

# Plan for Population Health in Wake County – A “Live Well Wake” Collaborative

*“Weaving Wellness, Health and Social Equity”*

## Introduction

On February 20, 2017 the Wake County Board of Commissioners appointed a Population Health Task Force (PHTF) to develop a plan to improve the health and wellbeing of Wake County residents, by focusing on policies that support healthy communities, active life styles, and thriving residents. See Appendix A for membership. The Task Force was charged with developing a plan focused on improving the overall health of the community, including recommendations to address the social determinants of health; the built environment; policies and systems changes that may result in positive population outcomes; and making the healthy choice the easy choice. To accomplish this task, the PHTF developed three work groups: 1) Healthy Wake, 2) Vulnerable Populations, and 3) Familiar Faces. With participation in the work groups and enthusiastic support from community representatives, faith representatives, the County’s health care providers, safety net service agencies, and partner organizations, the Task Force has created recommendations for placing population health at the center of shared efforts for all.

*“Every Wake County resident, regardless of background or neighborhood, should have equal opportunity for optimal health and well-being.”*

Adapted from: <http://www.nationalcollaborative.org/our-programs/hope-initiative-project/>

Overarching Recommendations focus on:

- **establishing a collaborative** to address PHTF recommendations and Community Health Needs Assessment (CHNA) priorities under one umbrella and adding additional community members and business partners.
  - **measuring what we do** by using methodology that already exists (the HOPE Model) to establish measurable indicators that can be benchmarked.
  - **sharing decision making and leveraging resources** with all partners
  - **distinguishing and addressing the needs of the general population, vulnerable residents, and frequent users of health and social services by implementing the recommendations of the Task Force work groups.**
- Population health is a broad framework for addressing community needs. The Task Force suggested three strategies to approaching population health in Wake County:
- a. A broad, countywide initiative for all Wake County residents with focused prevention strategies
  - b. Targeted efforts for selected vulnerable populations identified through data-driven and community engagement process with better coordination among agencies and partners serving vulnerable populations

- c. Intense “case management” for high risk individuals who are frequent users of health and social services with better coordination among the agencies and partners serving frequent users

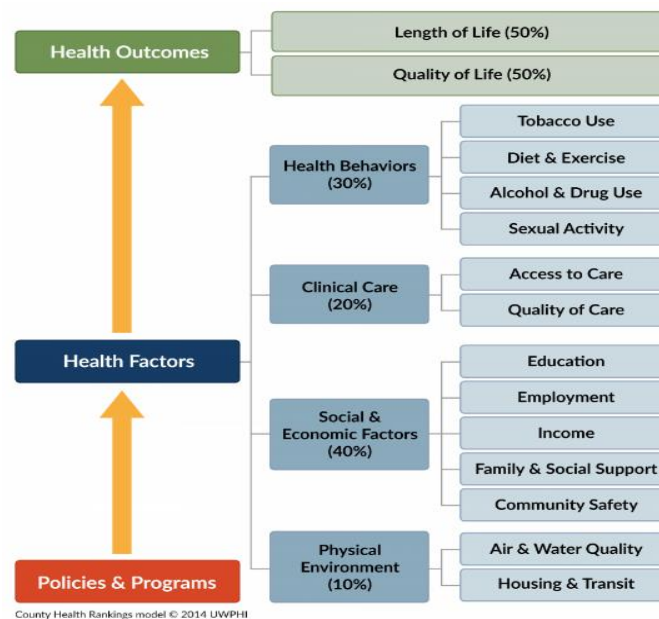
The overview of the content of Plan was presented to the Wake County Human Services Board on February 8, 2019. The Wake County Human Services Board expressed overwhelming support and recommended that additional strategies in all areas be put in place to incorporate the engagement of grass roots communities and their leaders.

### **The Plan to Address Population Health in Wake County, North Carolina**

The work and recommendations of the Population Health Task Force were developed based on several models, including these two specific models:

1. The Social Determinants of Health Model developed by The Robert Wood Johnson Foundation and used in the annual County Health Rankings, and
2. The HOPE Model – a methodology for measuring social determinant of health indicators at the national and state levels, that can also be used to measure social determinants at the county level.

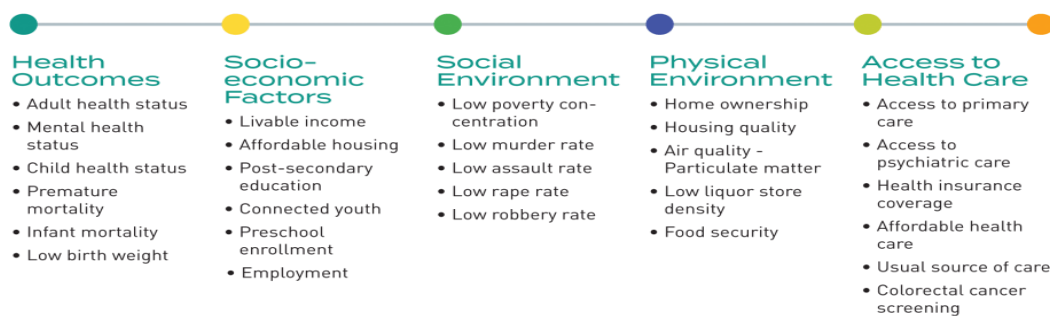
**The Social Determinants of Health Model** emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.



