



2019

WAKE COUNTY
COMMUNITY HEALTH
NEEDS ASSESSMENT
PRESENTATION TO CARY CHAMBER OF COMMERCE

June 26, 2019

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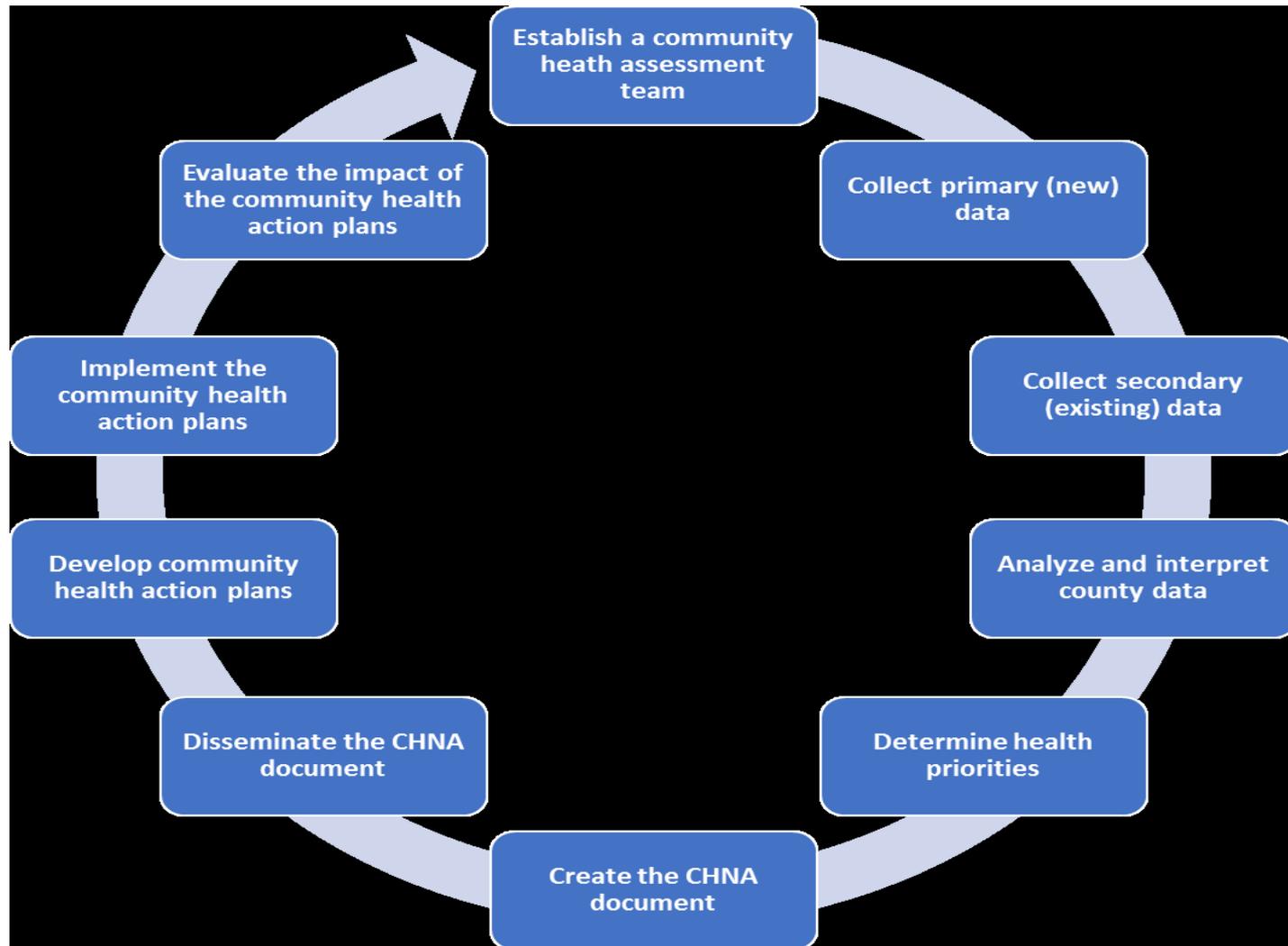
Community Health Needs Assessment

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- A Community Health Needs Assessment is required of health departments, tax exempt hospitals [501(c)(3) organizations], Federally Qualified Health Centers, and United Way agencies.
- Conducted every 3-4 years
- Purpose
 - Identify health status, concerns and resources in Wake County
 - Report findings
 - Work with the community to determine the priority issues
 - Develop a community-based action plan



CHNA Process

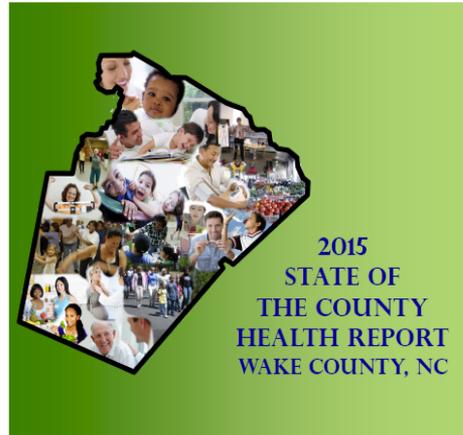


2016 – 2019 Wake County Priorities

- Health Insurance Coverage
- Transportation
- Access to Health Services
- Mental Health/Substance Abuse

