HITECH) Act require providers to use and demonstrate meaningful use of a certified electronic health record technology to receive financial incentives. A new electronic medical record (EMR) system for the Wake County Human Services Public Health and Health Clinics Divisions is on track for implementation in 2015. This has required intense planning, building, configuring and testing of the EMR for the wide variety of and diverse health services offered at WCHS.

The General Electric (GE) Healthcare Practice Management System, successfully up and running as of September 24, 2013, runs the business side of WCHS health services and replaced an outdated twenty-one year old software system. This new area of HITECH through the new practice management and EMR system will lead to improving the quality, safety and efficiency of health care in the community.

## New and Emerging Issues

### **Syphilis**

A significant increase in early syphilis had a major impact on Wake County in 2014. For calendar year 2013, there were 106 early syphilis cases. In the first 8 months of 2014, there were already 103 cases with a year-end projection of 154 cases, which would indicate a 45% increase from 2013 to 2014. Significant risk factors among the early syphilis cases include: HIV+ status (50%), White/Non-Hispanic race and ethnicity (48%), male gender (95%), and >40 years of age (36%). Additionally, Wake County Human Services diagnosed 48% of these cases.

### **Ebola**

The world is experiencing the largest Ebola epidemic in history, affecting multiple countries in West Africa. Wake County Division of Public Health and its partners are taking precautions to prevent and prepare for Ebola cases that may surface in the county. The Public Health Incident Management Team and the Emergency Operations Center (EOC) have been activated to help coordinate technical assistance and control activities. To date, over 30 people have been monitored for potential exposure to Ebola in Wake County since early August 2014.

## New Initiatives

The Healthiest Capital County Initiative is comprised of numerous public, private, and nonprofit community partners who have entered into a friendly competition to make Wake County, NC the healthiest capital county in the nation. The basis for comparison with other capital counties is the County Health Rankings (CHR), a national project by the University of Wisconsin Population Health Institute that annually uses data to rank counties within states since 2010.

After being ranked as the healthiest county in North Carolina for the fourth year in a row, the Initiative was developed in 2013 as an opportunity to mobilize partners and the community, address the measures that continue to be a challenge, and improve the health of all county

residents. During the first year of the Initiative, a Planning Team analyzed County Health Rankings data on 29 health factors along with other data including results of the 2013 Wake County Community Health Needs Assessment (CHNA) in order to determine areas of focus. Throughout a prioritization process, the CHNA results were part of the discussion. The final Initiative focus areas address two of the top three community priorities of the 2013 CHNA.

## Sources

<sup>1</sup> Centers for Disease Control and Prevention, CDC Newsroom, <http://www.cdc.gov/media/releases/2014/p0501-preventable-deaths.html>.

<sup>2</sup> Projected New Cancer Cases and Deaths for Selected Sites by County, 2014, Produced by the North Carolina Central Cancer Registry, 1/14, <http://www.schs.state.nc.us/data/databook/CD13B%20Cancer%20Projections%20by%20County.pdf>.

<sup>3</sup> North Carolina State Center for Health Statistics, Annual Survey Results, [www.schs.state.nc.us/data/brfss/survey.htm](http://www.schs.state.nc.us/data/brfss/survey.htm).

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