To achieve the most optimal quality and length of life (health outcomes), policies and programs must address social and economic factors and the physical environment, in addition to the health behaviors of individuals and clinical care. The chart above indicates that emphasis on social and economic factors and the physical environment account for 50% of health outcomes. The Population Health Task Force used this model to guide development of recommendations.

**The HOPE Model** gives an equity framework for measuring improvements in specific areas associated with social determinants of health.

The HOPE Initiative Measures



(Hope Initiative Report, Robert Wood Johnson, July 2018)

As the Population Health Plan is implemented, participants and partners will decide which specific measures will be used to track progress and success for the various strategies developed.

## STEPS TO ADDRESSING RECOMMENDATIONS:

1. **Establish a Collaborative** addressing the needs of the general population. The Healthy Wake Work Group focused on recommendations addressing all Wake County residents and supporting overall health and wellbeing.
  - a) Designate and adequately fund public /private partnership to coordinate health-related efforts in Wake County. The partnership – which must begin work immediately – must be nimble while remaining focused on a strong mission. It must be broadly representative and financially secure, and it will be tasked with implementing the policy recommendations of this report and providing an annual update of the county’s progress.
  - b) Address the wellness and healthcare needs of Wake County by broadening the scope of and increasing participation in the 2019 Community Health Needs Assessment. The CHNA should be resourced and empowered to connect actions and interventions to outcomes.
  - c) “Make the healthy choice the easy choice” by creating and enriching healthy physical and educational environments by 2030.

This will be accomplished by combining the Population Health Task Force recommendations with the existing Community Health Needs Assessment process. The Community Health Needs Assessment in Wake County is conducted on a 3-year cycle. By law, all public health departments in North Carolina must complete an assessment, and the Internal Revenue Service requires all hospitals to complete an assessment. Wake County Human Services, our three hospital systems, and other community partners and safety net providers have worked together to do assessments since 2010 and have refined the assessment model to include over 60 community partners. Below you can see the alignment of the Community Health Needs Assessment and the Population Health Task Force.

## Parallel Process and Timelines

### Population Health Task Force

- Started in 2018 – completed work in March 2019
- Board of Commissioners Appointed Members
- November 2018 Recommendations to Board of Commissioners (BOC)
- March 2019 Population Health Plan to BOC
- Includes integration of recommendations with CHNA

### Community Health Needs Assessment

- 2018- June 2019, and **ONGOING**
- State mandate for Human Services (public health)
- Federal IRS mandate for Hospitals
- WCHS/ Hospitals/ Community stakeholders
- Action Planning Phase late summer

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### WAKE COUNTY

The Community Health Needs Assessment Process already:

- engages community partners
- is data-driven
- focuses on critical health needs
- helps align community stakeholders' goals

See Appendix B for a list of leadership and participants in the CHNA. Partners have a history of working together, and investing resources to do look at statistics, implement focus groups and surveys, and prioritize the needs of Wake County residents. The information from the CHNA is used by Human Services to develop a “State of the County ‘s Health Report”, and by hospitals to develop their community health

engagement plans as required by the Internal Revenue Service (IRS). Many stakeholders use the information to develop their agency plan, apply for grants, and leverage additional resources and partnerships. The information is also used by the County's Community Advocacy Committees to establish regional priorities.



As of March 2019, the Community Health Needs Assessment partners are in the process of establishing priorities and developing action plans. This is the perfect time to incorporate the Population Health Task Force Recommendations into their structure and planning. Moving forward:

- **The CHNA Steering Committee and Stakeholder Group become the “Live Well Wake” Collaborative.** This Collaborative will continue working on Community Health Needs Assessment priorities and plans and serve as “convener and facilitator” to also address alignment of vulnerable populations and familiar faces strategies with the selected priorities.
- Community Health Needs Assessment Priorities will become the priorities for Live Well Wake to address:
  - Priority 1 – Transportation Options and Transit
  - Priority 2 – Employment
  - Priority 3 – Access to Care
  - Priority 4 – Mental Health/Substance Use Disorders

- Priority 5 – Housing and Homelessness

What process will be used to develop the Live Well Wake Collaborative? The “Wheel” does not have to be re-created!