2018 SOTCH Report

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http://www.wakegov.com/humanservices/data/Documents/2018%20SOTCH_Final.pdf



2019 Prioritization Process Overview

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- Sources used in the Wake County prioritization process included:
 - existing and new data
 - Input from community members provided at the simultaneous live voting events held January 31st
 - Local voting events held by community partners, and via the web-based survey
 - Input from Steering Committee members through the web-based survey.

- These sources were analyzed through a prioritization matrix to identify the priorities—with new data weighted 50% and existing data weighted 50%.

- The 2019 prioritization voting process included input from more than 2,600 total participants. By comparison, the 2016 prioritization voting process included input from nearly 200 participants



2019 Wake County Priorities Identified

- 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

Priority #1: Transportation

- The Transportation Options and Transit priority includes information related to how people get around for work, school, and play as well as public transportation and other transportation choices.
- Key Themes from New Data:
 - Provider and healthcare access are limited due to many residents needing to travel across the county to receive care.
 - Low walkability for those who wish to travel via walking/biking or do not have a vehicle.
 - Access to public transit (buses, commuter rail, etc.) and the availability of alternative transportation options (biking, walking, carpooling, etc.) were noted as areas needing improvement within the community via all three surveys.

Priority #1: Transportation

➤ Key Themes from Existing Data

- Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties on the following four existing data measures:
 - Percentage of workforce driving alone to work
 - Percentage of workforce that commute more than 30 minutes in their car alone
 - Percentage of workforce commuting by public transportation
 - Percentage of workforce who walk to work

Priority #2: Employment

- The Employment priority includes data related to how many people have jobs, what types of jobs they have, and whether people feel they can get a good job in Wake County.
- Key Themes from New Data:
 - Lack of employment and economic opportunities
 - Unemployment and underemployment
 - The need for additional employment-related programs that include self-employment opportunities and employment for those who have previously been incarcerated

Priority #2: Employment

➤ Key Themes from New Data (continued)

- Opportunities for employment may vary among various sub-groups of the population.

➤ Key Themes from Existing Data:

- Wake County performed more than five percent worse than benchmarks/targets/peer counties on the following measure:
 - Unemployment rate (percent of population age 16+ unemployed)

Priority #3: Access to Care

- The Access to Care priority includes data pertaining to how and why people use or do not use healthcare, how many people have health insurance, how much healthcare there is in the community, and how much information there is about healthcare.

Priority #3: Access to Care

➤ Key Themes from New Data:

- The need for additional community education related to the importance of seeking care and the availability of existing community resources were also noted as areas for improvement.
- Access to care may vary by geographical location throughout the county as well as by population sub-group.
- Lack of availability of various providers, a lack of providers accepting Medicare and Medicaid insurances, and a lack of bilingual providers.

Priority #3: Access to Care

➤ Key Themes from Existing Data:

- Wake County performed more than five percent worse than benchmarks/targets/peer counties on the 14 measures related to:
 - Population to healthcare provider ratios
 - Beds per population ratios
 - ED visit rates for mental health conditions
 - Percentage of population uninsured

Priority #4: Mental Health/Substance Use Disorders

- The Mental Health priority includes data related to mental health disease (like depression, Alzheimer's and Schizophrenia), poor mental health days, and hurting oneself; the Substance Use Disorders priority includes data related to alcohol, opioid, and illegal drug use as well as data related to overdoses.

Priority #4: Mental Health/Substance Use Disorders

➤ Key Themes from New Data

- Not only are both mental health and substance use disorders growing areas of concern for the overall population, each is also increasingly impacting residents at a younger age.
- Persons with mental health and substance use issues were frequently noted as being an overlooked and/or particularly vulnerable population.
- A lack of current resources to adequately address mental health and substance use concerns were noted as areas for future improvement.
- Drug overdose attempts and deaths are health outcomes that are impacting the community.

Priority #4: Mental Health/Substance Use Disorders

➤ Key Themes from Existing Data:

- Wake County performed more than five percent worse than benchmarks/targets/peer counties on the following two measures:
 - Suicide mortality rate (per 100,000 population)
 - Poor mental health days (avg number in past 30 days age-adjusted)

Priority #5: Housing and Homelessness

- The Housing and Homelessness priority contains information related to the cost of housing, housing choices, and how many people are homeless.

Priority #5: Housing and Homelessness

➤ Key Themes from New Data

- Lack of affordable housing, increased gentrification, and a lacking sense of community (primarily because people cannot both work and live within the same area) are all negatively impacting Wake County residents.
- It was also noted that what is often promoted as being “affordable” housing is not realistically financially feasible for residents.
- Access to affordable housing and reducing homelessness were frequently noted as areas needing improvement.