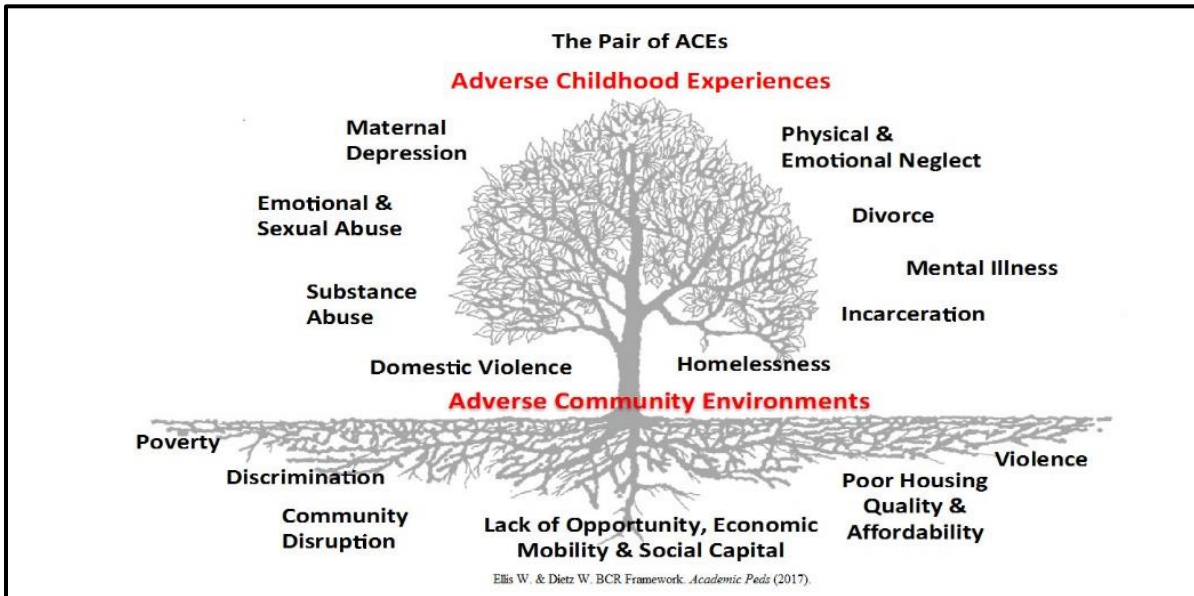
- The Former CHNA Community Health Assessment Team becomes the **Live Well Wake Assessment Team**. This is the core group of leadership that has provided time and resources to the Community Health Needs Assessment process for the last 3 cycles.
- The Former CHNA Stakeholder Group (100+ Community Organizations), plus additional membership to address vulnerable communities/populations and familiar faces becomes the **Live Well Wake Stakeholder Group** – meets 2-3 times a year to engage stakeholders, report progress, align work of partners.

By establishing a Live Well Wake Collaborative, partners will be able to:

- Identify where there are gaps in selected priorities, and what entities are addressing the gaps
- Allow partners to work where they are or choose to join others’ initiatives.
- Identify and ask other partners to lead, join, leverage resources, and help measure progress
- Do this through a small steering committee, a stakeholder group, and strategic “convenings” that allow partners to see what others are doing and dialogue about alignment towards identified goals and agree upon specific goals to work on together.
- Set of additional objectives as needed (i.e. objectives for vulnerable populations and familiar faces)

2. **Establish A Vulnerable Populations Committee as part of “Live Well Wake.”**

Vulnerable populations are those at higher risk for poor health as a result of social, economic, political, and environmental factors, as well as limitations caused adverse childhood experiences and community environments.



The Vulnerable Populations Committee for The Population Health Task Force recommended:

- Develop a community grant fund to support population health initiatives. Encourage all businesses, philanthropic organizations, and other donors to support the fund by investing fiscal or human capital in communities identified as most vulnerable by use of a data driven methodology. The grant funding should address the HOPE (Health Opportunity and Equity) continuum of indicators for health outcomes, socioeconomic factors, social environments, physical environments, and access to health care. The grant funding should also address Community Health Needs Assessment priorities in vulnerable communities.
- Create safe and humane environments and remove barriers to healthy food, affordable transportation, and housing.
- Reduce over-criminalization that removes children from schools and parents from homes, decrease incidence of Adverse Childhood Experiences (ACEs), reduce incarceration, and support employment.
- Encourage early childhood brain development and enjoy a more creative, healthy, well-educated, and economically-engaged population.
- Expand the Wake County-administered Social and Economic Vitality Model working in Southeast Raleigh and the Eastern Region to vulnerable communities identified in the Western, Northern, and Southern areas of the County to address disparities in health and social outcomes countywide. Measures of success in the short term may include more students trained, more students receiving universal breakfast in the classroom, an increase in summer food initiatives, diversion training, and more children in high



quality pre-K programs. Long term measures of success may include lower adverse community and childhood experiences for those living in vulnerable communities.

Developing a Vulnerable Populations Committee for Live Well Wake will allow:

- a. Focused Leadership (**A Chamber or Business Rep and other partner will be asked to Co-Chair**) to address the Population Health Task Force Vulnerable Populations recommendations
- b. Partners in Live Well Wake who want to participate can join this committee
- c. Alignment of the many initiatives currently active in vulnerable communities so that grass roots leaders can participate in setting specific objectives for their communities along with businesses and other partners
- d. The committee to set very specific objectives, and indicators to measure success

### 3. **Establish a Familiar Faces Committee as part of “Live Well Wake.”**

“Familiar faces” describes a relatively small group of residents who access multiple health services in Wake County such as hospitals, homeless shelters, mental health service providers, emergency medical services (EMS), and detention services.

Familiar faces have persistent and unaddressed physical, mental and behavioral health challenges that result in acute, high-cost interventions. The county currently lacks intense coordinated information-sharing and support that familiar faces need to achieve better outcomes. Addressing the healthcare and social needs of familiar faces requires collaboration and innovation. Leaving these needs unaddressed hurts quality of life and increases overall costs of care, diverting resources away from more proactive population health efforts. The Population Health Task Force Familiar Faces Work Group recommended the following:

- Develop an ongoing Wake County Familiar Faces Work Group and utilize business agreements/collaboration with local hospitals, jail system, EMS, Alliance and other community providers to share and link pertinent data. Develop advanced analytics to identify residents at highest risk.
- Align a public/private partner to issue a Request for Proposal and identify a lead organization who could coordinate existing organizations and/ or manage a central database capable of using data analytics to identify persons in need of services.
- Pilot the use of a standardized Social Determinants of Health screening assessment and design a uniform enrollment process to connect people to appropriate resources.
- Develop community protocols to coordinate the existing case management programs in the community. Consider piloting new interventions with a subset of the population. Provide training and support, and engage workforce currently working directly with familiar faces.
- Develop a return on investment model to demonstrate cost savings and develop a case for scale and sustainable support to meet the needs of this population.



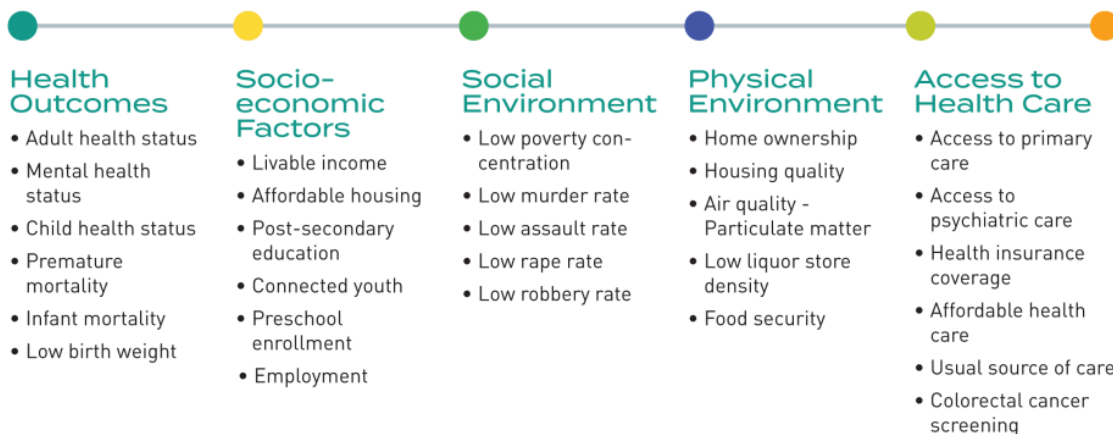
Developing a Familiar Faces Committee as part of Live Well Wake will allow for:

- Focused Leadership (**A Designee of the County Manager and hospital representative will Co-Chair**) in addressing the above recommendations
- Partners in Live Well Wake who want to participate can join this committee
- The committee to build on existing work for familiar faces, set very specific objectives, and indicators to measure success

#### 4. **Measure What Is Done**

HOPE (Health Opportunity and Equity Initiative) measures and methodology will be considered were applicable as a starting point for the County-wide priorities. These measures are already benchmarked and measured at the state level. Partners have or can develop the tools to measure at the County level. This will allow for a data-driven implementation plan.

#### The HOPE Initiative Measures



#### Possible Measurements for Vulnerable Communities Work

- Develop a community grant fund to support population health initiatives in vulnerable populations and communities experiencing disparities in health and social outcomes. (Measures may include # of business partners supporting the grant fund; amount leveraged; improvements in community engagement, buy-in, improvements and satisfaction.)
- Create safe and humane environments; remove barriers to healthy food, affordable transportation and housing. (You can see the overlap here with the CHNA priorities. Measurement of the extent these barriers are addressed and number of people in vulnerable communities can be measured.)