Priority #5: Housing and Homelessness

➤ Key Themes from Existing Data:

- Wake County performed more than five percent worse than benchmarks/targets/peer counties on the following four measures:
 - Severe housing problems (percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)
 - Percentage of people spending more than 30% of their income on rental housing
 - Median monthly housing costs, owner-occupied housing units with a mortgage
 - Crowded households (more than 1 person per room)

To Get the Full Report

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Wake County 2019 Community Health Needs Assessment



Opportunities and Challenges

<http://www.wakegov.com/wellbeing/Documents/2019%20Wake%20County%20CHNA%20-%20Report.Final.pdf>

Where Do We Go From Here??

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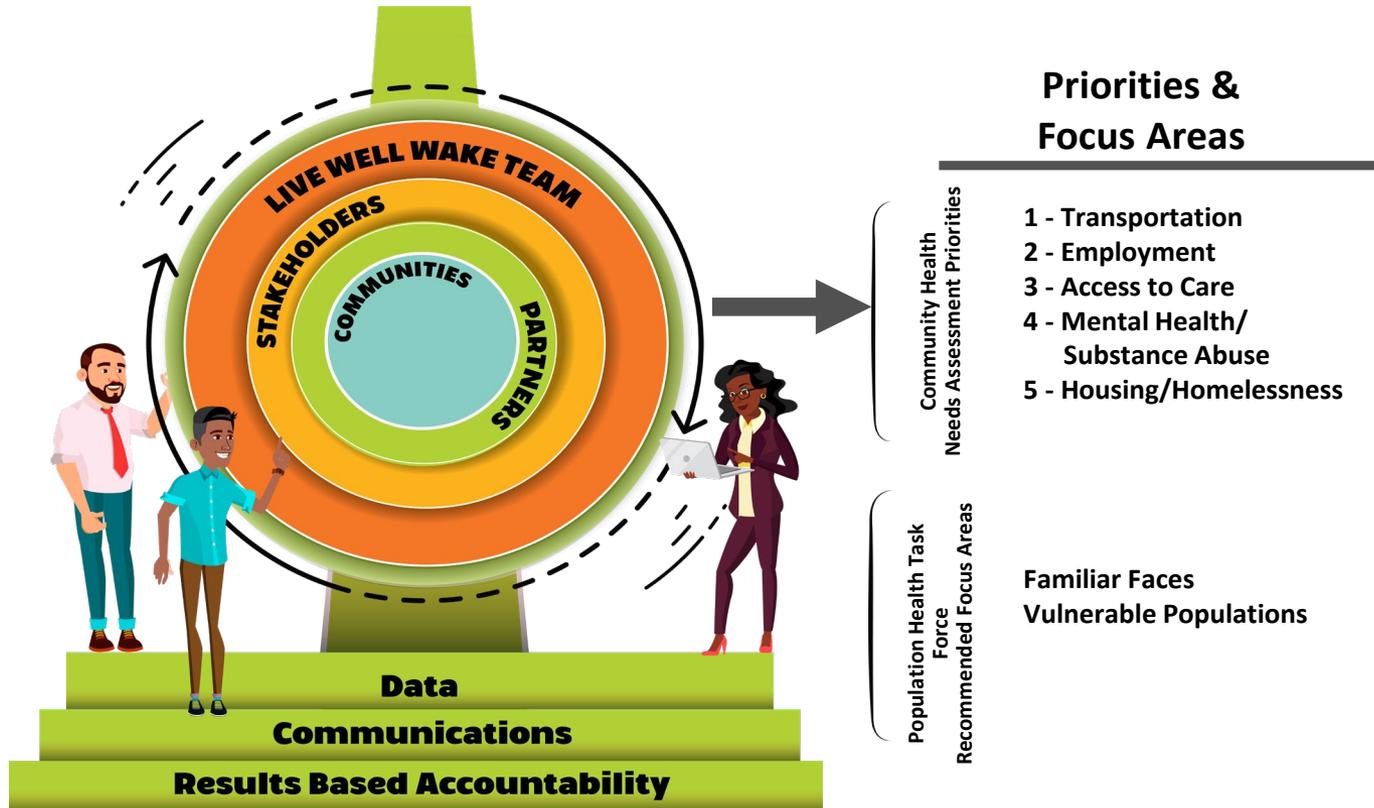


The New “Live Well Wake”

The “Live Well Wake” Collaborative is now the public/private partnership recommended by the Population Health Task Force, addressing:

- 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
- Objectives of the Vulnerable Populations Committee
- Objectives of the Familiar Faces Committee

Live Well Wake



Who Will Live Well Wake Serve?

- The Entire County (with work on the 5 priorities)
- Vulnerable populations and communities
- Familiar Faces - Those who frequently use mental health, hospital, and other services

How Will Success Be Measured?

- Results Based Accountability Methodology
- State of the County's Health Report to the State
- Hospitals' Reports to the Internal Revenue Service
- HOPE Model Indicators where applicable

For More Information

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