- Reduce over-criminalization that removes children from schools and parents from homes: decrease incidence of Adverse Childhood Experiences (ACEs) and increase resilience in people and communities; reduce incarceration; support employment. (Measurement can include efforts to build family and community resilience, including community education)
- Encourage early childhood brain development and enjoy a more creative, healthy, well educated, and economically engaged population. (Did the Live Well Collaborative include vulnerable communities in this work? Did it make any difference in those communities?)

### **Possible Measurements for Familiar Faces Work**

- Develop an ongoing Wake County Familiar Faces work group and utilize business agreements/collaboration with local hospitals, jail system, EMS, Alliance and other community providers to share and link pertinent data. Develop advanced analytics to identify residents at highest risk. (Measure: was the Familiar Faces Committee developed and is it active?)
- Consider issuing a Request for Proposals to identify a lead organization who could coordinate existing organizations and/ or manage a central database capable of using data analytics to identify persons in need of services. (Measure: was the database created and used? Did it help any of our familiar faces, and in what ways?)
- Pilot the use of a standardized Social Determinants of Health screening assessment, design a uniform enrollment process to connect people to appropriate resources. (Measure: was the assessment created and used? Did it help any of our familiar faces, and in what ways?)
- Develop community protocols to coordinate the existing case management programs in the community. Consider piloting new interventions with a subset of the population. Provide training, support and engage workforce currently working directly with familiar faces. (Measure: Were the protocols developed? Did they help any of our familiar faces, and in what ways?)
- Develop a return on investment model to demonstrate cost savings and develop case for scale and sustainable support to meet the needs of this population. (Measure: was the model created and used? Did the model demonstrate cost savings and better outcomes for familiar faces?)

### **Resources**

- The CHNA Community Health Assessment Team (CHAT) has invested leadership time and funding. They will be asked to continue their support.

- The Wake County Human Services Department is requesting funding for a CHNA/Population Health coordinator from the Wake County Commissioners. Currently temporary funds are being used by the Department.
- Additional funding and support will be leveraged from community partners.
- Opportunities for funding related to Medicaid Transformation will be explored and pursued by the Live Well Wake Collaborative.

### **Timeline and Reporting**

- Live Well Wake will now be on the three-year cycle of the Community Health Needs Assessment Process. It will continue to address the requirements for Human Services to have a Community Assessment, and Internal Revenue Service requirements of hospitals to do the same.
- Progress will be assessed and reported annually to the Wake County Human Services Board, the Wake County Commissioners' Human Services Committee, and to the NC Department of Health and Human Services through a "State of the County's Health" Report.

### **Summary**

Recommendations from the Population Health Task Force will now be addressed by combining those recommendations with the efforts of the existing and ongoing Community Health Needs Assessment process. The combined entity will now be called "Live Well Wake". Live Well Wake will continue to assess, develop work plans, and implement strategies to address the priorities identified in the community needs assessment process, and in addition will address vulnerable populations and frequent guest objectives. If resourced as planned, it is expected that the Live Well Wake Collaborative can begin as early as August 2019.

## **APPENDIX A - MEMBERSHIP OF THE POPULATION HEALTH TASK FORCE**

### **CO-CHAIR**

**Sig Hutchinson** – Vice Chair, Wake County Board of Commissioners

### **CO-CHAIR**

**Stuart Levin, MD** - President and Founding Chair, Blue Ridge Corridor Alliance

### **Kia Baker**

Executive Director, Southeast Raleigh Promise

### **Alicia Barfield**

Dir. of Strategic Initiatives, Duke Raleigh Hospital

### **Reverend Asa Bell**

Pastor, Pleasant Grove Missionary Baptist Church

### **Mark Benton**

Deputy Secretary for Health, DHHS

### **Dr. Craig Brookins**

Dir. of Extension, Outreach and Engagement, NCSU

### **Linda Butler, MD**

Vice President of Medical Affairs/Chief Medical Officer/Chief Medical Information Officer,  
UNC Rex Healthcare

### **Reynolds Clodfelter, Jr., MD**

President and CEO, SouthLight Healthcare

### **Mitchell Cohen, MD**

Public Health Scientist and Leader, Retired

### **Melanie Davis-Jones**

Chief Strategy Officer, United Way of the Greater Triangle

### **Frank Eagles**

Mayor, Town of Rolesville

### **Jill Heath**

Pres. and CEO of Mulkey Engineers and Consultants

### **Lisa Humphreys**

Senior V.P. of Organizational Development, YMCA

### **Brian Klausner, MD**

Medical Director, WakeMed Key Community Care ACO/ Community Population Health

### **Dave Koch/Cindy Sink**

Executive Director/Director of Community Impact and Advocacy, Inter-Faith Food Shuttle

### **Stuart Levin, MD**

President and Founding Chair, Blue Ridge Corridor Alliance

### **Howard Manning**

Executive Director, Dorcas Ministries

### **Sara Merz**

Executive Director, Advocates for Health in Action

### **Carol Anne Moehring**

Director of Community Outreach, First Presbyterian Church

### **Cathy Moore**

Deputy Superintendent for Academic Advancement,  
Wake County Public Schools

**Peter Morris, MD**  
Executive Director, Urban Ministries of Wake County

**Regina Petteway**  
Director, Wake County Human Services

**James Smith, III, MD**  
Medical Director, Carolina Partners in Mental Health  
Chair, Wake County Human Services Board

**Betsy Vetter**  
Regional Vice President of Government Relations,  
American Heart Association

**Penny Washington**  
CEO, Advance Community Health

**STAFF**  
Dr. Sue Lynn Ledford, Beth Collins, Denise Foreman, Yolanda McMillan, Sharon Peterson, Sonya Reid

**CONSULTANTS**  
Kevin FitzGerald, Owen FitzGerald, Hugh Tilson, Care Share Health Alliance

## Appendix B

### 2019 Community Health Assessment Team (CHAT) Participants

Last Name	First Name	Title	Organization
Heckle	Kerry Grace	Director of Public Relations	UNC Rex Health Care
Ziegler	Emily	Director of Government Affairs	UNC Rex HealthCare
Gill	Erin	Community Relations Coordinator ETO Administer	UNC Rex HealthCare
Burriss	Steve	President, 2019 CHNA Co-Chair	UNC Rex Healthcare
Current	Joseph	Changing Generations Operations Manager	United Way of the Greater Triangle
Hutchinson	Sig	County Commissioner, 2019 CHNA Co-Chair	Wake County Board of Commissioners
Alfano-Sobsey	Edie	CHNA Scientific/Technical Advisor	Former - Wake County Human Services
Williamson	LaNarda N.	Outgoing CHNA Project Assistant	Wake County Human Services

Wardell	Lechelle	Outgoing CHNA Project Manager	Wake County Human Services
Petteway	Regina	Human Services Director	Wake County Human Services
Ledford	Sue Lynn	Public Health Division Director	Former - Wake County Human Services
Brighton	Jennifer	Communications & Executive Support Manager	Wake County Medical Society Community Health Foundation
Curtis	Andi	Government Affairs Manager	WakeMed Health and Hospitals
Barrett	Linda	Corporate and Community Health Manager	WakeMed Health and Hospitals
Carter	Sara	Director of Operations	Youth Thrive
Reich	Shelia	Executive Director	Youth Thrive
Gillespie	Rebecca	Consultant	Ascendient
Carter	Daniel	Consultant	Ascendient

## 2019 Community Health Steering Committee Participants

Last Name	First Name	Title	Organization
Abbacchi	Darren	Captain	Wake Forest Police Dept.
Adams	Gideon	Vice President for Community Health and Engagement	Food Bank of Eastern NC and Central NC
Alexander	John	Senator	NC General Assembly
Anderson	Paul	Pastor	The Fountain Of Raleigh Fellowship
Andrews	Patrice	Police Chief	Town of Morrisville
Baldwin	Jack	Recreation Center and Programs Manager	Town of Garner

Ball	Cynthia	Representative	North Carolina House of Representatives
Best	Verna	Director	Wake County of Social and Economic Vitality
Blevins	Darryl	Human Services Regional Center Director	Wake County Human Services
Bowdel	Tara Shepherd	Director of Development and Community Relations	Salvation Army
Brown	Patricia	Community Rep	
Budnick	Chris	Executive Director	Healing Transitions (Formerly The Healing Place)
Bullock	Freda	Executive Director	Dorothy Mae Hall Women's Center, Wendell
Burns	John	Commissioner	Wake County Board of Commissioners
Burriss	Steve	President	UNC Rex Healthcare
Byrd	Mother Rita Johnson	Program Director, Religious Studies	Saint Augustine's University
Byrne	John	Mayor	Fuquay-Varina Board of Commissioners
Cabanas	Jose	Director/Medical Director	Wake EMS
Calabria	Matt	Commissioner	Wake County Board of Commissioners
Carter	Daniel	Principal	Ascendient
Cawley	TJ	Mayor	Morrisville Town Council
Clark	Beverly	Commissioner	Zebulon Board of Commissioners
Clodfelter, Jr.	Tad	Licensed Psychologist, CEO	Southlight Healthcare
Cole	Adrienne	President and CEO	Greater Raleigh Chamber of Commerce
Coleman	Patricia	Business Analytics Manager	Wake County Human Services
Collins	Kimberly	Executive Director	BAREUP
Collins	John	Executive Director	YMCA of the Triangle
Conner	Jennifer	Account Executive, NC Local Government Solutions	SAS
Covington	Leslie	Executive Director	The Caring Place



Cox	Julie	Advocacy Manager	Inter-Faith Food Shuttle
Cox	Jonathan	Parks, Recreation and Cultural Resources Director	Town of Fuquay-Varina
Craig	Katie	Director Of YPN	Greater Raleigh Chamber of Commerce
Crosslin	Lisa	Chief Program Officer	Passage Home
Curry	Molly	Dean, Health Sciences and Chief Campus Officer of Health Sciences	Wake Technical Community College
Daly	Nancy	Water Resources Manager	Wake County Environmental Services
Dollar	Nelson	Representative	NC House of Representatives
Dozier	Nicole	Council Member-Pro Tem	Apex Town Council
Eagles	Frank	Mayor	Rolesville Board of Commissioners
Edwards	Raven King	Health Equity Consultant	Office of Minority Health & Health Disparities
Ellis	David	County Manager	Wake County Government
Ford	Greg	Commissioner	Wake County Board of Commissioners
Foreman	Denise	Assistant to the County Manager	Wake County
Foster	Sharon M.	Board Member	WCHS Board
Freeman	Carolyn	Executive Director	Spring Arbor of Cary
Frenette	Linda	Chamber Director	Fuquay-Varina Chamber of Commerce
Friedman	Seth	CEO	Passage Home
Garimella	Satish	Council Member	Morrisville Town Council
George	Ken	Town Council Member	Town of Cary
Gill	Rosa	Representative	North Carolina House of Representatives
Gillespie	Rebecca	Senior Consultant	Ascendient
Gonzalez	Kate Ward	Director of Social Ministries	The Salvation Army
Gray	Virginia	Mayor	Wendell Board of Commissioners

Grimes	Shaneka	Bilingual Health Equity Consultant	Office of Minority Health & Health Disparities
Hager	Petra	Human Services Center Director	Millbrook Human Service Center
Haggard	Pat	Executive Director	Holly Springs Food Cupboard
Henneghan	Jenisha	Aging Specialist	Triangle J Area Agency on Aging
Hicks	Kristie		NC Cooperative Extension
Hipskind	Martha Grove	Coordinator, Area Agency on Aging	Triangle J. Council of Government
Holmes	Jessica	Commissioner-Chair	Wake County Board of Commissioners
Humphreys	Lisa	Chief Organizational Development Officer	YMCA OF THE TRIANGLE
Hutchinson	Sig	Commissioner-Vice Chair	Wake County Board of Commissioners
Jackson	Melvin	Community Rep	
John	Joe	Representative	North Carolina House of Representatives
Johnson	Eric	Community Relations Manager	Alliance Behavioral Health
Johnson	Dr. Larry	Pastor	Gethsemane Seventh-day Adventist Church
Johnson	Liz	Council Member	Town of Morrisville
Johnston	Anna	Project Manager	Holly Springs Economic Development
Jones	Niki	Assistant Director of Housing and Neighborhoods	City of Raleigh Housing
Jones	Linda Graham	Community Engagement Administrator	City of Raleigh Housing and Neighborhoods Department
Jury	Ryan	COO	Advanced Community Health
Kastner	Brandon	Executive Director	Glenaire Retirement Community
Khan	Faisal		Carolina Peace Center
Kidd	Troy	Regional Director	The Blood Connection
Killen	Russell	Mayor	Knightdale Town Council
Killingsworth	Audra	Council Member	Apex Town Council

Krstanovia	Irena	Director, Dept. of Economic Development	The Town of Holly Springs
Kumar	Jai	Director of Planning and Development NC Hospital Foundation	North Carolina Healthcare Association
Kushner	Christine	Member	Wake County Board of Education
Lager	Rita Anita	Executive Director	Recovery Communities of North Carolina
Lang	Geoff	Vice President and General Manager of Global Technology and Operation	MetLife
Leonard	Jeffrey M.	Police Chief	Town of Wake Forest
Letteney	John	Police Chief	Town of Apex
Loop	Caroline	Environmental Services Manager	Wake County Environmental Services
Lordeus	Tajuana Crosby	Physician Assistant	Help Health Education and Lifestyle Programs
Loyack	Elaine	Director of Community and Public Relations	Delta Dental of North Carolina
Lucket	John	President/CEO	Raleigh Rescue Mission
Luo	Si	Consultant	Ascendient
Lutz	Alice	Executive Director	Triangle Family Services
Mann	Dale	Program Coordinator	NCPA/NAMI
Mann	Jeff	CEO	GoTriangle
Mann	Sandra (Sandy)	Program Coordinator	NCPA/NAMI
Manning	Howard	Executive Director	Dorcas Ministries
Marshburn	Ken	Mayor Pro-Tem	Garner Town Council
Martin	Jim	Board Member-Vice Chair	Wake County Board of Education
Matheny	Robert	Mayor	Zebulon Board of Commissioners
Matthews	Mark	Town Manager	Town of Fuquay-Varina
McFarlane	Nancy	Mayor	Raleigh City Council
Meador	Susan	Interim Executive Director	Center for Volunteer Caregiving
Mercier	Rick	Communications Manager	Town of Garner
Merritt	Jeff	Executive Director	PNC Arena

Merz	Sara	Executive Director	Advocates for Health in Action
Meshot	Carole	ED.D.	Raleigh Midtown Rotary Club
Milazzo	Joe	Executive Director	Regional Transportation Alliance
Miller	Maurita	Executive Director	In Our Shoes, Inc.
Monroe	Yvonne	Founding Psychiatrist	Carolina Partners in Mental Health
Montague-Hicks	Christine	Director of Strategic Initiatives	Raleigh Rescue Mission
Moore	Kellan	President and CEO	Rex Endowment
Moore	Annie Jean	Commissioner	Zebulon Board of Commissioners
Morant	Karen	Human Services Regional Center Director	Wake County Human Services
Morris	Peter	MD	Urban Ministries
Mullan	Kati	Executive Director	Read and Feed
Nasser	Debra	Site Director	Wake Forest Charter Academy
Nolan	Terry	Planner III	Wake County Planning
Orbon	Michael	Water Quality Director	Wake County Environmental Services
Paige	Martha	Town Manager	Town of Morrisville
Parekh	Shafi	District Governor	RI District 7710 North Carolina-USA
Parker	Virginia	Senior Vice President	Bank of America
Parrott	Steve	President	Wake Education Partnership
Perry	Dr. John	Executive Director	AHEC, WakeMed Health and Hospitals
Peterson	Sharon	Long Range Planning Administrator	Wake County Planning
Pfaltzgraff	Jennifer	Executive Director	The Arc of the Triangle, Inc.
Portman	Erv	Commissioner	Wake County Board of Commissioners
Prosper	Tamara	Aging Services Professional	Tamara G. Prosper, LLC
Purvis	Shawn	Assistant Town Manager	Town of Apex
Rader	Megg	Executive Director	Alliance Medical Ministry
Rao	Steve	Council Member	Morrisville Town Council

Reid	Sonya	Human Services Program Manager	Wake County Human Services
Richard	Holly	President and CEO	Tammy Lynn Center
Richmond	Al	Executive Director	Community Campus Partnerships for Health
Roberson	James	Mayor	Town of Knightdale
Robinson	Jennifer	Council Member	Cary Town Council
Robison	Nathan	Executive Director	Sunrise Senior Living of Raleigh
Rochelle	Portia	Pastor	Word for Transformation Church and Outreach Center, Inc.
Roland	Emily	Senior Director	Advocacy & Rural Health North Carolina Healthcare Association
Rollins	Ann	Executive Director	Alice Aycock Poe Center for Health Education
Sary	Chad	Assistant Town Manager	Town of Knightdale
Sauer	Diane	Director	City of Raleigh Parks and Recreation
Schmidt	Annie	Executive Director	NAMI Wake County
Sears	Richard	Mayor	Holly Springs Town Council
Sheares	Shirley	Founder	AME Church Shelter for Homeless
Shirah	Kate	Program Director	John Rex Endowment
Silver	Jonas	Public Information Officer	Town of Knightdale
Smith	James	Chair	Wake County Human Service Board
Spiritos	Dr. Mike	Medical Oncologist	Duke Raleigh Hospital
Stallings	Joe	Economic Development Director	Town of Garner
Stephenson	Russ	Council Member	Raleigh City Council
Stickney	Laurie	President & CEO	Community Partnership Inc.
Sturdivant	Pat	Executive Director	Capital Area Workforce Development
Tedrow	Jeanne	President and CEO	North Carolina Center for Non-Profits

Thoma	John	CEO	Transitions LifeCare
Threadcraft	Joseph	Director	Wake County Environmental Services
Troutman	Anna	Director of Programs	Wake County Smart Start
Wall	Ruben	Parks, Recreation and Cultural Resources Director	Town of Wake Forest
Wall-Lennon	Bridget	Commissioner	Wake Forest Board of Commissioners
Warren	Gregg	President	DHIC, Inc
Warren	Mary	Director, Area Agency on Aging	Triangle J. Council of Government
West	James	Commissioner	Wake County Board of Commissioners
White	Amy	Executive Director	Community of Hope Ministries, Garner
White	Shannon	Executive Director	East Wake Education Foundation
Wilkins	Pat	Team Lead, Business Development Associates	Hill Chesson and Woody
Wilson	Courtney	Community Engagement Manager	Advance Community Health
Winstead	Alan	Executive Director	Meals on Wheels
Womble	Dr. James	Executive Director	Glenaire Retirement Community
Yeager	Ross	Human Services Regional Center Director	Wake County Human Services Northern Regional Center
Zeitler	Rachel	Advocacy ad Societal Impact Manager	Habitat for Humanity
Zuidema	Brandon V.	Police Chief	Town of Garner